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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CALFEE HALTER & GRISWOLD LLP

1405 EAST SIXTH STREET
CLEVELAND, OH 44114

2b Employer Identification Number (EIN) 34-0732302

2c Plan Sponsor's telephone number 216-622-8200

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2023	ROBERT A. MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2023	ROBERT A. MILLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	419
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)**	257
a(2) Total number of active participants at the end of the plan year	**6a(2)**	223
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	146
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	369
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	372
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	335
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 2K 2R 3B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶	
CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CALFEE HALTER & GRISWOLD LLP	34-0732302	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

PNC BANK, N.A.

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 27 63	TRUSTEE	152993	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CALFEE HALTER & GRISWOLD LLP

D Employer Identification Number (EIN)
34-0732302

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	9475766

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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b Name of sponsor of entity listed in (a):

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b Name of sponsor of entity listed in (a):

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

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b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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a Plan name

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALFEE HALTER & GRISWOLD LLP

D Employer Identification Number (EIN)
34-0732302

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		1856191
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1664566	1583900
(2) Participant contributions	1b(2)	1118046	1355905
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	11013528	9742445
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	599007	409590
(9) Value of interest in common/collective trusts	1c(9)	11556072	9475766
(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)	77221556	87725956
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	108598536	101561818

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	211771311	213711571
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	211771311	213711571

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)	3844030	
	(B) Participants	2a(1)(B)	2122892	
	(C) Others (including rollovers)	2a(1)(C)	80489	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6047411
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	28342	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28342
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	756499	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		756499
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		186417
(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)		10623187
c Other income	2c		9612746
d Total income. Add all **income** amounts in column (b) and enter total	2d		27254602
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25782883	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		25782883
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	152993	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		152993
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25935876
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1318726
l Transfers of assets:			
(1) To this plan	2l(1)		621534
(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) [X] 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)** [X] 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: MEADEN & MOORE, LTD. **(2)** EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	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**	X		

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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALFEE HALTER & GRISWOLD LLP

D Employer Identification Number (EIN)
34-0732302

Part I Distributions

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

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

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

EIN(s): 75-3182674 22-1146430

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2021

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of

not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Meaden & Moore, Ltd.

Meaden & Moore, Ltd.
Cleveland, Ohio

January 12, 2023

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

	December 31	
	2021	2020
ASSETS		
Cash and cash equivalents	**$ 1,856,191**	$ -
Receivable - Employer contributions	**1,583,900**	1,664,566
Receivable - Employee contributions	**1,355,905**	1,118,046
Notes receivable from participants	**409,590**	599,007
Total Receivables	**3,349,395**	3,381,619
Investments (at Fair Value):		
American Funds Europacific Growth Fund R6	**6,206,318**	6,412,299
American Funds Growth Fund R6	**12,814,215**	11,045,173
BlackRock LifePath Index 2025 Class K	**2,181,862**	1,722,909
BlackRock LifePath Index 2030 Class K	**6,413,323**	6,493,381
BlackRock LifePath Index 2035 Class K	**825,640**	637,423
BlackRock LifePath Index 2040 Class K	**3,622,832**	3,075,635
BlackRock LifePath Index 2045 Class K	**486,054**	318,059
BlackRock LifePath Index 2050 Class K	**964,711**	363,760
BlackRock LifePath Index 2055 Class K	**248,088**	172,288
BlackRock LifePath Index 2060 Class K	**17,009**	10,035
BlackRock LifePath Index Retirement Class K	**8,309,904**	9,618,267
Carillon Eagle Mid Cap Growth Fund R6	**3,548,905**	3,292,960
MFS Value Fund R6	**3,887,381**	3,058,210
Morley Stable Value Fund 25	**-**	11,556,072
Putnam Stable Value	**9,475,766**	-
Prudential Total Return Bond R6	**6,252,489**	7,269,333
T. Rowe Price Mid-Cap Value I	**2,882,225**	2,309,755
Vanguard 500 Index Admiral	**16,782,420**	11,631,162
Vanguard Extended Market Index Adm	**5,767,081**	4,950,634
Vanguard Total Intl IX Adm	**580,418**	265,532
Vanguard Total Bond Mkt I Adm	**1,632,794**	850,009
JP Morgan US Small Company Fund	**4,302,287**	3,724,732
Self-Directed Brokerage Accounts - Limited partnerships	**9,742,445**	11,013,528
Self-Directed Brokerage Accounts - Other	**101,561,818**	108,598,536
Total Investments	**208,505,985**	208,389,692
Total Assets	**213,711,571**	211,771,311
LIABILITIES	**-**	-
Net Assets Available for Benefits	**$ 213,711,571**	$ 211,771,311

