

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 12/01/2022 and ending 11/30/2023	
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 MCCANDLISH HOLTON, PC 401(K) PROFIT-SHARING PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 12/01/1984
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) MCCANDLISH HOLTON, PC 1111 E MAIN ST. SUITE 2100 RICHMOND, VA 23219	2b	Employer Identification Number (EIN) 54-1152845
		2c	Plan Sponsor's telephone number 804-775-3860
		2d	Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2024	KIMBERLEE MOSER
	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

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		5 142
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 72
a(2) Total number of active participants at the end of the plan year		6a(2) 78
b Retired or separated participants receiving benefits		6b 4
c Other retired or separated participants entitled to future benefits.....		6c 51
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 133
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 133
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 118
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 18
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: 2E 2F 2G 2J 2K 2T 3D 3F		
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) ☐ 0 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 12/01/2022 and ending 11/30/2023		
A Name of plan MCCANDLISH HOLTON, PC 401(K) PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MCCANDLISH HOLTON, PC	D Employer Identification Number (EIN) 54-1152845	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ONEDIGITAL INVESTMENT ADVISORS LLC

PO BOX 735399
DALLAS TX
DALLAS, TX 75373-5399

(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	INVESTMENT ADVISOR	20295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
a Name:	BROWN EDWARDS & COMPANY LLC
b EIN:	54-0504608
c Position:	PLAN AUDITOR
d Address:	4951 LAKE BROOK DRIVE, SUITE 375 GLEN ALLEN, VA 23060
e Telephone:	804-282-6000

Explanation: CHANGE IN PLAN AUDITORS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>12/01/2022</u> and ending <u>11/30/2023</u>		
A Name of plan <u>MCCANDLISH HOLTON, PC 401(K) PROFIT-SHARING 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>MCCANDLISH HOLTON, PC</u>	D Employer Identification Number (EIN) <u>54-1152845</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	19236711	19215278
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	19236711	19215278

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	19236711	19215278
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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)	318344	
(B) Participants	2a(1)(B)	458754	
(C) Others (including rollovers)	2a(1)(C)	2008	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		779106
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	712813	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		712813
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		856833
c Other income	2c		23644
d Total income. Add all income amounts in column (b) and enter total	2d		2372396
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2372088	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2372088
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	21741	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21741
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2393829
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-21433
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: WELLSCOLEMAN

(2) EIN: 54-0593442

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 12/01/2022 and ending 11/30/2023		
A Name of plan MCCANDLISH HOLTON, PC 401(K) PROFIT-SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MCCANDLISH HOLTON, PC		D Employer Identification Number (EIN) 54-1152845
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): 20-3691708		
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:	14a		
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).....		14b	
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)			14c
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)			
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 _____

McCandlish Holton PC, 401(k)

Profit-Sharing Plan

Financial Statements and Supplemental
Information

November 30, 2023



WELLSCOLEMAN

5004 Monument Avenue • Richmond, VA 23230

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INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Participants
McCandlish Holton, PC 401(k) Profit-Sharing Plan
Richmond, Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the November 30, 2023 Financial Statements

We have performed an audit of the accompanying financial statements of McCandlish Holton, PC 401(k) Profit-Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of November 30, 2023, and the related statement of changes in net assets available for benefits for the year ended November 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of McCandlish Holton, PC 401(k) Profit-Sharing Plan's financial statements performed in accordance with 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. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of November 30, 2023, and for the year ended November 30, 2023, stating that the certified investment information, as described in Notes 3 and 4 to the financial statements, is complete and accurate.

Opinion on the November 30, 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the November 30, 2023 Financial Statements section:

- the amounts and disclosures in the November 30, 2023 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the November 30, 2023 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

-Continued-

Basis for Opinion on the November 30, 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the November 30, 2023 Financial Statements section of our report. We are required to be independent of McCandlish Holton, PC 401(k) Profit-Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the November 30, 2023 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 McCandlish Holton, PC 401(k) Profit-Sharing 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.

Auditor's Responsibilities for the Audit of the November 30, 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with 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 McCandlish Holton, PC 401(k) Profit-Sharing Plan's internal control. Accordingly, no such opinion is expressed.

