

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KOONTZ BRYANT JOHNSON WILLIAMS, P.C.</u> <u>1703 N. PARHAM ROAD</u> <u>SUITE 202</u> <u>RICHMOND, VA 23229</u>		
1c Effective date of plan <u>01/01/2006</u>		
2b Employer Identification Number (EIN) <u>54-1558185</u>		
2c Plan Sponsor's telephone number <u>804-200-1919</u>		
2d Business code (see instructions) <u>541330</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2023	JENNIFER HUNDLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 152
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year		6a(1) 137
6a(2) Total number of active participants at the end of the plan year		6a(2) 138
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 23
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 161
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 105
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 3D 2G 2J 2K 2F 2T 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KOONTZ BRYANT JOHNSON WILLIAMS, P.C.	D Employer Identification Number (EIN) 54-1558185	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH,PIERCE,FENNER&SMITH
13-5674085

(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)

MERRILL LYNCH RETIREMENT & BENEFIT

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	26117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASCENSUS LLC

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 99 15 50 62	NONE	1620	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KOONTZ BRYANT JOHNSON WILLIAMS, P.C.	D Employer Identification Number (EIN) 54-1558185	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES CAPITAL PRES S		
b Name of sponsor of entity listed in (a): FEDERATED HERMES		
c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40344
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOONTZ BRYANT JOHNSON WILLIAMS, P.C.</u>		D Employer Identification Number (EIN) <u>54-1558185</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	800	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	36031	108897
(9) Value of interest in common/collective trusts.....	1c(9)	40070	40344
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5413137	5405214
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5490038	5554455

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5490038	5554455
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	265173	
(B) Participants	2a(1)(B)	506524	
(C) Others (including rollovers)	2a(1)(C)	389050	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1160747
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3581	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3581
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	94118	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		94118
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		470
(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)		-1041360
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		217556
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125402	
(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)		125402
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1620	
(3) Investment advisory and management fees	2i(3)	26117	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27737
j Total expenses. Add all expense amounts in column (b) and enter total	2j		153139
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		64417
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: THE AMERICAN AUDITORS GROUP, LLC

(2) EIN: 81-4229648

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 KOONTZ BRYANT JOHNSON WILLIAMS, P.C.		D Employer Identification Number (EIN) 54-1558185
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 45-0404698		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Audited Financial Statements with
Independent Auditor's Report and
Supplemental Schedules

Koontz Bryant Johnson Williams
401(k) Plan

For the Years Ended
December 31, 2022 and 2021

The American Auditors Group, LLC
PO Box 48056
Spokane, Washington 99228

**Koontz Bryant Johnson Williams
401(k) Plan**

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FINANCIAL STATEMENTS

Koontz Bryant Johnson Williams 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 5,405,214	\$ 5,413,137
Common collective trusts	40,344	40,070
Total investments at fair value	5,445,558	5,453,207
Receivables:		
Participant contributions	-	800
Notes receivable from participants	108,897	36,031
Total receivables	108,897	36,831
Total assets	5,554,455	5,490,038
LIABILITIES		
Benefits payable	4,479	899
Total liabilities	4,479	899
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	5,549,976	5,489,139
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,549,976</u>	<u>\$ 5,489,139</u>

See accompanying notes and independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2022 and 2021

	2022	2021
ADDITIONS		
Investment income		
Interest and dividends	\$ 94,118	\$ 62,057
Net appreciation (depreciation) in fair value of mutual funds	(1,041,360)	617,902
Net appreciation (depreciation) in common/collective trusts	470	383
Total investment income	(946,772)	680,342
Contributions		
Employer	265,173	234,306
Participants	506,524	456,486
Rollovers	389,050	-
Total contributions	1,160,747	690,792
Other additions		
Interest on notes receivable from participants	3,581	1,141
Total other additions	3,581	1,141
Total additions	217,556	1,372,275
DEDUCTIONS		
Benefits paid to participants	128,982	162,360
Administrative expenses	27,737	23,590
Total deductions	156,719	185,950
Net increase (decrease) in net assets available for benefits	60,837	1,186,325
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	5,489,139	4,302,814
End of year	\$ 5,549,976	\$ 5,489,139

See accompanying notes and independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE A: DESCRIPTION OF PLAN

The following description of Koontz Bryant Johnson Williams 401(k) Plan (the "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 "safe-harbor" defined contribution plan qualifying as a tax-exempt salary deferral arrangement as defined in Section 401(k) of the Internal Revenue Code. It covers all employees of Koontz Bryant Johnson Williams, P.C. (the "Company") over the age of 21 who have completed 2 consecutive months and 1,000 hours of service.