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

	Year Ended December 31	
	2021	2020
Additions to Net Assets Attributed to:		
Contributions:		
Employer	**$ 3,844,030**	$ 3,898,058
Employee	**2,122,892**	2,071,457
Rollover	**80,489**	160,531
	6,047,411	6,130,046
Investment Income:		
Interest and dividend income	**784,841**	5,606,879
Net unrealized/realized appreciation	**20,422,350**	13,112,944
Total Investment Income	**21,207,191**	18,719,823
Deductions from Net Assets Attributed to:		
Benefits paid to participants	**25,782,883**	13,395,647
Administrative expenses	**152,993**	1,625
Total Deductions	**25,935,876**	13,397,272
Net Increase before Plan Transfer	**1,318,726**	11,452,597
Transfer In from Associates Plan	**621,534**	236,556
Net Increase after Plan Transfer	**1,940,260**	11,689,153
Net Assets Available for Benefits:		
Beginning of Year	**211,771,311**	200,082,158
End of Year	**$ 213,711,571**	$ 211,771,311

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

1 Description of Plan

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

General:

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

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

Eligibility:

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

a. Completion of two years of service with 1,000 or more hours completed in each of the two years;

b. Attainment of age of twenty-one years;

c. Not being a leased employee within the meaning of 414(n)(2) of the Internal Revenue Code;

d. Not being employed as an associate attorney;

e. Not being employed as a summer associate or an intern;

f. Not being employed in accordance with an oral or written employment, consulting or other arrangement, the terms and conditions of which preclude a person's participation in the Plan; and

g. Not being employed by Calfee Strategic Solutions, LLC, a wholly-owned subsidiary of the sponsor.

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

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

1 Description of Plan, Continued

Contributions:

A. Firm Contributions

(1) Base Contribution - (a) equal to the greater of 7.0% of each full participant's eligible compensation or .5% of each full participant's eligible compensation multiplied by his or her full years of benefit service up to a maximum of twenty-one years of benefit service or (b) for participants who are partners and are age 40 or older, the contribution is equal to 10.5% of eligible compensation.

(2) Integrated Contribution - equal to 5.7% of each full participant's eligible compensation in excess of the social security taxable wage base.

(3) Matching Contribution - for non-partner full participants only. The matching contribution is the lesser of 25% of the participant's 401(k) deferral or 1% of eligible compensation.

B. Optional 401(k)/Roth Contributions:

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

C. Voluntary After-Tax Contributions:

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

Eligible compensation is subject to the maximum permitted to be considered in determining contributions by Section 401(a)(17) of the Internal Revenue Code. Maximum eligible compensation was $290,000 and $285,000 in 2021 and 2020, respectively.