-Continued-

- 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 McCandlish Holton, PC 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the November 30, 2023 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

November 30, 2023 Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year as of November 30, 2023 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that is agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that is agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the November 30, 2022 Financial Statements

The November 30, 2022 financial statements of McCandlish Holton, PC 401(k) Profit-Sharing Plan as of November 30, 2022, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, nor did they perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated September 14, 2023, expressed an unmodified opinion on the November 30, 2022 financial statements and supplemental schedule, and the form and content of the information included in the November 30, 2022 financial statements and supplemental schedule other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink, appearing to read "Wells Coleman".

July 10, 2024

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments, fair value	<u>\$ 19,215,278</u>	<u>\$ 19,236,711</u>
Receivables		
Employee contributions	70,331	-
Employer contributions	<u>328,235</u>	<u>318,352</u>
Total receivables	<u>398,566</u>	<u>318,352</u>
Total Assets	<u>19,613,844</u>	<u>19,555,063</u>
Net Assets Available for Benefits	<u>\$ 19,613,844</u>	<u>\$ 19,555,063</u>

See accompanying notes to financial statements.

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended November 30, 2023

Additions	
Investment Income	
Net appreciation in fair value of investments	\$ 856,833
Dividend income	<u>712,813</u>
Net investment income	<u>1,569,646</u>
Contributions	
Participants	529,085
Employer	328,227
Other	<u>2,008</u>
Total contributions	<u>859,320</u>
Other Income	<u>23,644</u>
Total additions	<u>2,452,610</u>
Deductions	
Distributions to participants	2,372,088
Administrative fees	<u>21,741</u>
Total deductions	<u>2,393,829</u>
Increase in net assets	58,781
Net Assets Available for Benefits, beginning of year	<u>19,555,063</u>
Net Assets Available for Benefits, end of year	<u><u>\$ 19,613,844</u></u>

See accompanying notes to financial statements.

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

November 30, 2023

1. Plan Description

The following description of the McCandlish Holton, PC 401(k) Profit-Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General: The Plan is a defined-contribution plan covering all eligible employees of McCandlish Holton, PC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective Date: November 1, 2022

Anniversary Date: November 30

Valuation Date: Annually

Eligibility: All new employees become eligible to participate in the salary deferral benefit under the Plan, including discretionary employer matching contributions, when they have attained age 21 or older and completed three months of service, provided they worked at least 250 hours. In order to receive employer profit-sharing contributions, employees need to complete one year of service with at least 1,000 hours.

Compensation: Compensation is defined as salary or wages, including any overtime, commissions, bonuses, or tips, but excluding compensation paid during the "determination period" while not a participant in the component of the Plan for which the definition applies, contributions by the employer to the Plan, and benefits paid under the Plan.

Normal Retirement Date: The Plan defines the normal retirement date as the anniversary date coinciding with or next following the date of the participant's 65th birthday.

Early Retirement Date: No early retirement date is defined by the Plan.

Disability Retirement Date: Disability retirement shall be upon total and permanent disability under the federal Social Security Act.

Retirement Benefits: At the applicable retirement date, each participant shall be entitled to receive the vested interest in their trust account.

Death Benefits: If a participant dies before their normal retirement date, their designated beneficiary vests 100% in the participant's account.

Participant Contributions: Each year, participants may contribute up to 100% of pretax annual compensation, not to exceed contribution limits established by the Internal Revenue Service ("IRS"). A participant may make catch-up contributions of up to \$6,500 if the participant has attained age 50 by the end of the calendar year. The Plan currently offers various mutual funds as investment options for participants. Participants may modify salary deferral elections at any time. Participants direct the investment of their contributions into various investment options offered by the Plan.

Notes Receivable from Participants: Participant loans are not permitted from the Plan.

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

November 30, 2023

1. Plan Description - Continued

Participant Accounts: Each participant's account is credited with the participant's contribution, allocations of the Company's contribution, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Employer Contributions: The Company may elect to make discretionary matching contributions to the Plan. The Company will match participant elective deferrals up to \$3,000 of eligible compensation each Plan year. For the year ended November 30, 2023, the Company matched 66.67% of employee deferrals. In addition to the Company matching contributions, eligible employees can receive a profit-sharing contribution at the Company's discretion. For the year ended November 30, 2023, the Company made profit-sharing contributions of 3% of eligible compensation.

