

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 2020 This Form is Open to Public Inspection
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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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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>VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VORYS, SATER, SEYMOUR AND PEASE LLP</u> <u>52 EAST GAY STREET</u> <u>PO BOX 1008</u> <u>COLUMBUS, OH 43216-1008</u>	1c Effective date of plan <u>01/01/1975</u>	2b Employer Identification Number (EIN) <u>31-4333125</u>	2c Plan Sponsor's telephone number <u>614-464-6429</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.	08/30/2022	ANTHONY C CIRIACO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor INVESTMENT AND PENSION ADMINISTRATIVE COMMITTEE C/O ANTHONY C. CIRIACO, CHAIR 52 EAST GAY STREET, PO BOX 1008 COLUMBUS, OH 43216-1008		3b Administrator's EIN 31-4333125
		3c Administrator's telephone number 614-464-6429
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		5 985
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) 684
a(2) Total number of active participants at the end of the plan year		6a(2) 618
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 339
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 957
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 9
f Total. Add lines 6d and 6e		6f 966
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 951
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: 2A 2E 2F 2G 2J 2R 2S 2T 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: 4B		
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>1</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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VORYS, SATER, SEYMOUR AND PEASE LLP	D Employer Identification Number (EIN) 31-4333125

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0509570	67091	85896	2	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VORYS, SATER, SEYMOUR AND PEASE LLP	D Employer Identification Number (EIN) 31-4333125	

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
CHARLES SCHWAB & CO. INC. AND AFFIL
94-1737782

(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)

THE JOSEPH GROUP LLC

36-4729550

(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?
26 50	NONE	124645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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 50 64	NONE	85195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON CAPITAL LLC

83-3000171

(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?
26 50	NONE	78787	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)

COOK STREET CONSULTING, INC.

84-0854432

(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?
28 50	NONE	78749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER INVESTMENTS

20-2480800

(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?
26 50	NONE	44618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBUS INVESTMENT ADVISORY I

31-1452201

(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?
26 50	NONE	18242	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)

JOHNSON INVESTMENT COUNSEL INC

31-1801770

(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?
26 50	NONE	17198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

G2 CAPITAL MANAGEMENT LLC

81-4912492

(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?
26 50	NONE	15012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRIMAN WEALTH MGMT LLC

80-0873697

(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?
26 50	NONE	13264	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)

SPECTRUM FINANCIAL ALLIANCE

52-2237781

(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?
26 50	NONE	10365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINKEL GREEN & VAN HORN,LLP

31-4442423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWEST FINANCIAL SERVICES I

35-1878552

(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?
26 50	NONE	6772	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)

QUADRANT CAPITAL GROUP LLC

26-3941439

(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?
26 50	NONE	5602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	NONE	3616	Yes ☒ No ☐	Yes ☒ No ☐	152	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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(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.	
SEE ATTACHMENT 13-2665689	SEE ATTACHMENT	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VORYS, SATER, SEYMOUR AND PEASE LLP</u>	D Employer Identification Number (EIN) <u>31-4333125</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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	74186767464739
(2) Participant contributions.....		1b(2)	13967396837
(3) Other		1b(3)	00
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	1051981818546561
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	18349541359505
(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)	243889462267843700
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	534018559281
(15) Other.....		1c(15)	5933158565817145

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	323668186	361687768

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	323668186	361687768
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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)	7464739	
(B) Participants	2a(1)(B)	7450471	
(C) Others (including rollovers).....	2a(1)(C)	1205129	
(2) Noncash contributions	2a(2)		16120339
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	68022	
(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)	85708	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		153730
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		12688168
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	12688168	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12688168
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(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)		0
(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)		
(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)		30437174
c Other income	2c		5587954
d Total income. Add all income amounts in column (b) and enter total.....	2d		64987365

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	26443451	
(2) To insurance carriers for the provision of benefits	2e(2)	4345	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26447796
f Corrective distributions (see instructions)	2f		3126
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	7250	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	424384	
(4) Other.....	2i(4)	85227	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		516861
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		26967783

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38019582
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: **WINKEL GREEN & VAN HORN LLP**

(2) EIN: **31-4442423**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	147954

	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		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 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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VORYS, SATER, SEYMOUR AND PEASE LLP		D Employer Identification Number (EIN) 31-4333125
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): 82-3967259		
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) 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 _____

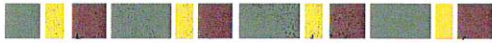
VORYS, SATER, SEYMOUR AND PEASE LLP
RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020 and 2019

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Winkel Green & Company LLP
certified public accountants

Joshua Frymier, CPA Robert Winkel, CPA Stephen Green, CPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Vorys, Sater, Seymour and Pease LLP Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Vorys, Sater, Seymour and Pease LLP Retirement Plan (the "Plan"), which comprise of the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer 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 on page 13 which was certified by Schwab Retirement Plan Services, Inc., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian 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.