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

Participants' Account:

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

A. Employer Contribution Accounts - includes base contribution and matching contribution.

B. Integrated Accounts - includes employer integrated contributions.

C. 401(k) Accounts - employee deferrals under 401(k) provisions.

1 Description of Plan, Continued

D. Roth Contribution Accounts - employee Roth deferrals.

E. After Tax Accounts:

1. Pre-87 accounts - contributions made before 1987.

2. Post-86 accounts - contributions made after 1986.

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

Vesting:

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

Notes Receivable from Participants:

Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence. Loans are valued at unpaid principal plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

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

Payment of Benefits:

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

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

1 Description of Plan, Continued

generally receive their death benefit pursuant to a lump sum form of distribution unless they elect an installment form of distribution. Benefits are recorded when paid.

Hardship Withdrawals:

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

Investment Options:

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

2 Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2021, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

3 Summary of Significant Accounting Policies

Basis of Accounting:

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

Investment Valuation and Income Recognition:

Investments are stated at fair value.

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

3 Summary of Significant Accounting Policies, Continued

Use of Estimates:

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

Administrative Fees:

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

Plan Termination:

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

Risks and Uncertainties:

The Plan's investments include various types of investments with varying degrees of risk such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

Subsequent Events:

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

Subsequent events have been evaluated through January 12, 2023, which is the date the financial statements were available to be issued.

4 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

4 Fair Value Measurements, Continued

The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual Funds:

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

Common Collective Trust Fund:

For 2021, due to a change in the common collective trust fund the Plan is invested in, the fair value is determined on a daily basis by dividing total net assets by the number of participating units outstanding on the valuation date. Contribution to and redemptions from the fund may be made daily at the current net asset value ("NAV") and are considered as made immediately after the daily valuation. Subject to certain restrictions, withdrawals from the fund are generally permitted daily. As of December 31, 2021, the fund is valued using NAV as a practical expedient. As such, it has not been leveled in the fair value hierarchy table below.

For 2020, the fair value was determined as the contract value (which approximates fair value) of the fund each business day (valuation date) by dividing total assets less liabilities by the number of outstanding units. Units are issued and redeemed daily based on the net asset value of the fund which is determined daily. Unitholder transactions are processed daily, or as applicable, by the fund at the current net asset value at contract value (which approximates fair value) and are considered as made immediately after the daily valuation. As of December 31, 2020, since some of the inputs to the valuation of the common collective trust are unobservable, it is classified in Level 2 of the fair value hierarchy.

4 Fair Value Measurements, Continued

Self-Directed Brokerage Accounts:

Accounts consist of the following investment holdings:

- Mutual funds, common stock, and exchange-traded funds (Level 1) – Valuation of these investments are based on quoted prices in active markets.

- Money market funds (Level 2) – These are not traded on an active market. The values are updated periodically and are, as such, valued on an inactive market.

- Certificates of deposit (Level 2) – Valued based on a market interest rate that is multiplied (at any given time) by the original principal deposit, payable only upon maturity. Since the maturity is a future date, the valuation only approximates fair value.

- U.S. government securities (Level 2) – The majority of these assets are comprised of government-issued bonds which are valued based on the present value of expected future cash flows. While this pricing model is fairly straightforward, there are inherent assumptions in the valuation of these bonds and they are not traded on an active market. As such, there are some unobservable inputs associated with this asset.

- Bonds (Level 2) – Valued based on observable and unobservable inputs and are not traded on an active market.

- Limited partnerships (Level 3) – Limited partnership interests are valued as of the financial statement date utilizing the allocated aggregate capital account interest that Plan participants held in those limited partnerships at that date. This measure of fair value considers the amount that would be received by the participant if a distribution or liquidation of that partnership interest were to be initiated as of the date of the Plan's financial statements. No formal appraisals are available for those entities. Since this valuation methodology uses significant unobservable inputs to fair value, those assets have been classified in Level 3 of the fair value hierarchy, except for those assets which met the criteria for use of the net asset value ("NAV") as practical expedient, as noted below. At December 31, 2020, certain pending transactions for additional shares of certain limited partnerships and newly purchased limited partnership interests and other investments were recorded by the Plan as "temporary assets." Since these temporary assets represent transactions that were pending and had not yet settled as of the financial statement date, the fair value of these assets has been measured using the cash amount paid for the additional or new interest in the respective investment. Any appreciation/(depreciation) in the value of those investments will be (or has been) recognized in the respective subsequent period.