Vesting: Participants are immediately 100% vested in all elective deferrals made to the Plan, and any investment earnings from these deferrals. Employer discretionary matching contributions shall vest 100% immediately, and discretionary profit-sharing contributions shall vest 100% after three years.

For employees who were participants in the Morris & Morris, P.C. 401(k) Profit-Sharing Plan, discretionary employer contributions shall vest 20% after two years and 100% after three years. Employer matching and discretionary profit-sharing prior to the merger shall vest 20% after two years, 40% after three years, 60% after four years, 80% after five years and 100% after six years.

Forfeitures: As of November 30, 2023 and 2022, forfeited nonvested accounts totaled \$14,173 and \$20,175, respectively. Forfeitures will be used to reduce future employer contributions. There were \$12,192 of forfeitures during the Plan year ending November 30, 2023. During the Plan year, \$18,772 of forfeitures were used to reduce employer contributions, and \$520 was used to pay administrative expenses of the Plan.

Investment Options: Upon enrollment in the Plan, a participant may direct up to 100% of employee contributions in any of the available investment funds offered. Participants may change their investment options at any time.

Hardship Distributions: Hardship distributions are permitted from participants' pre-tax elective deferrals. In order to qualify for a hardship withdrawal, the participant must satisfy the legal requirements of a financial hardship as defined by Internal Revenue Code ("IRC") regulations.

Payment of Benefits: Upon retirement, termination of service, disability, or attainment of age 59 $\frac{1}{2}$, a participant or their beneficiaries may elect to receive a lump-sum amount or annuity payments equal to the value of the participant's vested interest in their account. For vested balances of \$5,000 or less, participant consent is not required for the distribution. If the amount of the distribution exceeds \$1,000 (including any rollover contribution) and a participant does not elect to either receive or roll over the distribution, the distribution will be directly rolled over to an IRA. An in-service distribution is permitted under certain situations and generally is limited to the amount of a participant's account that is 100% vested.

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

November 30, 2023

2. Summary of Significant Accounting Policies

Basis of Accounting: The financial statements of the Plan have been prepared under the accrual method of accounting that is in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value as determined by Empower Trust Company, LLC. The fair values of the mutual fund investment accounts are reported using a unit value giving consideration to the income, cost, and sales comparison approaches of estimating property value. Purchases and sales of units are recorded on valuation dates, as are the earnings on mutual funds. Interest income is recorded on an accrual basis and is shown as an addition in the statement of changes in net assets available for benefits. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid by the Plan unless otherwise paid by the Company, as provided by the Plan document. The expenses paid using the Plan's assets will generally be allocated among the accounts of participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balance or as an equal dollar amount based on the number of participants in the Plan. Expenses that are paid by the Company are excluded from these financial statements.

Evaluation of Subsequent Events: Management has evaluated subsequent events through July 10, 2024, which is the date the financial statements were available to be issued.

3. Information Certified by Plan Custodian (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at November 30, 2023 and 2022, and net appreciation in fair value of investments and interest and dividends, for the year ended November 30, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by, Empower Trust Company, LLC (trustees of the Plan):

Total investments	\$ 19,215,278
Net investment income	\$ 856,833
Dividend income	\$ 712,813
Other income	\$ 23,644

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

November 30, 2023

4. Fair Value Measurements (Unaudited)

Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820-10, "*Fair Value Measurements and Disclosures*," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or 2 inputs are not available.

Level 1 Inputs - The values of mutual fund investment accounts are reported using a unit value based on quoted market prices in active markets for identical assets that the Plan has the ability to access at year-end.

No Level 2 or 3 inputs were available to the Plan at November 30, 2023 or 2022.