Report on Supplementary Information

The supplemental schedules of assets held at the end of the year, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 the supplemental schedule.

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 Custodian, 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.

Walt J. ... Company LLP
October 9, 2021

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Cash and cash equivalents	\$ 18,546,561	\$ 10,519,818
Investments at fair value		
Mutual funds	267,843,700	243,889,462
Life insurance	559,281	534,018
Privately-managed accounts	<u>65,817,145</u>	<u>59,331,585</u>
Total Investments	352,766,687	314,274,883
Receivables		
Notes Receivable from Participants	1,359,505	1,834,954
Employee withholdings	96,837	139,673
Due from Vorys, Sater, Seymour and Pease LLP	<u>7,464,739</u>	<u>7,418,676</u>
Total Assets	<u><u>\$ 361,687,768</u></u>	<u><u>\$ 323,668,186</u></u>

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Notes to the Financial Statements December 31, 2020 and 2019

Note 1 - Description of Plan

The description of the Plan presented here is general information. To obtain a more complete description of the Plan's provisions, refer to the Plan agreement. The Plan is subject to ERISA and the Internal Revenue Code.

Vorys, Sater, Seymour and Pease, LLP ("Vorys") has established the Vorys, Sater, Seymour and Pease LLP Retirement Plan (the "Plan") for the benefit of eligible participants. The Plan is a single employer defined contribution plan.

All partners and employees may commence participation in the Plan and make traditional contributions or Roth contributions on the first day of the month following the later of: (a) the date they commence employment; or (b) the date they attain age 21. However, if an employee is classified as a temporary employee, including a summer associate, they will be eligible to make traditional contributions or Roth contributions on the first day of the month after the later of: (c) the date they are credited with a year of service; or (d) the date they attain age 21.

A temporary employee is credited with a year of service at the end of each 12-month period, beginning on their date of hire and, to the extent necessary, each 12-month anniversary thereafter, in which they are credited with at least 1,000 hours of service.

Effective July 1, 2017, participants are automatically enrolled in the Plan at a 3% pre-tax 401 (k) contribution savings rate unless they affirmatively elect a different rate or elect not to participate ("opt-out") no later than 30 days after they first meet the eligibility requirements. Participants who were hired prior to July 1, 2017, were automatically enrolled in the Plan at a 2% pretax 401 (k) contribution savings rate unless they affirmatively elected a different rate or elected to opt-out no later than 30 days after they became eligible.

After participants are automatically enrolled, they may increase, decrease, or stop their contribution level by contacting Schwab via telephone or via Schwab's workplace website. They may also withdraw their elective deferrals contributed to the plan under the automatic enrollment program within 90 days from the first payroll date in which their compensation was reduced. The amount they withdraw will be adjusted for any gain or loss. Also, their withdrawal will be subject to federal income tax (but not the extra 10% tax that normally applies to early distributions).

The Plan also contains an automatic savings increase feature that lasts from June 1 to July 1 of each year. Participants who have elective deferrals and catch-up contributions of less than 10% on June 1 of each year (8% prior to July 1, 2018) will have their pre-tax 401 (k) contribution savings rate automatically increased by 1% beginning as soon as administratively possible in July, unless they choose to opt-out of the automatic savings increase feature or elect a different contribution rate. Due to the impact of the Coronavirus Pandemic, the automatic savings increase scheduled for July 1, 2020 was suspended and did not occur. The automatic increase was reinstated for the 2021 Plan year.