  Certain other limited partnerships were valued using NAV as the practical expedient. Most of these limited partnerships report their valuation on a monthly basis. These limited partnerships generally seek to achieve their investment objectives primarily by allocating their assets among investments in both public and private investment vehicles that employ a broad range of investment strategies. Investors in these limited partnerships have redemption rights which contain certain restrictions with respect to rights of withdrawal as specified in their respective

4 Fair Value Measurements, Continued

partnership agreements. There were no significant unfunded commitments as of the financial statement date.

- Privately-held stock and investments (Level 2 and 3) – The values of some of the privately-held stocks and investments are determined by independent, third-party appraisal. These appraisers use various assumptions and calculations to arrive at a valuation (Level 2). Privately-held stock and investments include common stock and note issuances from those entities that are not subject to an independent, third-party appraisal and are valued at cost, which approximates fair value. There are no observable inputs for privately-held stock (Level 3).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	**$ 87,725,956**	**$ -**	**$ -**	**$ 87,725,956**
Self-Directed Brokerage Accounts	**80,701,790**	**19,341,203**	**9,298,849**	**109,341,842**
Total Assets in the Fair Value Hierarchy	**$168,427,746**	**$ 19,341,203**	**$ 9,298,849**	**197,067,798**
Investments Measured at Net Asset Value				**11,438,187**
Investments at Fair Value				**$208,505,985**

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Common Collective Trust	$ -	$ 11,556,072	$ -	$ 11,556,072
Mutual Funds	77,221,556	-	-	77,221,556
Self-Directed Brokerage Accounts	88,112,648	19,490,101	9,805,439	117,408,188
Total Assets in the Fair Value Hierarchy	$ 165,334,204	$ 31,046,173	$ 9,805,439	206,185,816
Investments Measured at Net Asset Value				2,203,876
Investments at Fair Value				$ 208,389,692

4 Fair Value Measurements, Continued

Changes in Fair Value of Level 3 Assets:

There were purchases of Level 3 assets totaling $889,389 and $4,456,222 during the years ended December 31, 2021 and 2020, respectively. There were sales of Level 3 assets totaling $664,544 and $3,613,960 during the years ended December 31, 2021 and 2020, respectively.

5 Party-in-Interest Transactions

Certain Plan investments are managed by PNC Bank, the Trustee as defined by the Plan during the period from January 1, 2021 through July 31, 2021 and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid for the investment management services. For the period from August 1, 2021 through December 31, 2021, Matrix Trust Company and OneAmerica served the Plan as Trustee and recordkeeper, respectively. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party-in-interest transactions.