Plan Restatement and subsequent amendment - The Plan was restated effective April 15, 2021 in accordance with the Pension Protection Act of 2006. Since restatement, the Plan has not been substantially amended.

Contributions - Each year participants may contribute up to 100% of pretax annual compensation up to a maximum of \$20,500 (participants age 50 and over may contribute a maximum of \$27,000), as defined in the Plan and by the Internal Revenue Code. Participants may change their deferral amount at any time. The Plan also allows participants to make Roth contributions and rollovers to and from other qualified plans.

The plan makes safe-harbor matching contributions allocated based on employee contributions. Profit-sharing contributions are also allowed, allocated based on compensation. Participants must complete 500 hours of service to be eligible.

Investment options - Upon entry into the Plan, participants may choose from any of the mutual funds open to participants. Because accounts are participant-directed, investments may be changed at any time. For those participants who enter the plan but do not make a selection, the Plan has arranged for a default investment choice in compliance with section 404(c).

Participant Accounts - After an account has been established, participants direct the investments of their account balances. Each participant's account is credited with any deferrals made as well as allocations of (a) the Company's matching contributions, (b) investment earnings, (c) allocations of expenses charged to the plan, and (d) allocations of expenses based on investment choices. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Vesting - Participants are immediately vested in their voluntary contributions as well as safe-harbor contributions and rollovers plus actual earnings thereon. In addition, participants vest in profit-sharing contributions 100% after six years of service based on the following schedule:

<u>Completed years of service</u>	<u>Vesting percentage</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

See accompanying independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE A: DESCRIPTION OF PLAN (CONTINUED)

Administrative Expenses - Fund management fees and certain other expenses incurred in the course of trading are reported in the Statement of Change in Net Assets Available for Benefits netted against plan earnings. In addition, irregular charges may be netted against investment earnings including load fees, trade commissions and early sale penalties.

Fees charged for investment supervision, management services and administrative record keeping are paid directly by the Plan and recorded as deductions to net assets available for benefits. Certain transaction fees, such as insurance transfer fees and those related to participant loans and distributions, are paid directly by participants as incurred.

Some expenses for administering the plan are paid by the Company. The Plan does not compensate Company or its employees for these services.

Notes Receivable from Participants - Participants may receive advances from deferrals and rollovers into the plan to be repaid in level installments each pay period via payroll deduction. The minimum amount that may be advanced is \$1,000 secured by the participant's account balance. One loan per participant may be outstanding at any given time. Loans are due in full in the event of termination of employment, and unpaid loans may be re-characterized as deemed distributions in accordance with regulations. Participants should refer to the Plan's loan policy for more complete information.

The Plan has set the standard interest rate for participant loans at the prime rate. In 2022, advances were charged an interest rate of 3.25 to 5.50%; advances made in 2021 were charged 3.25%.

Payment of Benefits - Hardship distributions may be made to participants and their beneficiaries from fully vested balances. In-service distributions may be made at any time after age 59 ½ from fully vested balances. Participants are entitled to full distribution of vested balances after reaching the normal retirement age of 65.

Participants may elect to receive lump-sum or partial distributions. In the event of involuntary termination, a cash payment will be made or a peer-to-peer rollover into a qualified IRA account for amounts between \$1,000 and \$5,000. The plan's force-out policy is set at \$5,000. Amounts over \$5,000 require the consent of the participant.

Forfeited Accounts - Forfeitures occur when a participant separates from service before becoming 100% vested in discretionary contributions made by the Company. The Plan allows forfeited contributions to be used to reduce administrative fees or as a supplement to future employer contributions.

As of December 31, 2022 and 2021, forfeited non-vested accounts totaled \$118 and \$141, respectively. In 2022 and 2021, no forfeitures were allocated to administrative fees or employer contributions. Since employer matching is immediately vested, forfeitures and their use are not material to the Plan.

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 Plan termination, participants would become 100% vested in their employer contributions and there would be a complete distribution of the assets to the participants.

See accompanying independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE B: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee benefit plans.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires those charged with the governance and administration of the plan to make estimates and assumptions that affect the reported amounts of assets and liabilities, the reported amounts of additions and deductions, and disclosure of conditions during the reporting period. Actual results may differ from those estimates.

Cash - Cash presented in the financial statements includes only noninterest-bearing accounts. All other cash and cash equivalents are included in investments and stated at fair value.

Investment Valuation - Investments are stated at fair value. Quoted market prices are used to value investments. Other valuation methods are used only where no readily available market data is available. 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. For a detailed explanation of fair value measurements, see Note D.