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLANStatement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions Attributed to:		
Investment Income		
(Losses) Gains on sale of investments	\$ (2,680,995)	\$ 4,642,775
Unrealized appreciation of investments	32,080,772	31,360,190
Interest and dividends	13,731,369	12,381,210
Other income, net	5,390,245	10,547,095
	<u>48,521,391</u>	<u>58,931,270</u>
Less: Investment expenses	78,749	78,749
	<u>48,442,642</u>	<u>58,852,521</u>
Contributions		
Employer	7,464,739	7,417,810
Employee Section 401k	7,450,471	7,372,248
Employee Rollover & voluntary	1,205,129	4,713,537
Total Additions	<u>64,562,981</u>	<u>78,356,116</u>
Deductions Attributed to:		
Benefits paid	26,446,577	22,365,342
Life insurance	4,345	4,345
Administrative expenses	92,477	118,393
	<u>26,543,399</u>	<u>22,488,080</u>
Net Increase Before Asset Transfer	38,019,582	55,868,036
Transfers from the Vorys, Sater, Seymour and Pease LLP Retirement Plan for Associates and Counsel Due to Merger (See Note 10)	<u>-</u>	<u>1,020,229</u>
Net Increase After Asset Transfer	38,019,582	56,888,265
Net Assets Available for Benefits		
Beginning of Year	<u>323,668,186</u>	<u>266,779,921</u>
End of Year	<u>\$ 361,687,768</u>	<u>\$ 323,668,186</u>

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note 1 - Description of Plan (Continued)

If participants miss their deadline to by-pass the automatic increase program and their savings rate is increased, they may still change their savings rate or opt out by contacting Schwab via telephone or via Schwab's workplace website. Contributions made pursuant to the automatic savings increase may not be returned until the participants otherwise eligible for a distribution under the Plan.

Participants may invest among 19 mutual funds and 12 target date funds within the plan and may make investment changes as frequently as daily. The Plan also makes available a Personal Choice Retirement Account that allows participants to invest in taxable mutual funds, tax-exempt mutual funds, equities, taxable fixed income, tax-exempt fixed income, foreign securities and publicly traded partnerships that are available through the Plan's third party administrator, Schwab Retirement Plan Services, Inc.

In-service withdrawals under the Plan include loans (not to exceed the lesser of: (a) \$50,000, or (b) 50% of the participant's account), hardship distributions, and withdrawals for Participants who have attained at least age 59 ½.

Pursuant to the Coronavirus Aid, Relief and Economic Security (CARES) Act, participants affected by the COVID-19 virus had access to the money in their retirement plan account, through special provisions, from April 15, 2020 through December 30, 2020. These special provisions applied to participants if: 1) the participant, their spouse, or another dependent was diagnosed with COVID-19; or 2) the participant suffered financial consequences as a result of COVID-19 (such as quarantine, job loss, furlough, reduction in hours, inability to work due to lack of child care, or loss of their business). If one or more of these situations applied, the participant could: 1) request a distribution from their retirement plan account, up to \$100,000, through a Coronavirus-Related Distribution; and 2) suspend scheduled loan repayments that were due between March 27 and December 31, 2020.

Each plan year (January 1 to December 31), the employer will determine if it will contribute to the plan for that plan year. These contributions, called "Profit Sharing Contributions," are 100% vested and will be made the following Plan Year. Profit Sharing Contributions are allocated to participants in two tiers. The first tier uses the participant's compensation in excess of the F.I.C.A. taxable wage base as prorated by the ratio of the participant's compensation to the excess compensation of all Participants. The second tier uses the participant's compensation as prorated by the ratio of the participant's compensation to all participants' compensation. Those employees that were merged into the Plan (see note 10) effective December 31, 2018, are not eligible to participate in Profit Sharing Contributions.

Separate accounts are maintained for each participant reflecting contributions and all activity related to the Plan. Participants are entitled to benefits equal to their entire account upon their retirement, total and permanent disability; qualifying military leave of absence; termination of employment; or death.

Although the Plan sponsor has expressed no intent to terminate the Plan, it has the right, under Plan provisions, to discontinue contributions and terminate the Plan subject to provisions of ERISA.

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note 2 - Summary of Significant Accounting Policies

