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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                       |           |                                                           |
| <b>1a</b> Name of plan<br><u>LEGAL AID SOCIETY MONEY PURCHASE PENSION PLAN</u>                                                                                                                                                                                                                                                                                                               | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>LEGAL AID SOCIETY OF CINCINNATI</u><br><br><u>215 EAST 9TH STREET</u><br><u>SUITE 200</u><br><u>CINCINNATI, OH 45202</u> | <b>1c</b> | Effective date of plan<br><u>11/01/1981</u>               |
|                                                                                                                                                                                                                                                                                                                                                                                              | <b>2b</b> | Employer Identification Number (EIN)<br><u>31-0536673</u> |
|                                                                                                                                                                                                                                                                                                                                                                                              | <b>2c</b> | Plan Sponsor's telephone number<br><u>513-241-9400</u>    |
|                                                                                                                                                                                                                                                                                                                                                                                              | <b>2d</b> | Business code (see instructions)<br><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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/24/2023 | MARY ASBURY                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4d</b> PN          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5</b> 123                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(1)</b> 90                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 92                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> 38                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b> 130                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6e</b> 0                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b> 130                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g</b> 124                              |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6h</b> 7                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2C 3D                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                       |                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>LEGAL AID SOCIETY MONEY PURCHASE PENSION PLAN                            | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LEGAL AID SOCIETY OF CINCINNATI  | D Employer Identification Number (EIN)<br>31-0536673 |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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**(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)

MARINER WEALTH ADVISORS

80-0861455

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 53000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>LEGAL AID SOCIETY MONEY PURCHASE PENSION PLAN</u>                                                                                                                                                                                            | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LEGAL AID SOCIETY OF CINCINNATI</u>                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><u>31-0536673</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 2258133331      |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 3050237462      |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 911515483102    |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          | 0147891         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       | 30946333344369  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       | 00              |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       | 51049964666076  |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 21968801690186  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         | 00              |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 11361107              | 10402417        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 11361107 | 10402417 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 409832     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 409832    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 449        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 116923     |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 117372    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 89156      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 37705      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 126861    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1953421    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1886798    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 66623     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -1162702   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -1162702  |

|                                                                                                 |        | (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) |            | -404627   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -846641   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 58349      |           |
| (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)  |            | 58349     |
| 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)  | 700        |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 53000      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 53700     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 112049    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -958690   |
| 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: **BARNES DENNIC**

(2) EIN: **31-1119890**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>LEGAL AID SOCIETY MONEY PURCHASE PENSION PLAN                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LEGAL AID SOCIETY OF CINCINNATI                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>31-0536673                                            |
| 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):<br><br>EIN(s): 82-1107307                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 0                                                                                             |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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 409832                                                                                       |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b 409832                                                                                       |
| 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 0                                                                                            |
| 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? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |



## **Independent Auditors' Report**

To the Pension Committee  
Legal Aid Society of Cincinnati Money Purchase Pension Plan  
Cincinnati, Ohio

### **Opinion**

We have audited the accompanying financial statements of Legal Aid Society of Cincinnati Money Purchase Pension 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, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Legal Aid Society of Cincinnati Money Purchase Pension Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Legal Aid Society of Cincinnati Money Purchase Pension 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 Legal Aid Society of Cincinnati Money Purchase Pension Plan's ability to continue as a going concern for one year after the date 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.

**Independent Auditors' Report  
(Continued)**

**Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Legal Aid Society of Cincinnati Money Purchase Pension 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 Legal Aid Society of Cincinnati Money Purchase Pension 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.

**Independent Auditors' Report  
(Continued)**

**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 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 generally accepted auditing standards.

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 schedules 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.

*Barnes Dennig + Co., Ltd.*

Cincinnati, Ohio  
July 25, 2023

# LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

## Statements of Net Assets Available for Plan Benefits December 31, 2022 and 2021

|                                   | <u>2022</u>                 | <u>2021</u>                 |
|-----------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                     |                             |                             |
| <b>Investments, at fair value</b> |                             |                             |
| Money market funds                | \$ 483,102                  | \$ 911,515                  |
| Mutual funds                      | 1,633,620                   | 2,118,782                   |
| Common stocks                     | 4,666,076                   | 5,104,996                   |
| Corporate bonds                   | 3,344,369                   | 3,094,633                   |
| Government bonds                  | 147,891                     | -                           |
| Other Assets                      | <u>56,566</u>               | <u>78,098</u>               |
| Total investments, at fair value  | <u>10,331,624</u>           | <u>11,308,024</u>           |
| <b>Receivables</b>                |                             |                             |
| Employer contributions receivable | 33,331                      | 22,581                      |
| Accrued interest income           | <u>37,462</u>               | <u>30,502</u>               |
| Total receivables                 | <u>70,793</u>               | <u>53,083</u>               |
| Net assets available for benefits | <u><u>\$ 10,402,417</u></u> | <u><u>\$ 11,361,107</u></u> |

See accompanying notes to financial statements

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Statement of Changes in Net Assets Available for Plan Benefits Year Ended December 31, 2022

#### Additions

##### Investment income:

|                 |            |
|-----------------|------------|
| Dividend income | \$ 126,861 |
|-----------------|------------|

|                 |                |
|-----------------|----------------|
| Interest income | <u>117,372</u> |
|-----------------|----------------|

|                         |         |
|-------------------------|---------|
| Total investment income | 244,233 |
|-------------------------|---------|