Contributions Receivable - Contributions receivable consist of deposits made after year-end for deferral and matching contributions. When material, all other types of receivables, such as payments receivable for participant loans, are disclosed separately.

Notes Receivable from Participants - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus the accrued but unpaid interest.

Benefits Payable - Benefits are accrued in the period in which participants are entitled to collect them.

Excess Contributions - Contributions in excess of annual limitations are refunded when discovered. Those excess contributions paid after year-end are recorded as a liability as of the financial statement date and as a reduction to participant contributions.

Income Recognition - Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments is the unrealized gain or loss on disposition of investments held at year-end. Realized gains and losses are recorded at the time of sale and are reported separately on the statement of changes in net assets.

Administrative Expenses - Expenses paid by the Plan are recorded as accrued or incurred.

See accompanying independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE C: INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The Plan administrator has elected the method of compliance permitted by ERISA section 103(a)(3)(c) pursuant to 29 CFR 2520, 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus Trust, the custodian of the Plan, has certified the completeness and accuracy of all investments held by them as of and for the years ended December 31, 2022 and 2021.

Because this information is presented in conformity with the cash basis of accounting, there may be variances between amounts certified and those presented in the financial statements.

The following information was included in this certification:

	<u>2022</u>	<u>2021</u>
Total plan investments	\$ 5,445,413	\$ 5,453,182
Participant loans	<u>108,897</u>	<u>36,031</u>
Total value	\$ <u>5,554,310</u>	\$ <u>5,489,213</u>

Also included in the certified information were the investment results for the year ended December 31, 2022, including plan losses of \$943,311, contributions of \$1,161,547 and a net increase in plan assets for the year of \$65,096.

See accompanying independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount not indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables disclose, by level, the fair value hierarchy of the Plan's assets as of December 31, 2022 and 2021:

Fair Value Measurements at Reporting Date Using				
	Fair Value	Quoted Prices in Active Markets for Identical (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2022				
Mutual funds	\$ 5,405,214	\$ 5,405,214		
Cmn collective trusts	<u>40,344</u>		<u>40,344</u>	<u>0</u>
Total	\$ <u>5,445,558</u>	\$ <u>5,405,214</u>	\$ <u>40,344</u>	\$ <u>0</u>
December 31, 2021				
Mutual funds	\$ 5,413,137	\$ 5,413,137		
Cmn collective trusts	<u>40,070</u>		<u>40,070</u>	<u>0</u>
Total	\$ <u>5,453,207</u>	\$ <u>5,413,137</u>	\$ <u>40,070</u>	\$ <u>0</u>

FASB ASC 820, Fair Value Measurement and Disclosures, establishes the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes inputs to valuation techniques and gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The custodian recommends presenting the Plan's common collective trust investments at level 2 of the fair value hierarchy. See Note I for a detailed description of the investments.

See accompanying independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE E: BENEFITS PAYABLE

As of December 31, 2022 and 2021, \$4,479 and \$899 in plan assets respectively had been set aside for benefit payments to participants electing to withdraw from the plan but had not yet been paid.

NOTE F: PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain other entities and individuals.

Plan investments include shares of registered investment company funds managed by Ascensus Trust and its affiliates. Transactions with these entities qualify as exempt party-in-interest transactions. Fees incurred by the Plan for investment management services are included in administrative expenses and totaled \$27,737 and \$23,590 in 2022 and 2021, respectively.

The Company provides certain accounting, recordkeeping, and administrative services to the Plan for which it receives no compensation.

NOTE G: RISKS AND UNCERTAINTIES

The Plan's investments are held primarily in mutual funds. Mutual funds are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in value will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H: INCOME TAXES

The Plan is qualified with the Internal Revenue Service (IRS) as a tax-exempt plan and as a qualified employee benefit plan under ERISA. The Plan obtained a determination letter in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has since been amended. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan was qualified and related trust was tax-exempt as of the financial statement dates.

During the years ended December 31, 2022 and 2021, the Plan recognized no income-tax related interest or penalties. Management has reviewed the Plan's tax positions and determined there were no uncertain tax positions as of December 31, 2022 and 2021. The Plan is no longer subject to U.S. federal, state, and local, or non-US income tax examinations by tax authorities for years prior to 2019.

See accompanying independent auditor's report

Koontz Bryant Johnson Williams 401(k) Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE I: COMMON COLLECTIVE TRUSTS

Some of the Plan's assets are held in common collective trusts invested in mutual funds designed to be fully benefit responsive. Units of investment are allocated to participants based on actual contributions and investment choices made by participants.