- A. For the Plan years ended December 31, 2020 and 2019 the Plan adopted Accounting Standards Codification (ASC) 820, and investments are valued and reported at the fair value in accordance with ASC 820 (see Note 9).
- B. Purchases and sales of securities are reflected on a settlement-date basis. Gain or loss on sale of securities is based on average acquisition cost.
- C. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis.
- D. In accordance with the policy of stating securities at fair value, net unrealized appreciation or depreciation for the year is reflected in the statement of changes in net assets available for benefits.
- E. The cash and cash equivalents are all investments in money market mutual funds that maintain a \$1.00 per share net asset value.
- F. The Financial Accounting Standards Board has issued Accounting Standards Codification (ASC) 962. ASC 962 allows plans with multiple participant-directed investment funds to show totals only rather than listing all funds in columnar form. The Plan has adopted ASC 962 and is showing the totals only for all years reported.
- G. As noted in the opinion, the financial statements for 2020 and 2019 have a disclaimer of opinion because a limited scope audit was performed 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 custodian has certified as to the accuracy of the investment assets, transactions, income, schedule of investments and reportable transactions for 2020 and 2019.
- H. The amount classified as "other income, net" under the income classification on Statement of Changes in Net Assets Available for Benefits is comprised of the change in the value of the self-directed brokerage accounts, mutual funds, money market funds, common collective trusts, and cash value of life insurance, net of advisor fees. For the years ending December 31, 2020 and 2019, other income reported on the Statement of Changes in Net Assets Available for Benefits was \$5,390,245 and \$10,547,095, respectively.
- I. The Plan is a participant-directed program. In addition, participants have the option to elect a self-directed investment program (Personal Choice Retirement Account). This option permits participants to select from a wider array of investment options than offered by the Plan through its participant-directed program.
- J. Participant loans receivable are valued at cost. The Plan fully expects repayment of participant loans receivable in full. The loans are adequately secured based on each participant's account. The loan interest rate is set at 1% above the prime rate, as defined at the time of the loan.

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLANNotes to the Financial Statements (Continued)
December 31, 2020 and 2019**Note 2 - Summary of Significant Accounting Policies (Continued)**

- K. The Plan's financial instruments are cash and cash equivalents, investments, contributions receivable, and notes receivable from participants. The recorded values of cash and cash equivalents, investments, and contributions receivable approximate their fair values based on their short-term nature.
- L. Upon termination of service due to death, disability, or retirement, a participant may elect to receive the amounts payable in the form of a lump sum of his or her entire account; a partial withdrawal from his or her account from time to time as specified by the participant or beneficiary; periodic installments over a period of years as specified by the participant or beneficiary; or a combination of such forms. A participant that elects an installment distribution may, at any time, elect to receive the remainder of his or her account in the form of a lump sum, or elect to receive a supplemental distribution.

Note 3 - Party-In-Interest Transactions

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. For the year ended December 31, 2020 and 2019, the Plan paid fees totaling \$520,476 and \$582,394, respectively, and are detailed as follows:

<u>Party</u>	<u>Position</u>	<u>2020</u>	<u>2019</u>
Cook Street Consultants	Plan Advisor	\$ 78,749	\$ 78,749
Charles Schwab	Plan Administrator	85,227	106,893
Capital Management Services, Inc.	PCRA Advisor	2,347	---
Charles Schwab	PCRA Advisor	3,616	2,888
Citadel Securities Institutional LLC	PCRA Advisor	---	54
Columbus Investment Advisory Inc.	PCRA Advisor	18,242	20,422
Constellation Wealth Advisors	PCRA Advisor	2,070	6,179
Fisher Investments	PCRA Advisor	44,618	99,302
G2 Capital Management LLC	PCRA Advisor	15,012	14,107
Goldman, Sachs & Co.	PCRA Advisor	---	29
Hamilton Capital Management Inc	PCRA Advisor	78,787	74,947
Instinet	PCRA Advisor	---	82
Jeffries LLC	PCRA Advisor	---	41
Johnson Investment Counsel Inc.	PCRA Advisor	17,198	15,335
Merriman Wealth Management, LLC	PCRA Advisor	13,264	12,156
Northwest Financial Services Inc.	PCRA Advisor	6,772	6,762
PDS Planning Inc.	PCRA Advisor	2,800	2,100
Quadrant Capital Group LLC	PCRA Advisor	5,602	---
Runnymede Capital Advisors Inc.	PCRA Advisor	3,912	3,190
Spectrum Financial Alliance	PCRA Advisor	10,365	10,746
The Joseph Group LLC	PCRA Advisor	124,645	116,912
Winkel, Green & Company LLP	Plan Auditors	<u>7,250</u>	<u>11,500</u>
		<u>\$520,476</u>	<u>\$582,394</u>

The Personal Choice Retirement Account (PCRA) Advisor fees are included in Other Income on the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2020 and 2019

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Notes to the Financial Statements (Continued) December 31, 2020 and 2019

Note 4 - Estimates

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

Note 5 - Tax Status

The Plan adopted The Document Agility, Inc. Volume Submitted Profit Sharing Plan/401(k) Plan #10-000 effective January 1, 2019. As described in Note 1, some participants with self-directed investment accounts are invested in publicly-traded limited partnership. These investments require the Plan to file a Form 990-T "Exempt Organization Business Income Tax Return" to report the earnings or losses of the partnerships allocable to the Plan participants, which is considered unrelated business income. As of December 31, 2020 the Form 990-T had a net operating loss carry-forward of (\$937). As of December 31, 2019, the Form 990-T had net operating loss carry-forward of (\$2,144). No other provisions for income taxes have been included in the Plan's financial statements. The Plan is generally no longer subject to examination by the Internal Revenue Service for years ending before December 31, 2015.