#### Employer contributions

|         |
|---------|
| 409,832 |
|---------|

|                 |                |
|-----------------|----------------|
| Total additions | <u>654,065</u> |
|-----------------|----------------|

#### Deductions

|                               |        |
|-------------------------------|--------|
| Benefits paid to participants | 58,349 |
|-------------------------------|--------|

|                         |        |
|-------------------------|--------|
| Administrative expenses | 53,700 |
|-------------------------|--------|

|                                               |                  |
|-----------------------------------------------|------------------|
| Net depreciation in fair value of investments | <u>1,500,706</u> |
|-----------------------------------------------|------------------|

|                  |                  |
|------------------|------------------|
| Total deductions | <u>1,612,755</u> |
|------------------|------------------|

#### Net decrease

|           |
|-----------|
| (958,690) |
|-----------|

#### Net assets available for benefits, beginning of year

|                   |
|-------------------|
| <u>11,361,107</u> |
|-------------------|

#### Net assets available for benefits, end of year

|                             |
|-----------------------------|
| <u><u>\$ 10,402,417</u></u> |
|-----------------------------|

See accompanying notes to financial statements

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### ***Basis of Presentation***

The accompanying financial statements of Legal Aid Society of Cincinnati Money Purchase Pension Plan (the "Plan") have been prepared on the accrual basis.

##### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Market risks include global events which could impact the value of the investment securities, such as a pandemic or global conflict. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### ***Benefit Payments***

Benefit payments are recorded when paid.

##### ***Related Party Transactions***

Legal Aid Society of Cincinnati (the "Company") provides the Plan with certain accounting and administrative services for which no fees are charged.

In December 31, 2022 and 2021, certain Plan investments were invested in funds with Charles Schwab & Co., Inc. Charles Schwab & Co, Inc. is the asset custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest.

##### ***Expenses***

Certain expenses and costs of the Plan were paid by the Company and, accordingly, are not reflected in the Plan's financial statements. Certain investment-related expenses are included in net depreciation of fair value of investments.

##### ***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Subsequent Event Evaluation*

Subsequent events were evaluated through July 25, 2023, which is the date the financial statements were available to be issued.

#### NOTE 2 DESCRIPTION OF PLAN

The following description of the Legal Aid Society of Cincinnati Money Purchase Pension Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### *General*

The Plan is a defined contribution plan covering all eligible employees of the Company who have three months and 1,000 hours of service. Once eligibility requirements are met employees are automatically enrolled in the Plan. The Plan includes employees of the Legal Aid Society of Greater Cincinnati and the Legal Aid Society of Southwest Ohio, which together form the Company. The Plan was established by the Company effective November 1, 1981 and subsequently amended and restated in its entirety effective July 1, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### *Contributions*

The Plan does not allow for employee or rollover contributions. The Company makes contributions to the Plan equal to 7.8% of eligible participants' compensation, as defined. The Company made contributions of \$409,832 for December 31, 2022, which meets the minimum funding requirements of ERISA.

##### *Participant Accounts*

Each participant's account is credited allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### *Non-Participant Directed Accounts*

All participant accounts are maintained in investment funds directed by the Company.

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

##### *Vesting*

Participants are vested in their share of employer contributions plus actual earnings thereon as follows:

| <u>Vesting Years</u> | <u>Non-Forfeitable<br/>Percentage</u> |
|----------------------|---------------------------------------|
| Less than 2          | 0%                                    |
| 2                    | 20%                                   |
| 3 - 4                | 75%                                   |
| 5                    | 100%                                  |

##### *Payment of Benefits*

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, a joint and 75% survivor annuity or a rollover.

In-service distributions are permissible from the Plan for participants that have attained the age of 65.

##### *Forfeitures*

Forfeitures occurring during the year serve to restore participant's forfeitures who are reemployed and bought back into the Plan and offset Plan expenses or employer contributions. During 2022, \$7,889 of forfeitures were used to offset employer contributions. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$-0-.

#### NOTE 3 FAIR VALUE MEASUREMENTS

Under applicable GAAP for fair value measurements and disclosures, a three-level hierarchy is established for fair value measurements based on transparency of valuation inputs as of the measurement date. The hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The three levels are defined as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 – Inputs are unobservable and reflect management's best estimates of what market participants would use as fair value.

*Common stocks and mutual funds:* Fair values are determined by reference to quoted market prices and other relevant information generated by market transactions. Common stocks and mutual funds are categorized as using Level 1 inputs.

*Money market funds, corporate bonds and government bonds:* Valued at the daily closing price as reported by the fund or bond. The money market account held by the Plan is an open-ended mutual fund that is registered with the Securities and Exchange Commission. Both money market funds and corporate bonds are required to publish their daily NAV and to transact at that price. The money market funds, corporate bonds, and government bonds held by the Plan are deemed to be actively traded.