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

Calfee, Halter & Griswold LLP Profit Sharing Trust and Plan

EIN 34-0732302
Plan Number 001

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds Europacific Growth Fund R6	Registered Investment Company	N/A	$ 6,206,318
	American Funds Growth Fund R6	Registered Investment Company	N/A	12,814,215
	BlackRock LifePath Index 2025 Class K	Registered Investment Company	N/A	2,181,862
	BlackRock LifePath Index 2030 Class K	Registered Investment Company	N/A	6,413,323
	BlackRock LifePath Index 2035 Class K	Registered Investment Company	N/A	825,640
	BlackRock LifePath Index 2040 Class K	Registered Investment Company	N/A	3,622,832
	BlackRock LifePath Index 2045 Class K	Registered Investment Company	N/A	486,054
	BlackRock LifePath Index 2050 Class K	Registered Investment Company	N/A	964,711
	BlackRock LifePath Index 2055 Class K	Registered Investment Company	N/A	248,088
	BlackRock LifePath Index 2060 Class K	Registered Investment Company	N/A	17,009
	BlackRock LifePath Index Retirement Class K	Registered Investment Company	N/A	8,309,904
	Carillon Eagle Mid-Cap Growth Fund R6	Registered Investment Company	N/A	3,548,905
	MFS Value Fund R5	Registered Investment Company	N/A	3,887,381
	Prudential Total Return Bond R6	Registered Investment Company	N/A	6,252,489
	T. Rowe Price Mid-Cap Value I	Registered Investment Company	N/A	2,882,225
	Vanguard 500 Index Admiral	Registered Investment Company	N/A	16,782,420
	Vanguard Extended Market Index Adm	Registered Investment Company	N/A	5,767,081
	Vanguard Total Intl IX Adm	Registered Investment Company	N/A	580,418
	Vanguard Total Bond Mkt I Adm	Registered Investment Company	N/A	1,632,794
	JP Morgan US Small Company Fund	Registered Investment Company	N/A	4,302,287
	Total Registered Investment Companies			**87,725,956**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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	Putnam Stable Value Fund	Common Collective Trust	N/A	9,475,766
	Alliance Bernstein Multi Manager Fund	Participant Brokerage Accounts - Limited partnerships	N/A	962,539
	Alliance Bernstein Securitized Assets Cayman Fund, LP	Participant Brokerage Accounts - Limited partnerships	N/A	689,933
	CF Special Situation Fund I, LP	Participant Brokerage Accounts - Limited partnerships	N/A	292,602
	Alliance Bernstein Arya Partners Cayman Fund	Participant Brokerage Accounts - Limited partnerships	N/A	1,384,790
	AB Financial Services Opportunities Cayman Fund, LP	Participant Brokerage Accounts - Limited partnerships	N/A	1,268,207
	AB Private Credit Investors Middle Market Direct Lending Fund, LP	Participant Brokerage Accounts - Limited partnerships	N/A	393,031
	AllianceBernstein Holding LP	Participant Brokerage Accounts - Limited partnerships	N/A	18,315
	Capital Works Fund IV, LP	Participant Brokerage Accounts - Limited partnerships	N/A	132,480
	North Coast Angel Fund III, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	32,811
	North Coast Angel Fund, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	11,679
	DCP Fund II, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	42,457
	DCP Fund III, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	108,498
	TCM Atria, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	167,603
	TCM Capital Plaza, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	156,598
	TCM Maryville, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	257,857
	Triskelion Fund I, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	79,936
	Dig Dev Vermilion Land, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	88,390
	Citymark Capital U.S Apartment Fund II, LP	Participant Brokerage Accounts - Limited partnerships	N/A	85,343
	Atlas Alt Kepos Alpha Fund Ltd Series B	Participant Brokerage Accounts - Limited partnerships	N/A	685,399
	Atlas Alternative Investment, LLC Quantitative Tactical Aggressive Fund, Ltd.	Participant Brokerage Accounts - Limited partnerships	N/A	525,153
	Canal Mezzanine Partners II, LP	Participant Brokerage Accounts - Limited partnerships	N/A	80,020
	Cuyahoga Capital Partners IV, LP	Participant Brokerage Accounts - Limited partnerships	N/A	56,760
	Delta Nu II Limited Partnership	Participant Brokerage Accounts - Limited partnerships	N/A	33,233
	Evolution Investments III, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	213,861
	Heat Seal, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	181,667
	VCM LP MCM Capital Partners II	Participant Brokerage Accounts - Limited partnerships	N/A	3,732
	MCM Capital Partners II, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	9,329
	MCM Capital Partners III, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	204,691
	North Beach LLC	Participant Brokerage Accounts - Limited partnerships	N/A	169,792
	PA Secondary Fund VI LP	Participant Brokerage Accounts - Limited partnerships	N/A	198,381
	Palmetto Properties, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	98,261
	Signum, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	296,594
	Thermedx Subordinated Convertible Debt $50,000	Participant Brokerage Accounts - Limited partnerships	N/A	53,905