Note 6 – Payment of Benefits

Benefits are recorded when paid. As of December 31, 2020 and 2019, there were no amounts allocated to accounts of persons who had elected to withdraw from the plan but had not yet been paid.

Note 7 - Administration Expenses

Certain investment manager fees and participant recordkeeping fees are generally absorbed by the Plan. During the fiscal year ended December 31, 2020 and 2019 the Plan Sponsor paid \$7,349 and \$10,517 in fees on behalf of the Plan.

Note 8 – Information Certified by Trustee (Unaudited)

The plan administrator 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, the Trustee has certified to the completeness and accuracy of all investments reflected in the statements of net assets available for benefits as at December 31, 2020 and 2019, the supplemental Schedule of Assets (held at end of year) at December 31, 2020, the related investment income activity reflected in the statement of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Notes to the Financial Statements (Continued) December 31, 2020 and 2019

Note 9- Fair Value Measurements

Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. The framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets. |
| Level 2 | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in active 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.

Mutual Funds:	Mutual funds held by the plan are open-end mutual funds that are registered with the SEC, and are deemed to be actively traded. These funds publish their daily net asset (NAV) and transact at that price. Funds are valued at the NAV of shares held by the Plan at year-end.
---------------	---

Common/Collective Trusts:	Valued at the net asset (NAV) of the trust, which is based on the market value of the shares held within the trust
---------------------------	--

Life Insurance:	The Plan permitted participants to purchase life insurance contracts in the past. The cash surrender value represents the excess amounts paid over the cost of insurance. The life insurance company believes that the value received from life insurance carrier fairly represent the value as of December 31, 2020 and 2019.
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VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note 9- Fair Value Measurements (Continued)

Privately Managed Accounts: Comprised of mutual funds which are valued at NAV at year end as well as common stocks, corporate bonds and U.S. securities which were valued at the closing price reported on the active market on which the individual securities are traded.

Limited Partnerships:
(Publicly Traded) Units valued at closing price reported on an active market on which units 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:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$267,843,700	\$ ---	\$ ---	\$267,843,700
Life Insurance	---	---	559,281	559,281
Privately-Managed Accounts	<u>65,817,145</u>	---	---	<u>65,817,145</u>
	<u>\$333,660,845</u>	\$ ---	<u>\$559,281</u>	<u>\$334,220,126</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$243,889,462	\$ ---	\$ ---	\$243,889,462
Life Insurance	---	---	534,018	534,018
Privately-Managed Accounts	<u>59,331,585</u>	---	---	<u>59,331,585</u>
	<u>\$303,221,047</u>	\$ ---	<u>\$534,018</u>	<u>\$303,755,065</u>

Level 3 Gains & Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31:

	<u>Life Insurance Policies</u>	
	<u>2020</u>	<u>2019</u>
Beginning balance	\$534,018	\$509,924
Realized gains/(losses)	---	---
Unrealized gains/(losses)	---	---
Increase in cash surrender value	25,263	24,094
Cash surrender value withdrawals	---	---
	<u>\$559,281</u>	<u>\$534,018</u>

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Notes to the Financial Statements (Continued) December 31, 2020 and 2019

Note 10 – Plan Merger

Effective December 31, 2018 the Vorys, Sater, Seymour and Pease LLP Retirement Plan for Associates and Counsel merged into the Plan. The Vorys, Sater, Seymour and Pease LLP Retirement Plan for Associates and Counsel's net assets at market value, totaling \$33,498,439 were transferred to the Plan.

Earnings on the portfolio of the aforementioned merged assets of The Vorys, Sater, Seymour and Pease LLP Retirement Plan for Associates and Counsel were accumulated subsequent to year-end and were transferred into the Plan during the year-ended December 31, 2019. The \$1,020,229 market value of these net assets is reflected as a transfer into the plan on the Statement of Changes in Net Assets Available for Benefits for the year-ended December 31, 2019.