The unit value of common collective trusts is calculated daily based on the observable net asset values (NAV) of the underlying mutual fund investments. The NAV practical expedient being used is based on the fair value of the underlying mutual funds, less any existing liabilities, divided by the number of units outstanding.

There are no unfunded commitments or redemption notice periods for any of the funds. Because accounts are participant-directed, there are no unusual limitations on the execution of transactions.

NOTE J: RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

Certain amounts in the financial statements have been presented in classifications that differ from those reported with form 5500. Changes in classification are the result of applying accounting principles generally accepted in the United States to amounts that are essentially cash basis.

The following is a reconciliation of the amounts presented in the financial statements to those reported with form 5500, schedule H:

	<u>2022</u>	<u>2021</u>
Net assets, Schedule H, Part I, Line L	\$ 5,554,455	\$ 5,490,038
Accrual of benefits payable	<u>(4,479)</u>	<u>(899)</u>
Net assets available for benefits per the financial statements	\$ <u>5,549,976</u>	\$ <u>5,489,139</u>
Total expenses, Schedule H, Part II, Line J	\$ 153,139	\$ 185,051
Accrual of benefits payable to participants	<u>3,580</u>	<u>899</u>
Total deductions per the financial statements	\$ <u>156,719</u>	\$ <u>185,950</u>

NOTE M: SUBSEQUENT EVENTS AND DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through September 12, 2022, the date the financial statements were available to be issued.

See accompanying independent auditor's report

SUPPLEMENTAL INFORMATION

Koontz Bryant Johnson Williams 401(k) Plan

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2022

Form 5500, Schedule H, Line 4 (i)
Employer Identification Number 54-1558185
Plan Number 001

(a)	(b) Identity of Issue	(c) Description of investment	(d) Cost	(e) Current value
	American Funds	American Funds Intl Gr & Inc R6	**	\$ 13,104
	American Funds	American Funds New World R6	**	8,154
	American Funds	American Funds Trgt Date Ret 2025 R6	**	950,358
	American Funds	American Funds Trgt Date Ret 2030 R6	**	3,065
	American Funds	American Funds Trgt Date Ret 2035 R6	**	2,412,155
	American Funds	American Funds Trgt Date Ret 2040 R6	**	49,217
	American Funds	American Funds Trgt Date Ret 2045 R6	**	323,585
	American Funds	American Funds Trgt Date Ret 2050 R6	**	8,775
	American Funds	American Funds Trgt Date Ret 2055 R6	**	203,539
	American Funds	American Funds Trgt Date Ret 2060 R6	**	36,888
	Ariel	Ariel Institutional	**	6,708
	BlackRock	BlackRock Liquidity Funds FedFund Instl	**	164,585
	Carillon	Carillon Eagle Mid Ca Growth R6	**	21,150
	Federated	Federated Hermes Capital Pres S	**	40,344
	American Funds	GM American Funds Intl Gr & Inc R6	**	26,369
	American Funds	GM American Funds New World R6	**	16,712
	Ariel	GM Ariel Institutional	**	21,215
	BlackRock	GM BlackRock Liquidity Funds FedFund Ins	**	9,169
	Carillon	GM Carillon Eagle Mid Cap Growth R6	**	14,489
	iShares	GM iShares MSCI EAFE Intl Index K	**	49,100
	iShares	GM iShares Russell 2000 SmCap Ind K	**	10,909
	iShares	GM iShares Russell Mid-Cap Index K	**	22,837
	iShares	GM iShares S&P 500 Index K	**	37,059
	JP Morgan	GM JP Morgan Equity Income R6	**	33,127
	Lord Abbett	GM Lord Abbett Bond Debenture R6	**	35,764
	PGIM	GM PGIM Total Return Bond R6	**	65,942
	PIMCO	GM PIMCO Intl Bond (USDHedged) I	**	3,075
	T. Rowe Price	GM T. Rowe Price Blue Chip Growth I	**	33,426
	Vanguard	GM Vanguard Small-Cap Value Index Adm	**	10,507
	Wasatch	GM Wasatch Core Growth Instl	**	8,830

See independent auditor's report

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of investment	Cost	Current value
	iShares	iShares MSCI EAFE Intl Index K	**	18,836
	iShares	iShares Russell 2000 SmCap Ind K	**	13,138
	iShares	iShares Russell Mid-Cap Index K	**	16,632
	iShares	iShares S&P 500 Index K	**	422,179
	JP Morgan	JP Morgan Equity Income R6	**	77,440
	Lord Abbett	Lord Abbett Bond Debenture R6	**	22,565
	PGIM	PGIM Total Return Bond R6	**	8,907
	PIMCO	PIMCO Intl Bond (USDHedged) I	**	3,954
	T. Rowe Price	T. Rowe Price Blue Chip Growth I	**	118,597
	Vanguard	Vanguard Small-Cap Value Index Adm	**	36,014
	Wasatch	Wasatch Core Growth Instl	**	68,142
				<u>\$ 5,446,558</u>
*	Participant loans	Qualified advances to participants at interest rates of 3.25 to 5.50%, with terms of 1 to 4 years, and maturity dates between 2023 and 2026, secured by participant accounts	0	108,897
				<u>\$ 5,555,455</u>

Notes: (*) indicates party-in-interest.