Input Levels by Investment Category:

		<u>Fair Value Measurements at Reporting Date Using</u>		
		<u>Quoted Prices in</u>		
		<u>Active Markets</u>	<u>Significant Other</u>	<u>Significant</u>
		<u>for Identical</u>	<u>Observable</u>	<u>Unobservable</u>
		<u>Assets (Level 1)</u>	<u>Inputs (Level 2)</u>	<u>Inputs (Level 3)</u>
	<u>Fair Value</u>			
<u>November 30, 2023</u>				
Mutual Funds	<u>\$19,215,278</u>	<u>19,215,278</u>	<u>\$ -</u>	<u>\$ -</u>
Total	<u>\$19,215,278</u>	<u>\$ 19,215,278</u>	<u>\$ -</u>	<u>\$ -</u>
 <u>November 30, 2022</u>				
Mutual Funds	<u>\$19,236,711</u>	<u>19,236,711</u>	<u>\$ -</u>	<u>\$ -</u>
Total	<u>\$19,236,711</u>	<u>\$ 19,236,711</u>	<u>\$ -</u>	<u>\$ -</u>

5. 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 terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

November 30, 2023

6. Tax Status

The IRS has determined and informed the Company by a letter dated November 14, 2022, that the Plan and related trust, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Parties-in-Interest

OneDigital Investment Advisors, LLC is an investment advisor to the Plan. OneDigital Investment Advisors, LLC is a service provider of the Plan; therefore, transactions with OneDigital Investment Advisors, LLC are party-in-interest transactions. Fees paid to OneDigital Investment Advisors, LLC by the Plan totaled \$20,295 for the year ended November 30, 2023.

Empower Advisory Group, LLC is an investment manager for the Plan. Empower Advisory Group, LLC is a service provider of the Plan; therefore, transactions with Empower Advisory Group, LLC are party-in-interest transactions. Fees paid to Empower Advisory Group, LLC by the Plan totaled \$1,446 for the year ended November 30, 2023.

WellsColeman performed the audit for the year ended November 30, 2023. WellsColeman is a service provider of the Plan; therefore, transactions are party-in-interest transactions. No fees were paid to the firm during the year ended November 30, 2023.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities 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 the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

November 30, 2023

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 19,613,844	\$ 19,555,063
Participants' contributions receivable	(70,331)	-
Employer contributions receivable	<u>(328,235)</u>	<u>(318,352)</u>
Net assets available for benefits per the Form 5500	<u>\$ 19,215,278</u>	<u>\$ 19,236,711</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500:

	<u>2023</u>
Changes in net assets per the financial statements	\$ 58,781
2023 participants' contributions receivable	(70,331)
2022 employer contributions receivable	318,352
2023 employer contributions receivable	<u>(328,235)</u>
Changes in net assets per the Form 5500	<u>\$ (21,433)</u>

SUPPLEMENTAL INFORMATION

MCCANDLISH HOLTON, PC 401(k) PROFIT-SHARING PLAN
EIN 54-1152845, PLAN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

November 30, 2023

(a)	(b) Identity of Issuer, Borrowers, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
		Mutual Funds	
	Allspring	Special Mid-Cap Value A	\$ 807,136
	Columbia	Seligman Tech & Information A	654,908
	DFA	Intermediate Govt Fixed-Income I	71,694
	Federated Hermes	Govt Obligations Fd SS	549,649
		Kaufmann Fund A	93,101
	Invesco	Developing Markets A	384,439
		Real Estate A	93,088
	Janus Henderson	Forty S	622,689
		Small-Cap Value S	619,710
		Triton S	252,756
	JPMorgan	Mid-Cap Growth R3	417,383
	MFS	Research International R3	707,899
		Total Return R3	301,078
		Value R3	413,249
	T. Rowe Price	Retirement 2015 Fund - ADV	196,677
		Retirement 2020 Fund - ADV	13,996
		Retirement 2025 Fund - ADV	187,789
		Retirement 2030 Fund - ADV	12,602
		Retirement 2035 Fund - ADV	383,470
		Retirement 2040 Fund - ADV	90,278
		Retirement 2045 Fund - ADV	600,277
		Retirement 2050 Fund - ADV	31,441
		Retirement 2055 Fund - ADV	83,610
		Growth Stock Stock Fund - ADV	1,134,603
	Touchstone	Mid Cap A	374,214
	Vanguard	500 Index Fund - Admiral	4,251,707
		Developed Markets Index Admiral	747,100
		Emerging Markets Stock Index Admiral	255,335
		Equity Income Fund	266,483
		Growth Index - Admiral	864,368
		Mid-Cap Index Adm	526,749
		Mid-Cap Growth Index Admiral	56,126
		Small-Cap Index Fund - Admiral	455,657
		Total Bond Market Index Admiral	686,466
	Virtus	Ceredex Large-Cap Value Equity I	650,333
		Seix High Income I	352,606
	Western Asset	Core Plus Bond FI	1,004,612
			<u>\$ 19,215,278</u>