Note 11 – Reconciliation of Financial Statements to Form 5500

There are no reconciling items between the financial statements and the Form 5500 for the year-ended December 31, 2020 or 2019.

Note 12 – COVID-19 Pandemic

On January 30, 2020, the World Health Organization declared the outbreak of the coronavirus disease 2019 ("COVID-19") a global health emergency and subsequently declared the COVID-19 outbreak a global pandemic in March 2020. The pandemic has led to volatility in financial markets and the global economy and since the outbreak is still ongoing, the ultimate impact on the financial markets is highly uncertain and cannot be predicted. The pandemic has adversely affected domestic and global economic activity and the full impact continues to evolve as of the date of this report. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

In response to the pandemic, Congress passed the Coronavirus Aid, Relief, and Economic Security ("CARES") Act. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions, and participant loans. In response, the Plan has implemented several relief provisions. With these new provisions, affected participants could receive a coronavirus-related distribution of up to \$100,000 from their retirement funds through the end of 2020 without a 10% early withdrawal. Additionally, these distributions may be repaid over a three-year period. The new provisions also allowed participants affected by the COVID-19 virus to delay outstanding loan repayments, due between March 27 and December 31, 2020, until January 2021. Finally, required minimum distributions have been temporarily suspended in 2020.

Note 13 – Subsequent Events

Subsequent events were evaluated through October 9, 2021 which is the date the financial statements were available for issuance.

VORYS, SATER, SEYMOUR AND PEASE LLP RETIREMENT PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

EIN - 31-4333125

Plan Number - 002

(a)	(b)	Identity of issue	(c)	Description of investment	(d)	Cost	VSS	
							(e)	(e)
							Current Value	Total Current Value
				Money Market/Cash Equivalent -				
		VANGUARD TRSY MONEY MKT INVSTR		Registered Investment Company	-		18,546,561	18,546,561
		PCRA		Self-Directed Brokerage Account	-		65,817,145	65,817,145
		ARTISAN MIDCAP FUND		Registered Investment Company	-		19,955,415	19,955,415
		BARON GROWTH INSTITUTIONAL		Registered Investment Company	-		9,969,207	9,969,207
		DFA GLOBAL REAL ESTATE SEC		Registered Investment Company	-		1,534,927	1,534,927
		DIAMOND HILL LARGE CAP Y		Registered Investment Company	-		7,174,731	7,174,731
		DODGE & COX STOCK FUND		Registered Investment Company	-		25,148,214	25,148,214
		EUROPACIFIC GROWTH R6		Registered Investment Company	-		13,157,795	13,157,795
		FIDELITY EXTENDED MARKET INDEX		Registered Investment Company	-		5,963,358	5,963,358
		HARBOR CAPITAL APPRECIATION		Registered Investment Company	-		38,462,348	38,462,348
		METROPOLITAN WEST TTL RTN BD P		Registered Investment Company	-		10,774,222	10,774,222
		MFS INTERNLNL NEW DISCOVERY R4		Registered Investment Company	-		9,109,939	9,109,939
*		SCHWAB S&P 500 INDEX FUND		Registered Investment Company	-		39,589,582	39,589,582
		TROWE PRICE INSTL HIGH YIELD		Registered Investment Company	-		5,890,478	5,890,478
		VANGUARD INFL PROTECTED SECSIN		Registered Investment Company	-		6,213,797	6,213,797
		VANGUARD SHORT-TERM GRADE INS		Registered Investment Company	-		9,779,402	9,779,402
		VANGUARD TARGET RETIREMNT 2015		Registered Investment Company	-		349,258	349,258
		VANGUARD TARGET RETIREMNT 2020		Registered Investment Company	-		10,536,248	10,536,248
		VANGUARD TARGET RETIREMNT 2025		Registered Investment Company	-		3,385,975	3,385,975
		VANGUARD TARGET RETIREMNT 2030		Registered Investment Company	-		5,892,138	5,892,138
		VANGUARD TARGET RETIREMNT 2035		Registered Investment Company	-		2,200,561	2,200,561
		VANGUARD TARGET RETIREMNT 2040		Registered Investment Company	-		6,995,062	6,995,062
		VANGUARD TARGET RETIREMNT 2045		Registered Investment Company	-		1,840,504	1,840,504
		VANGUARD TARGET RETIREMNT 2050		Registered Investment Company	-		6,486,952	6,486,952
		VANGUARD TARGET RETIREMNT 2055		Registered Investment Company	-		1,324,419	1,324,419
		VANGUARD TARGET RETIREMNT 2060		Registered Investment Company	-		150,847	150,847
		VANGUARD TARGET RETIREMNT 2065		Registered Investment Company	-		60,345	60,345
		VANGUARD TARGET RETMT INCOME		Registered Investment Company	-		1,611,264	1,611,264
		VANGUARD TOTAL BD MKT IDX INST		Registered Investment Company	-		6,457,536	6,457,536
		VANGUARD TOTAL INTL BD IDX ADM		Registered Investment Company	-		2,790,385	2,790,385
		VANGUARD TOTAL INTL STK INSTL		Registered Investment Company	-		5,410,494	5,410,494
		VICTORY SMALL CO OPPORTUNITY I		Registered Investment Company	-		9,628,296	9,628,296
		CASH VALUE OF LIFE INSURANCE		Life Insurance	-		559,281	559,281
					-			
					-		352,766,686	352,766,686
		Participant Loans		Interest rates at 4.25% to 6.25%	-		1,359,505	1,359,505
					-			
					-		354,126,191	354,126,191