The following table summarizes assets measured at fair value on a recurring basis at December 31:

|                    | 2022                 | 2021                 |
|--------------------|----------------------|----------------------|
| <b>Level 1:</b>    |                      |                      |
| Common stocks      | \$ 4,666,076         | \$ 5,104,996         |
| Mutual funds       | 1,633,620            | 2,118,782            |
| Other Assets       | 56,566               | 78,098               |
| <b>Level 2:</b>    |                      |                      |
| Corporate bonds    | 3,344,369            | 3,094,633            |
| Government Bonds   | 147,891              | -                    |
| Money market funds | 483,102              | 911,515              |
| <b>Total</b>       | <b>\$ 10,331,624</b> | <b>\$ 11,308,024</b> |

#### NOTE 4 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. In the event of the Plan termination, all amounts credited to participants' accounts will become fully vested and nonforfeitable.

#### NOTE 5 TAX STATUS

The Plan Sponsor has adopted a prototype plan which has received an opinion letter from the Internal Revenue Service dated June 30, 2020 which states the provider's prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan itself has not received a determination letter from the IRS. The Plan has not been amended since receiving the opinion letter. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                           |                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                           |                                                      |  |
| <b>1a</b> Name of plan<br>LEGAL AID SOCIETY MONEY PURCHASE PENSION PLAN                                                                                                                                                                                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>1c</b> Effective date of plan<br/>11/01/1981</td> </tr> </table>                                                  | <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                       | <b>1c</b> Effective date of plan<br>11/01/1981       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                | 001                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                           |                                                      |  |
| <b>1c</b> Effective date of plan<br>11/01/1981                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                           |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>LEGAL AID SOCIETY OF CINCINNATI<br><br><br>215 EAST 9TH STREET<br>SUITE 200<br>CINCINNATI OH 45202 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><b>2b</b> Employer Identification Number (EIN)<br/>31-0536673</td> </tr> <tr> <td style="padding: 2px;"><b>2c</b> Plan Sponsor's telephone number<br/>513-241-9400</td> </tr> <tr> <td style="padding: 2px;"><b>2d</b> Business code (see instructions)<br/>541110</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>31-0536673 | <b>2c</b> Plan Sponsor's telephone number<br>513-241-9400 | <b>2d</b> Business code (see instructions)<br>541110 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>31-0536673                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                           |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>513-241-9400                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                           |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>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.

|                  |                                    |                |                                                              |
|------------------|------------------------------------|----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                    | <u>8/24/23</u> | MARY ASBURY                                                  |
|                  | Signature of plan administrator    | Date           | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |                |                                                              |
|                  | Signature of employer/plan sponsor | Date           | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |                |                                                              |
|                  | Signature of DFE                   | Date           | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 123                                                                    |
| <b>6</b> 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).                                                                                                                               |                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 90                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 92                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 0                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 38                                                                    |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....                                                                                                                                                                                                                                    | <b>6d</b> 130                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 0                                                                     |
| <b>f</b> Total. Add lines 6d and 6e. ....                                                                                                                                                                                                                                              | <b>6f</b> 130                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                         | <b>6g</b> 124                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                              | <b>6h</b> 7                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                        |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2C 3D

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

# **Legal Aid Society of Cincinnati Money Purchase Pension Plan**

**Financial Statements  
With Supplementary Information  
December 31, 2022 and 2021  
With Independent Auditors' Report**

**LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN**  
**December 31, 2022 and 2021**

**Contents**

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| Statements of Net Assets Available for Plan Benefits           | 4                  |
| Statement of Changes in Net Assets Available for Plan Benefits | 5                  |
| Notes to Financial Statements                                  | 6 – 9              |
| Supplemental Schedules:                                        |                    |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 10 – 12            |



## **Independent Auditors' Report**

To the Pension Committee  
Legal Aid Society of Cincinnati Money Purchase Pension Plan  
Cincinnati, Ohio

### **Opinion**

We have audited the accompanying financial statements of Legal Aid Society of Cincinnati Money Purchase Pension 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, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Legal Aid Society of Cincinnati Money Purchase Pension Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Legal Aid Society of Cincinnati Money Purchase Pension 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 Legal Aid Society of Cincinnati Money Purchase Pension Plan's ability to continue as a going concern for one year after the date 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.

**Independent Auditors' Report  
(Continued)**

**Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Legal Aid Society of Cincinnati Money Purchase Pension 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 Legal Aid Society of Cincinnati Money Purchase Pension 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.

**Independent Auditors' Report  
(Continued)**

**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 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 generally accepted auditing standards.

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 schedules 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.

*Barnes Dennig + Co., Ltd.*

Cincinnati, Ohio  
July 25, 2023

**LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN**

**Statements of Net Assets Available for Plan Benefits  
December 31, 2022 and 2021**

|                                   | <u>2022</u>                 | <u>2021</u>                 |
|-----------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                     |                             |                             |
| <b>Investments, at fair value</b> |                             |                             |
| Money market funds                | \$ 483,102                  | \$ 911,515                  |
| Mutual funds                      | 1,633,620                   | 2,118,782                   |
| Common stocks                     | 4,666,076                   | 5,104,996                   |
| Corporate bonds                   | 3,344,369                   | 3,094,633                   |
| Government bonds                  | 147,891                     | -                           |
| Other Assets                      | <u>56,566</u>               | <u>78,098</u>               |
| Total investments, at fair value  | <u>10,331,624</u>           | <u>11,308,024</u>           |
| <b>Receivables</b>                |                             |                             |
| Employer contributions receivable | 33,331                      | 22,581                      |
| Accrued interest income           | <u>37,462</u>               | <u>30,502</u>               |
| Total receivables                 | <u>70,793</u>               | <u>53,083</u>               |
| Net assets available for benefits | <u><u>\$ 10,402,417</u></u> | <u><u>\$ 11,361,107</u></u> |