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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	Evolution Investments II, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	74,679
	Kirtland Capital Partners V, LP	Participant Brokerage Accounts - Limited partnerships	N/A	386,980
	Longbow Research, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	1,126
	Ohio Innovation Fund I, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	4,394
	Public Square Partners I, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	22,171
	VCM A2 Investors	Participant Brokerage Accounts - Limited partnerships	N/A	152,057
	VA Land	Participant Brokerage Accounts - Limited partnerships	N/A	32,548
	VA Vesta I LLC	Participant Brokerage Accounts - Limited partnerships	N/A	84,643
	Total Participant Brokerage Accounts - Limited partnerships			**9,742,445**
*	Self-Directed Brokerage Accounts - Other	Participant Brokerage Accounts	N/A	101,561,818
	Total Investments			**208,505,985**
*	Participant loans	Notes Receivable (4.25% to 6.50%)	N/A	409,590
				$ 208,915,575

* Party-in-interest to the Plan.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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	American Funds Growth Fund R6	Registered Investment Company	N/A	12,814,215
	BlackRock LifePath Index 2025 Class K	Registered Investment Company	N/A	2,181,862
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	Vanguard Total Intl IX Adm	Registered Investment Company	N/A	580,418
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	JP Morgan US Small Company Fund	Registered Investment Company	N/A	4,302,287
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	Putnam Stable Value Fund	Common Collective Trust	N/A	9,475,766
	Alliance Bernstein Multi Manager Fund	Participant Brokerage Accounts - Limited partnerships	N/A	962,539
	Alliance Bernstein Securitized Assets Cayman Fund, LP	Participant Brokerage Accounts - Limited partnerships	N/A	689,933
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	AB Financial Services Opportunities Cayman Fund, LP	Participant Brokerage Accounts - Limited partnerships	N/A	1,268,207
	AB Private Credit Investors Middle Market Direct Lending Fund, LP	Participant Brokerage Accounts - Limited partnerships	N/A	393,031
	AllianceBernstein Holding LP	Participant Brokerage Accounts - Limited partnerships	N/A	18,315
	Capital Works Fund IV, LP	Participant Brokerage Accounts - Limited partnerships	N/A	132,480
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	North Coast Angel Fund, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	11,679
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	TCM Maryville, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	257,857
	Triskelion Fund I, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	79,936
	Dig Dev Vermilion Land, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	88,390
	Citymark Capital U.S Apartment Fund II, LP	Participant Brokerage Accounts - Limited partnerships	N/A	85,343
	Atlas Alt Kepos Alpha Fund Ltd Series B	Participant Brokerage Accounts - Limited partnerships	N/A	685,399
	Atlas Alternative Investment, LLC Quantitative Tactical Aggressive Fund, Ltd.	Participant Brokerage Accounts - Limited partnerships	N/A	525,153
	Canal Mezzanine Partners II, LP	Participant Brokerage Accounts - Limited partnerships	N/A	80,020
	Cuyahoga Capital Partners IV, LP	Participant Brokerage Accounts - Limited partnerships	N/A	56,760
	Delta Nu II Limited Partnership	Participant Brokerage Accounts - Limited partnerships	N/A	33,233
	Evolution Investments III, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	213,861
	Heat Seal, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	181,667
	VCM LP MCM Capital Partners II	Participant Brokerage Accounts - Limited partnerships	N/A	3,732
	MCM Capital Partners II, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	9,329
	MCM Capital Partners III, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	204,691
	North Beach LLC	Participant Brokerage Accounts - Limited partnerships	N/A	169,792
	PA Secondary Fund VI LP	Participant Brokerage Accounts - Limited partnerships	N/A	198,381
	Palmetto Properties, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	98,261
	Signum, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	296,594
	Thermedx Subordinated Convertible Debt $50,000	Participant Brokerage Accounts - Limited partnerships	N/A	53,905