* Party-In-Interest

Vorys, Sater, Seymour and Pease LLP Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 31-4333125
Plan Number: 002

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Alger	13-2665689	Rate of 0.50% of average daily balance of asset(s)
AllianceBernstein	13-3191825	Range of 0.07 - 0.40% of average daily balance of assets
Allianz Funds	06-1349805	Rate of 0.40% of average daily balance of asset(s)
ALPS	84-0996383	Range of 0.10 - 0.40% of average daily balance of assets
American Beacon	75-2401150	Range of 0.05 - 0.40% of average daily balance of assets
American Century Investments	43-0821857	Range of 0.07 - 0.35% of average daily balance of assets
American Funds	90-0924512	Range of 0.12 - 0.37% of average daily balance of assets
AMG Funds	06-1555943	Range of 0.10 - 0.40% of average daily balance of assets
Artisan	39-1811840	Rate of 0.08% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.10% of average daily balance of asset(s)
Baron Capital Group	13-3107580	Rate of 0.03% of average daily balance of asset(s)
Baron Capital Group	13-3107580	Rate of 0.40% of average daily balance of asset(s)
BlackRock	04-6171663	Range of 0.05 - 0.40% of average daily balance of assets
BNY Mellon	Not Available	Range of 0.10 - 0.48% of average daily balance of assets
Centerstone Investors	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Columbia Threadneedle	93-0577450	Rate of 0.50% of average daily balance of asset(s)
Diamond Hill Funds	31-6547095	Range of 0.10 - 0.40% of average daily balance of assets
Dodge & Cox	Not Available	Rate of 0.02% of average daily balance of asset(s)
DoubleLine	Not Available	Rate of 0.15% of average daily balance of asset(s)
Driehaus	20-3634295	Rate of 0.40% of average daily balance of asset(s)
Eaton Vance	04-2718215	Rate of 0.40% of average daily balance of asset(s)
Fidelity Investments	06-1194217	Rate of 0.10% of average daily balance of asset(s)
First Eagle	13-3392291	Range of 0.10 - 0.40% of average daily balance of assets
Franklin Templeton Investments	94-3167260	Range of 0.10 - 0.40% of average daily balance of assets
Goldman Sachs	46-5215217	Range of 0.10 - 0.50% of average daily balance of assets
Grandeur Peak Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Harbor	04-2679462	Rate of 0.02% of average daily balance of asset(s)
Harbor	04-2679462	Rate of 0.08% of average daily balance of asset(s)
Hennessy	68-0377264	Rate of 0.10% of average daily balance of asset(s)
Infinity Q	Not Available	Rate of 0.10% of average daily balance of asset(s)
Invesco	58-2287224	Rate of 0.50% of average daily balance of asset(s)
IVA Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
JOHCM Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
JPMorgan	13-2624428	Range of 0.07 - 0.50% of average daily balance of assets
Lazard	Not Available	Rate of 0.10% of average daily balance of asset(s)
Leuthold	Not Available	Rate of 0.40% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Rate of 0.40% of average daily balance of asset(s)
MFS	04-3253929	Rate of 0.03% of average daily balance of asset(s)
Morgan Stanley	36-3145972	Range of 0.10 - 0.40% of average daily balance of assets
Neuberger Berman	13-3216325	Rate of 0.29% of average daily balance of asset(s)
New York Life Investment Management LLC	13-5582869	Rate of 0.10% of average daily balance of asset(s)
Northern Funds	36-3608252	Rate of 0.29% of average daily balance of asset(s)
Oakmark	52-2257782	Rate of 0.35% of average daily balance of asset(s)
Parnassus	94-6579180	Range of 0.10 - 0.40% of average daily balance of assets
PGIM Funds (Prudential)	Not Available	Rate of 0.25% of average daily balance of asset(s)
Polen Capital	Not Available	Rate of 0.10% of average daily balance of asset(s)
ProFunds	52-2035197	Rate of 0.40% of average daily balance of asset(s)
Salient Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.15% of average daily balance of asset(s)