(**) Cost information has not been recorded since all investments are participant directed.

See independent auditor's report

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

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

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

Income

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

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

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		
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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a			

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN

EIN: 54-1558185

Plan Sponsor's Name Koontz Bryant Johnson Williams, P.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Federated	Federated Hermes Capital Pres S	0	40,344
	Ariel	Ariel Institutional	0	6,708
	BlackRock	BlackRock Liquidity Funds FedFund Instl	0	164,585
	iShares	iShares Russell 2000 SmCap Ind K	0	13,138
	iShares	iShares Russell Mid-Cap Index K	0	16,632
	iShares	iShares MSCI EAFE Intl Index K	0	18,836
	Carillon	Carillon Eagle Mid Cap Growth R6	0	20,149

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN

EIN: 54-1558185

Plan Sponsor's Name Koontz Bryant Johnson Williams, P.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Lord Abbett	Lord Abbett Bond Debenture R6	0	22,565
	JPMorgan	JPMorgan Equity Income R6	0	77,440
	PIMCO	PIMCO Intl Bond (USDHedged) I	0	3,954
	PGIM	PGIM Total Return Bond R6	0	8,907
	American Funds	American Funds New World R6	0	8,154
	T. Rowe Price	T. Rowe Price Blue Chip Growth I	0	118,597
	iShares	iShares S&P 500 Index K	0	422,179

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN

EIN: 54-1558185

Plan Sponsor's Name Koontz Bryant Johnson Williams, P.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BlackRock	GM BlackRock Liquidity Funds FedFund Ins	0	9,169
	PGIM	GM PGIM Total Return Bond R6	0	65,942
	Lord Abbett	GM Lord Abbett Bond Debenture R6	0	35,764
	PIMCO	GM PIMCO Intl Bond (USDHedged) I	0	3,074
	JPMorgan	GM JPMorgan Equity Income R6	0	33,127
	iShares	GM iShares S&P 500 Index K	0	37,059
	T. Rowe Price	GM T. Rowe Price Blue Chip Growth I	0	33,426

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN

EIN: 54-1558185

Plan Sponsor's Name Koontz Bryant Johnson Williams, P.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Ariel	GM Ariel Institutional	0	21,215
	iShares	GM iShares Russell Mid-Cap Index K	0	22,837
	Carillon Eagle	GM Carillon Eagle Mid Cap Growth R6	0	14,488
	iShares	GM iShares Russell 2000 SmCap Ind K	0	10,909
	iShares	GM iShares MSCI EAFE Intl Index K	0	49,100
	American Funds	GM American Funds New World R6	0	16,712
	Vanguard	Vanguard Small-Cap Value Index Adm	0	36,014

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN

EIN: 54-1558185

Plan Sponsor's Name Koontz Bryant Johnson Williams, P.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Trgt Date Ret 2025 R6	0	950,358
	American Funds	American Funds Trgt Date Ret 2030 R6	0	3,065
	American Funds	American Funds Trgt Date Ret 2035 R6	0	2,412,155
	American Funds	American Funds Trgt Date Ret 2040 R6	0	49,217
	American Funds	American Funds Trgt Date Ret 2045 R6	0	323,585
	American Funds	American Funds Trgt Date Ret 2050 R6	0	8,775
	American Funds	American Funds Trgt Date Ret 2055 R6	0	203,539

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name KOONTZ BRYANT JOHNSON WILLIAMS 401(K) PLAN

EIN: 54-1558185

Plan Sponsor's Name Koontz Bryant Johnson Williams, P.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Trgt Date Ret 2060 R6	0	36,888
	American Funds	American Funds Intl Gr & Inc R6	0	13,104
	American Funds	GM American Funds Intl Gr & Inc R6	0	26,369
	Vanguard	GM Vanguard Small-Cap Value Index Adm	0	10,507
	Wasatch	Wasatch Core Growth Instl	0	68,142
	Wasatch	GM Wasatch Core Growth Instl	0	8,830
	Participant's Loan Account	Various Rates and Maturities	0	108,897