See accompanying notes to financial statements

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Statement of Changes in Net Assets Available for Plan Benefits Year Ended December 31, 2022

#### Additions

##### Investment income:

|                 |            |
|-----------------|------------|
| Dividend income | \$ 126,861 |
|-----------------|------------|

|                 |                |
|-----------------|----------------|
| Interest income | <u>117,372</u> |
|-----------------|----------------|

|                         |         |
|-------------------------|---------|
| Total investment income | 244,233 |
|-------------------------|---------|

#### Employer contributions

|                |
|----------------|
| <u>409,832</u> |
|----------------|

|                 |                |
|-----------------|----------------|
| Total additions | <u>654,065</u> |
|-----------------|----------------|

#### Deductions

|                               |        |
|-------------------------------|--------|
| Benefits paid to participants | 58,349 |
|-------------------------------|--------|

|                         |        |
|-------------------------|--------|
| Administrative expenses | 53,700 |
|-------------------------|--------|

|                                               |                  |
|-----------------------------------------------|------------------|
| Net depreciation in fair value of investments | <u>1,500,706</u> |
|-----------------------------------------------|------------------|

|                  |                  |
|------------------|------------------|
| Total deductions | <u>1,612,755</u> |
|------------------|------------------|

#### Net decrease

|           |
|-----------|
| (958,690) |
|-----------|

#### Net assets available for benefits, beginning of year

|                   |
|-------------------|
| <u>11,361,107</u> |
|-------------------|

#### Net assets available for benefits, end of year

|                             |
|-----------------------------|
| <u><u>\$ 10,402,417</u></u> |
|-----------------------------|

See accompanying notes to financial statements

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### ***Basis of Presentation***

The accompanying financial statements of Legal Aid Society of Cincinnati Money Purchase Pension Plan (the "Plan") have been prepared on the accrual basis.

##### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Market risks include global events which could impact the value of the investment securities, such as a pandemic or global conflict. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### ***Benefit Payments***

Benefit payments are recorded when paid.

##### ***Related Party Transactions***

Legal Aid Society of Cincinnati (the "Company") provides the Plan with certain accounting and administrative services for which no fees are charged.

In December 31, 2022 and 2021, certain Plan investments were invested in funds with Charles Schwab & Co., Inc. Charles Schwab & Co, Inc. is the asset custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest.

##### ***Expenses***

Certain expenses and costs of the Plan were paid by the Company and, accordingly, are not reflected in the Plan's financial statements. Certain investment-related expenses are included in net depreciation of fair value of investments.

##### ***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Subsequent Event Evaluation*

Subsequent events were evaluated through July 25, 2023, which is the date the financial statements were available to be issued.

#### NOTE 2 DESCRIPTION OF PLAN

The following description of the Legal Aid Society of Cincinnati Money Purchase Pension Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### *General*

The Plan is a defined contribution plan covering all eligible employees of the Company who have three months and 1,000 hours of service. Once eligibility requirements are met employees are automatically enrolled in the Plan. The Plan includes employees of the Legal Aid Society of Greater Cincinnati and the Legal Aid Society of Southwest Ohio, which together form the Company. The Plan was established by the Company effective November 1, 1981 and subsequently amended and restated in its entirety effective July 1, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### *Contributions*

The Plan does not allow for employee or rollover contributions. The Company makes contributions to the Plan equal to 7.8% of eligible participants' compensation, as defined. The Company made contributions of \$409,832 for December 31, 2022, which meets the minimum funding requirements of ERISA.

##### *Participant Accounts*

Each participant's account is credited allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### *Non-Participant Directed Accounts*

All participant accounts are maintained in investment funds directed by the Company.

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

##### *Vesting*

Participants are vested in their share of employer contributions plus actual earnings thereon as follows:

| <u>Vesting Years</u> | <u>Non-Forfeitable<br/>Percentage</u> |
|----------------------|---------------------------------------|
| Less than 2          | 0%                                    |
| 2                    | 20%                                   |
| 3 - 4                | 75%                                   |
| 5                    | 100%                                  |

##### *Payment of Benefits*

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, a joint and 75% survivor annuity or a rollover.

In-service distributions are permissible from the Plan for participants that have attained the age of 65.

##### *Forfeitures*

Forfeitures occurring during the year serve to restore participant's forfeitures who are reemployed and bought back into the Plan and offset Plan expenses or employer contributions. During 2022, \$7,889 of forfeitures were used to offset employer contributions. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$-0-.

#### NOTE 3 FAIR VALUE MEASUREMENTS

Under applicable GAAP for fair value measurements and disclosures, a three-level hierarchy is established for fair value measurements based on transparency of valuation inputs as of the measurement date. The hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The three levels are defined as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

## LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION PLAN

### Notes to Financial Statements (Continued)

#### NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 – Inputs are unobservable and reflect management's best estimates of what market participants would use as fair value.

*Common stocks and mutual funds:* Fair values are determined by reference to quoted market prices and other relevant information generated by market transactions. Common stocks and mutual funds are categorized as using Level 1 inputs.