Vorys, Sater, Seymour and Pease LLP Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 31-4333125
Plan Number: 002

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Segall Bryant & Hamill	Not Available	Range of 0.08 - 0.30% of average daily balance of assets
Stone Ridge Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.15% of average daily balance of asset(s)
TCW	95-2749628	Rate of 0.10% of average daily balance of asset(s)
The Pacific Financial Group	Not Available	Rate of 0.25% of average daily balance of asset(s)
Victory Capital	Not Available	Rate of 0.03% of average daily balance of asset(s)
Victory Capital	Not Available	Rate of 0.24% of average daily balance of asset(s)
Virtus	95-4191764	Range of 0.20 - 0.40% of average daily balance of assets
Vivaldi	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
WCM Investment Management	Not Available	Rate of 0.10% of average daily balance of asset(s)

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Plan Name: Vorys, Sater, Seymour and Pease LLP Retirement Plan

Empl Employer Identification No.: 31-4333125

Plan year (beginning/ending): 01/01/2020 to 12/31/2020 Plan number: 002

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	4/15/2020		561		
	7/15/2020		143,259		
*	10/7/2020	929			
	10/28/2020		957		
	10/31/2020		1,150		
*	12/31/2020	1,098			

* 10/7/2020 and 12/31/2020 Contributions were Corrected Outside VFCP in 2021.

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:	Vorys, Sater, Seymour and Pease LLP
NAME OF PLAN:	Vorys, Sater, Seymour and Pease LLP Retirement Plan
EIN:	31-4333125
PLAN NUMBER:	002

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
(a)	(b) Identity of issue, borrower, lessor, or similar party			
*	PARTICIPANT LOANS	Loans (4.25% - 9.25%)		1,359,505
	VANGUARD TRSY MONEY MKT INVSTR	Money Market / Cash Equivalent		18,546,561
	PCRA	Self-Directed Brokerage Account		65,817,145
	ARTISAN MIDCAP FUND	Registered Investment Company		19,955,415
	BARON GROWTH INSTITUTIONAL	Registered Investment Company		9,969,207
	DFA GLOBAL REAL ESTATE SEC	Registered Investment Company		1,534,927
	DIAMOND HILL LARGE CAP Y	Registered Investment Company		7,174,731
	DODGE & COX STOCK FUND	Registered Investment Company		25,148,214
	EUROPACIFIC GROWTH R6	Registered Investment Company		13,157,795
	FIDELITY EXTENDED MARKET INDEX	Registered Investment Company		5,963,358
	HARBOR CAPITAL APPRECIATION	Registered Investment Company		38,462,348
	METROPOLITAN WEST TTL RTN BD P	Registered Investment Company		10,774,222
	MFS INTERNTNL NEW DISCOVERY R4	Registered Investment Company		9,109,939
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		39,589,582
	TROWE PRICE INSTL HIGH YIELD	Registered Investment Company		5,890,478
	VANGUARD INFL PROTECTED SECSIN	Registered Investment Company		6,213,797
	VANGUARD SHORT-TERM GRADE INS	Registered Investment Company		9,779,402
	VANGUARD TARGET RETIREMNT 2015	Registered Investment Company		349,258
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	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		2,200,561
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		6,995,063
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		1,840,504
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		6,486,952
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		1,324,419
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		150,847
	VANGUARD TARGET RETIREMNT 2065	Registered Investment Company		60,345
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		1,611,264
	VANGUARD TOTAL BD MKT IDX INST	Registered Investment Company		6,457,536
	VANGUARD TOTAL INTL BD IDX ADM	Registered Investment Company		2,790,385
	VANGUARD TOTAL INTL STK INSTL	Registered Investment Company		5,410,494
	VICTORY SMALL CO OPPORTUNITY I	Registered Investment Company		9,628,296
	CASH VALUE OF LIFE INSURANCE	Life Insurance		559,281

* Party-in-interest