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December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Evolution Investments II, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	74,679
	Kirtland Capital Partners V, LP	Participant Brokerage Accounts - Limited partnerships	N/A	386,980
	Longbow Research, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	1,126
	Ohio Innovation Fund I, L.P.	Participant Brokerage Accounts - Limited partnerships	N/A	4,394
	Public Square Partners I, LLC	Participant Brokerage Accounts - Limited partnerships	N/A	22,171
	VCM A2 Investors	Participant Brokerage Accounts - Limited partnerships	N/A	152,057
	VA Land	Participant Brokerage Accounts - Limited partnerships	N/A	32,548
	VA Vesta I LLC	Participant Brokerage Accounts - Limited partnerships	N/A	84,643
	Total Participant Brokerage Accounts - Limited partnerships			**9,742,445**
*	Self-Directed Brokerage Accounts - Other	Participant Brokerage Accounts	N/A	101,561,818
	Total Investments			**208,505,985**
*	Participant loans	Notes Receivable (4.25% to 6.50%)	N/A	409,590
				$ 208,915,575

* Party-in-interest to the Plan.

MEADEN & MOORE

E file Consent

In accordance with Department of Labor (DOL) provisions, you have two ways to sign Form 5500:

1. You may enter your User ID and PIN that was obtained from DOL directly into our software program before the return is electronically submitted. Our Firm is not permitted by statute to do this for you since you may not share your User ID and PIN with anyone, including your return preparer. Please call Susan Wissman at 216-241-3272 to make arrangements to visit one of our office to sign the return within our software. You may also contact any member of your Form 5500 service team. Your User ID and PIN may be obtained through the DOL's website at www.efast.dol.gov
2. We may sign Form 5500 on your behalf using our credentials with the plan administrator's specific authorization. The plan administrator must also sign and date page 1 of Form 5500 series report which will be attached as a PDF copy to the electronic 5500 file. **Please note that a copy of this manual signature will be included with the rest of the Form 5500 series report posted by the Labor Department on the Internet for public disclosure.**

We also request that under either option that you complete and sign this statement for our records:
I, a representative of the plan administrator, authorize Meaden & Moore to electronically submit Form 5500 series report. If I elect to provide a manual signature electronically or in hard copy, I attest that the signature is a true and correct copy under penalties of perjury. I have also been advised of the fact that the manual signature will be part of the electronic file subject to public internet disclosure. Further, I understand that Meaden & Moore, Ltd. will forward me any inquiries or information received directly from EFAST2, DOL, IRS or PBGC regarding the return/report. I declare that I have examined a copy of Form 5500 series return - Return/Report of Employee Benefit Plan and accompanying schedules and statements for the year ended 2021, and to the best of my knowledge and belief, it is true and correct.

Calfee Halter & Griswold LLP

By: Robert A. Miller, Partner

Plan sponsor's signature and date 1/13/2023

Calfee Halter & Griswold LLP

By: Robert A. Miller, Partner

Plan administrator's signature and date

Calfee Halter & Griswold LLP

By: Robert A. Miller, Partner

Printed name of Plan sponsor

Calfee Halter & Griswold LLP

By: Robert A. Miller, Partner

Printed name of Plan administrator

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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan
CALFEE, HALTER & GRISWOLD LLP PROFIT SHARING TRUST AND PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CALFEE HALTER & GRISWOLD LLP

1405 EAST SIXTH STREET

CLEVELAND OH 44114

2b Employer Identification Number (EIN) 34-0732302

2c Plan Sponsor's telephone number 216-622-8200

2d Business code (see instructions) 541110

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

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

SIGN HERE	Calfee Halter & Griswold LLP By: Robert A. Miller	1/13/2023	ROBERT A. MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Calfee Halter & Griswold LLP By: Robert A. Miller	1/13/2023	ROBERT A. MILLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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