*Money market funds, corporate bonds and government bonds:* Valued at the daily closing price as reported by the fund or bond. The money market account held by the Plan is an open-ended mutual fund that is registered with the Securities and Exchange Commission. Both money market funds and corporate bonds are required to publish their daily NAV and to transact at that price. The money market funds, corporate bonds, and government bonds held by the Plan are deemed to be actively traded.

The following table summarizes assets measured at fair value on a recurring basis at December 31:

|                    | 2022                 | 2021                 |
|--------------------|----------------------|----------------------|
| <b>Level 1:</b>    |                      |                      |
| Common stocks      | \$ 4,666,076         | \$ 5,104,996         |
| Mutual funds       | 1,633,620            | 2,118,782            |
| Other Assets       | 56,566               | 78,098               |
| <b>Level 2:</b>    |                      |                      |
| Corporate bonds    | 3,344,369            | 3,094,633            |
| Government Bonds   | 147,891              | -                    |
| Money market funds | 483,102              | 911,515              |
| <b>Total</b>       | <b>\$ 10,331,624</b> | <b>\$ 11,308,024</b> |

#### NOTE 4 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. In the event of the Plan termination, all amounts credited to participants' accounts will become fully vested and nonforfeitable.

#### NOTE 5 TAX STATUS

The Plan Sponsor has adopted a prototype plan which has received an opinion letter from the Internal Revenue Service dated June 30, 2020 which states the provider's prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan itself has not received a determination letter from the IRS. The Plan has not been amended since receiving the opinion letter. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

# LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2022

Schedule H – Form 5500  
EIN # 31-0536673  
Plan Number 001

| Column A | Column B                                          | Column C                     | Column D  | Column E         |
|----------|---------------------------------------------------|------------------------------|-----------|------------------|
|          | Identity of issuer, borrower<br>or similar entity | Description<br>of Investment | Cost      | Current<br>Value |
|          | Cash                                              |                              | \$ 528    | \$ 528           |
| *        | Schwab Government Money Fund                      | Money Market Funds           | 482,574   | 482,574          |
|          |                                                   | Total Money Market Funds     | 483,102   | 483,102          |
|          | iShares Russell 2000 Index ETF                    | Mutual Funds                 | 184,472   | 225,273          |
|          | iShares Msci Eafe                                 | Mutual Funds                 | 723,767   | 733,855          |
| *        | Schwab US Large Cap ETF                           | Mutual Funds                 | 678,406   | 590,111          |
|          | Vanguard Total World                              | Mutual Funds                 | 99,785    | 84,381           |
|          |                                                   | Total Mutual Funds           | 1,686,430 | 1,633,620        |
|          | Abbott Labs                                       | Common Stock                 | 108,935   | 110,778          |
|          | Air Prod & Chemicals                              | Common Stock                 | 57,011    | 119,916          |
|          | Albemarle Corp                                    | Common Stock                 | 26,640    | 73,732           |
|          | Amazon.com Inc.                                   | Common Stock                 | 77,734    | 38,640           |
|          | Apple Inc.                                        | Common Stock                 | 254,650   | 215,034          |
|          | Aptiv PLC                                         | Common Stock                 | 114,016   | 83,258           |
|          | Arista Networks Inc                               | Common Stock                 | 45,249    | 98,051           |
|          | Autozone Inc                                      | Common Stock                 | 90,083    | 103,580          |
|          | Bank of America Corp.                             | Common Stock                 | 54,848    | 79,521           |
|          | Blackrock Inc.                                    | Common Stock                 | 96,877    | 102,751          |
|          | Booking Holdings Inc.                             | Common Stock                 | 101,268   | 78,596           |
|          | Charter Communication                             | Common Stock                 | 95,360    | 57,986           |
|          | Chevron Corporation                               | Common Stock                 | 30,637    | 168,721          |
|          | Coherent Corp                                     | Common Stock                 | 40,978    | 38,996           |
|          | Costco Wholesale Co.                              | Common Stock                 | 79,072    | 100,430          |
|          | Crowdstrike Holding Inc.                          | Common Stock                 | 61,482    | 53,593           |
|          | Danaher Corp                                      | Common Stock                 | 78,215    | 64,762           |
|          | Deckers Outdoor Corporation                       | Common Stock                 | 43,897    | 49,097           |
|          | Fastenal Co.                                      | Common Stock                 | 112,058   | 107,795          |
|          | Fiserv Inc                                        | Common Stock                 | 16,134    | 86,920           |
|          | Illinois Tool Works                               | Common Stock                 | 60,562    | 94,729           |
|          | Johnson Controls Inter F                          | Common Stock                 | 103,974   | 82,880           |
|          | Lilly Eli & Co                                    | Common Stock                 | 67,539    | 70,607           |
|          | Lowes Company Inc                                 | Common Stock                 | 12,830    | 96,831           |
|          | Lyondellbasell Inds F                             | Common Stock                 | 102,870   | 107,939          |
|          | L3Harris Technologies In.                         | Common Stock                 | 89,048    | 100,982          |
|          | Marathon Pete Corp.                               | Common Stock                 | 98,626    | 266,649          |
|          | Marsh McLennan Cos Inc.                           | Common Stock                 | 23,582    | 105,907          |
|          | Merck and Company Inc                             | Common Stock                 | 59,700    | 155,330.00       |

\* Party-In-Interest

(Continued)

# LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Schedule H – Form 5500  
EIN # 31-0536673  
Plan Number 001

| Column A | Column B                                          | Column C                     | Column D  | Column E         |
|----------|---------------------------------------------------|------------------------------|-----------|------------------|
|          | Identity of issuer, borrower<br>or similar entity | Description<br>of Investment | Cost      | Current<br>Value |
|          | Microchip Technology Inc.                         | Common Stock                 | \$ 25,080 | \$ 89,077        |
|          | Microsoft Corporation                             | Common Stock                 | 86,353    | 155,643          |
|          | Newmont Corp                                      | Common Stock                 | 63,129    | 48,994           |
|          | NVIDIA Corp                                       | Common Stock                 | 68,475    | 43,842           |
|          | On Semiconductor Co                               | Common Stock                 | 43,492    | 86,008           |
|          | Organon & Co.                                     | Common Stock                 | 2,990     | 3,910            |
|          | Palo Alto Network                                 | Common Stock                 | 74,245    | 61,398           |
|          | Pepsico Inc                                       | Common Stock                 | 82,259    | 116,526          |
|          | Procter & Gamble Co                               | Common Stock                 | 12,538    | 106,698          |
|          | Service Now Inc                                   | Common Stock                 | 78,046    | 50,087           |
|          | Starbucks Corp                                    | Common Stock                 | 70,407    | 82,832           |
|          | Stryker Corporation                               | Common Stock                 | 18,788    | 89,483           |
|          | Synopsys Inc                                      | Common Stock                 | 69,810    | 71,521           |
|          | T- Mobile US Inc                                  | Common Stock                 | 64,506    | 66,640           |
|          | Target Corp                                       | Common Stock                 | 41,848    | 59,765           |
|          | Tesla Inc.                                        | Common Stock                 | 70,102    | 31,411           |
|          | TJX Companies                                     | Common Stock                 | 31,116    | 109,291          |
|          | Unites Rentals Inc                                | Common Stock                 | 51,975    | 58,644           |
|          | United Health Group, Inc.                         | Common Stock                 | 15,037    | 127,243          |
|          | Vertex Pharmaceuticals                            | Common Stock                 | 70,759    | 65,553           |
|          | Visa Inc                                          | Common Stock                 | 27,532    | 130,887          |
|          | VMWare Inc.                                       | Common Stock                 | 110,934   | 96,612           |
|          |                                                   | Total Common Stock           | 3,383,296 | 4,666,076        |

(Continued)

**LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)  
December 31, 2022**

Schedule H – Form 5500  
EIN # 31-0536673  
Plan Number 001

| Column A | Column B                                          | Column C                     | Column D     | Column E         |
|----------|---------------------------------------------------|------------------------------|--------------|------------------|
|          | Identity of issuer, borrower<br>or similar entity | Description<br>of Investment | Cost         | Current<br>Value |
|          | Aflac Inc                                         | Corporate Bond               | \$ 128,987   | \$ 116,664       |
|          | Amgen Inc                                         | Corporate Bond               | 102,141      | 96,109           |
|          | American Water Corporation                        | Corporate Bond               | 103,768      | 92,287           |
|          | Apple Inc.                                        | Corporate Bond               | 79,462       | 69,594           |
|          | AT&T Inc.                                         | Corporate Bond               | 48,836       | 42,290           |
|          | Baker Hughes Holdings                             | Corporate Bond               | 161,563      | 138,467          |
|          | Booking Holdings                                  | Corporate Bond               | 105,515      | 93,356           |
|          | Boston Properties Bond                            | Corporate Bond               | 148,551      | 147,729          |
|          | Brookfield Asset                                  | Corporate Bond               | 99,451       | 98,039           |
|          | Cadence Design Bond                               | Corporate Bond               | 100,481      | 98,953           |
|          | Dr. Pepper Snapple                                | Corporate Bond               | 100,000      | 96,222           |
|          | Duke Energy Corp                                  | Corporate Bond               | 148,316      | 147,318          |
|          | Fiserv, Inc. Bond                                 | Corporate Bond               | 156,000      | 144,929          |
|          | Goldman Sachs                                     | Corporate Bond               | 100,610      | 96,550           |
|          | JP Morgan Chase                                   | Corporate Bond               | 152,625      | 147,750          |
|          | Laboratory Corp                                   | Corporate Bond               | 99,980       | 97,126           |
|          | Lowe's Companies Bond                             | Corporate Bond               | 209,198      | 186,211          |
|          | Markel Corp                                       | Corporate Bond               | 100,432      | 99,887           |
|          | Mastercard inc                                    | Corporate Bond               | 160,664      | 142,314          |
|          | McDonald's Corp Bond                              | Corporate Bond               | 211,259      | 193,605          |
|          | Paypal Holdings Bond                              | Corporate Bond               | 104,722      | 92,234           |
|          | Raytheon Technologies                             | Corporate Bond               | 102,476      | 93,110           |
|          | Roper Technologies                                | Corporate Bond               | 99,702       | 98,793           |
|          | Stanley Black & Decker                            | Corporate Bond               | 104,576      | 95,241           |
|          | Telus Corp                                        | Corporate Bond               | 160,515      | 138,711          |
|          | Tiffany & Co. Bond                                | Corporate Bond               | 175,041      | 171,079          |
|          | Toyota Motor Bond                                 | Corporate Bond               | 107,638      | 92,351           |
|          | The Kroger Co                                     | Corporate Bond               | 100,610      | 98,967           |
|          | Union Pacific Co                                  | Corporate Bond               | 126,942      | 118,483          |
|          |                                                   | Total Corporate Bond         | 3,600,061    | 3,344,369        |
|          | U.S. Treasuries                                   | Government Bond              | 147,696      | 147,891          |
|          |                                                   | Total Government Bond        | 147,696      | 147,891          |
|          | Amern Tower Corp                                  | Other Assets                 | 77,135       | 56,566           |
|          |                                                   | Total Other Assets           | 77,135       | 56,566           |
|          |                                                   |                              | \$ 9,230,024 | \$ 10,331,624    |

See independent auditors' report

# LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2022

Schedule H – Form 5500  
EIN # 31-0536673  
Plan Number 001

| Column A | Column B                                          | Column C                     | Column D  | Column E         |
|----------|---------------------------------------------------|------------------------------|-----------|------------------|
|          | Identity of issuer, borrower<br>or similar entity | Description<br>of Investment | Cost      | Current<br>Value |
|          | Cash                                              |                              | \$ 528    | \$ 528           |
| *        | Schwab Government Money Fund                      | Money Market Funds           | 482,574   | 482,574          |
|          |                                                   | Total Money Market Funds     | 483,102   | 483,102          |
|          | iShares Russell 2000 Index ETF                    | Mutual Funds                 | 184,472   | 225,273          |
|          | iShares Msci Eafe                                 | Mutual Funds                 | 723,767   | 733,855          |
| *        | Schwab US Large Cap ETF                           | Mutual Funds                 | 678,406   | 590,111          |
|          | Vanguard Total World                              | Mutual Funds                 | 99,785    | 84,381           |
|          |                                                   | Total Mutual Funds           | 1,686,430 | 1,633,620        |
|          | Abbott Labs                                       | Common Stock                 | 108,935   | 110,778          |
|          | Air Prod & Chemicals                              | Common Stock                 | 57,011    | 119,916          |
|          | Albemarle Corp                                    | Common Stock                 | 26,640    | 73,732           |
|          | Amazon.com Inc.                                   | Common Stock                 | 77,734    | 38,640           |
|          | Apple Inc.                                        | Common Stock                 | 254,650   | 215,034          |
|          | Aptiv PLC                                         | Common Stock                 | 114,016   | 83,258           |
|          | Arista Networks Inc                               | Common Stock                 | 45,249    | 98,051           |
|          | Autozone Inc                                      | Common Stock                 | 90,083    | 103,580          |
|          | Bank of America Corp.                             | Common Stock                 | 54,848    | 79,521           |
|          | Blackrock Inc.                                    | Common Stock                 | 96,877    | 102,751          |
|          | Booking Holdings Inc.                             | Common Stock                 | 101,268   | 78,596           |
|          | Charter Communication                             | Common Stock                 | 95,360    | 57,986           |
|          | Chevron Corporation                               | Common Stock                 | 30,637    | 168,721          |
|          | Coherent Corp                                     | Common Stock                 | 40,978    | 38,996           |
|          | Costco Wholesale Co.                              | Common Stock                 | 79,072    | 100,430          |
|          | Crowdstrike Holding Inc.                          | Common Stock                 | 61,482    | 53,593           |
|          | Danaher Corp                                      | Common Stock                 | 78,215    | 64,762           |
|          | Deckers Outdoor Corporation                       | Common Stock                 | 43,897    | 49,097           |
|          | Fastenal Co.                                      | Common Stock                 | 112,058   | 107,795          |
|          | Fiserv Inc                                        | Common Stock                 | 16,134    | 86,920           |
|          | Illinois Tool Works                               | Common Stock                 | 60,562    | 94,729           |
|          | Johnson Controls Inter F                          | Common Stock                 | 103,974   | 82,880           |
|          | Lilly Eli & Co                                    | Common Stock                 | 67,539    | 70,607           |
|          | Lowe's Company Inc                                | Common Stock                 | 12,830    | 96,831           |
|          | Lyondellbasell Inds F                             | Common Stock                 | 102,870   | 107,939          |
|          | L3Harris Technologies In.                         | Common Stock                 | 89,048    | 100,982          |
|          | Marathon Pete Corp.                               | Common Stock                 | 98,626    | 266,649          |
|          | Marsh McLennan Cos Inc.                           | Common Stock                 | 23,582    | 105,907          |
|          | Merck and Company Inc                             | Common Stock                 | 59,700    | 155,330.00       |

\* Party-In-Interest

(Continued)

# LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Schedule H – Form 5500  
EIN # 31-0536673  
Plan Number 001

| Column A | Column B                                          | Column C                     | Column D  | Column E         |
|----------|---------------------------------------------------|------------------------------|-----------|------------------|
|          | Identity of issuer, borrower<br>or similar entity | Description<br>of Investment | Cost      | Current<br>Value |
|          | Microchip Technology Inc.                         | Common Stock                 | \$ 25,080 | \$ 89,077        |
|          | Microsoft Corporation                             | Common Stock                 | 86,353    | 155,643          |
|          | Newmont Corp                                      | Common Stock                 | 63,129    | 48,994           |
|          | NVIDIA Corp                                       | Common Stock                 | 68,475    | 43,842           |
|          | On Semiconductor Co                               | Common Stock                 | 43,492    | 86,008           |
|          | Organon & Co.                                     | Common Stock                 | 2,990     | 3,910            |
|          | Palo Alto Network                                 | Common Stock                 | 74,245    | 61,398           |
|          | Pepsico Inc                                       | Common Stock                 | 82,259    | 116,526          |
|          | Procter & Gamble Co                               | Common Stock                 | 12,538    | 106,698          |
|          | Service Now Inc                                   | Common Stock                 | 78,046    | 50,087           |
|          | Starbucks Corp                                    | Common Stock                 | 70,407    | 82,832           |
|          | Stryker Corporation                               | Common Stock                 | 18,788    | 89,483           |
|          | Synopsys Inc                                      | Common Stock                 | 69,810    | 71,521           |
|          | T- Mobile US Inc                                  | Common Stock                 | 64,506    | 66,640           |
|          | Target Corp                                       | Common Stock                 | 41,848    | 59,765           |
|          | Tesla Inc.                                        | Common Stock                 | 70,102    | 31,411           |
|          | TJX Companies                                     | Common Stock                 | 31,116    | 109,291          |
|          | Unites Rentals Inc                                | Common Stock                 | 51,975    | 58,644           |
|          | United Health Group, Inc.                         | Common Stock                 | 15,037    | 127,243          |
|          | Vertex Pharmaceuticals                            | Common Stock                 | 70,759    | 65,553           |
|          | Visa Inc                                          | Common Stock                 | 27,532    | 130,887          |
|          | VMWare Inc.                                       | Common Stock                 | 110,934   | 96,612           |
|          |                                                   | Total Common Stock           | 3,383,296 | 4,666,076        |

(Continued)

# LEGAL AID SOCIETY OF CINCINNATI MONEY PURCHASE PENSION

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2022

Schedule H – Form 5500  
EIN # 31-0536673  
Plan Number 001

| Column A | Column B                                          | Column C                     | Column D     | Column E         |
|----------|---------------------------------------------------|------------------------------|--------------|------------------|
|          | Identity of issuer, borrower<br>or similar entity | Description<br>of Investment | Cost         | Current<br>Value |
|          | Aflac Inc                                         | Corporate Bond               | \$ 128,987   | \$ 116,664       |
|          | Amgen Inc                                         | Corporate Bond               | 102,141      | 96,109           |
|          | American Water Corporation                        | Corporate Bond               | 103,768      | 92,287           |
|          | Apple Inc.                                        | Corporate Bond               | 79,462       | 69,594           |
|          | AT&T Inc.                                         | Corporate Bond               | 48,836       | 42,290           |
|          | Baker Hughes Holdings                             | Corporate Bond               | 161,563      | 138,467          |
|          | Booking Holdings                                  | Corporate Bond               | 105,515      | 93,356           |
|          | Boston Properties Bond                            | Corporate Bond               | 148,551      | 147,729          |
|          | Brookfield Asset                                  | Corporate Bond               | 99,451       | 98,039           |
|          | Cadence Design Bond                               | Corporate Bond               | 100,481      | 98,953           |
|          | Dr. Pepper Snapple                                | Corporate Bond               | 100,000      | 96,222           |
|          | Duke Energy Corp                                  | Corporate Bond               | 148,316      | 147,318          |
|          | Fiserv, Inc. Bond                                 | Corporate Bond               | 156,000      | 144,929          |
|          | Goldman Sachs                                     | Corporate Bond               | 100,610      | 96,550           |
|          | JP Morgan Chase                                   | Corporate Bond               | 152,625      | 147,750          |
|          | Laboratory Corp                                   | Corporate Bond               | 99,980       | 97,126           |
|          | Lowe's Companies Bond                             | Corporate Bond               | 209,198      | 186,211          |
|          | Markel Corp                                       | Corporate Bond               | 100,432      | 99,887           |
|          | Mastercard inc                                    | Corporate Bond               | 160,664      | 142,314          |
|          | McDonald's Corp Bond                              | Corporate Bond               | 211,259      | 193,605          |
|          | Paypal Holdings Bond                              | Corporate Bond               | 104,722      | 92,234           |
|          | Raytheon Technologies                             | Corporate Bond               | 102,476      | 93,110           |
|          | Roper Technologies                                | Corporate Bond               | 99,702       | 98,793           |
|          | Stanley Black & Decker                            | Corporate Bond               | 104,576      | 95,241           |
|          | Telus Corp                                        | Corporate Bond               | 160,515      | 138,711          |
|          | Tiffany & Co. Bond                                | Corporate Bond               | 175,041      | 171,079          |
|          | Toyota Motor Bond                                 | Corporate Bond               | 107,638      | 92,351           |
|          | The Kroger Co                                     | Corporate Bond               | 100,610      | 98,967           |
|          | Union Pacific Co                                  | Corporate Bond               | 126,942      | 118,483          |
|          |                                                   | Total Corporate Bond         | 3,600,061    | 3,344,369        |
|          | U.S. Treasuries                                   | Government Bond              | 147,696      | 147,891          |
|          |                                                   | Total Government Bond        | 147,696      | 147,891          |
|          | Amern Tower Corp                                  | Other Assets                 | 77,135       | 56,566           |
|          |                                                   | Total Other Assets           | 77,135       | 56,566           |
|          |                                                   |                              | \$ 9,230,024 | \$ 10,331,624    |

See independent auditors' report