Notes: An asterisk (*) in Column (a) denotes an entity known to be a party-in-interest to the Plan.
Column (d) is not presented since cost of investments is not required for participant-directed investments.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**McCandlish Holton, PC 401(k) Profit Sharing Plan****01-DEC-22 to 30-NOV-23****05-DEC-23 21:22:51**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PARHX			218,530.23	196,676.87
1PARBX			16,055.32	13,996.38
1PARJX			184,103.53	187,788.84
1PARCX			12,850.03	12,601.70
1PARKX			435,496.67	383,469.99
1PARDX			89,558.87	90,278.26
1PARLX			547,723.83	600,277.36
1PARFX			29,661.24	31,441.25
1PAROX			76,219.78	83,610.30
1MRSHX			521,919.30	707,899.00
1ODMAX			383,936.96	384,438.72
1VTMGX			698,013.50	747,099.74
1VEMAX			277,302.63	255,334.94
1SE-CIN			491,657.42	654,907.78
1IARAX			112,506.53	93,088.19
1JGMIX1			291,908.54	252,756.23
1JISCX1			597,335.58	619,710.47
1VSMAX			406,719.91	455,657.31
1KAUAX			93,883.85	93,101.01
1JMGPX			387,835.41	417,382.79
1TMAPX			294,390.65	374,213.82
1VMGMX			54,104.93	56,125.81
1VIMAX			400,987.61	526,749.13
1WFPAX			671,116.03	807,135.61
1JS-CAP			493,908.03	622,689.29
1MEIHX			306,529.76	413,249.31
1SU-VI			808,388.98	650,331.83
1TRSAX			884,752.75	1,134,602.72
1VFIAX			2,591,212.47	4,251,706.96
1VG-EIF			262,497.42	266,482.51
1VIGAX			563,972.41	864,368.05
1MSFHX			288,150.33	301,077.66
1DFIGX			90,520.27	71,694.33
1STHTX			397,662.07	352,606.18
1VBTLX			751,681.89	686,466.15
1WACIX			1,260,112.33	1,004,611.60
1GOSXX			535,477.38	535,477.39
			16,528,684.44	19,201,105.48
FORFEITURES			14,172.92	14,172.88

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

McCandlish Holton, PC 401(k) Profit Sharing Plan**01-DEC-22 to 30-NOV-23****05-DEC-23 21:22:51**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1PARHX T. Rowe Price 2015 Adv
 1PARJX T. Rowe Price 2025 Adv
 1PARKX T. Rowe Price 2035 Adv
 1PARLX T. Rowe Price 2045 Adv
 1PAROX T. Rowe Price 2055 Adv
 1ODMAX Invesco Developing Markets A
 1VEMAX Vanguard Emerging Mkts Stock Idx Adm
 1IARAX Invesco Real Estate A
 1JISCX1 Janus Henderson Small Cap Value S
 1KAUAX Federated Hermes Kaufmann Fund A
 1TMAPX Touchstone Mid Cap A
 1VIMAX Vanguard Mid Cap Index Adm
 1JS-CAP Janus Henderson Forty S
 1SU-VI Virtus Ceredex Large-Cap Value Equity I
 1VFIAX Vanguard 500 Index Fund - Admiral
 1VIGAX Vanguard Growth Index -Admiral
 1DFIGX DFA Intermediate Govt Fixed-Income I
 1VBT LX Vanguard Total Bond Market Index Admiral
 1GOSXX Federated Hermes Govt Obligations Fd SS

1PARBX T. Rowe Price 2020 Adv
 1PARCX T. Rowe Price 2030 Adv
 1PARDX T. Rowe Price 2040 Adv
 1PARFX T. Rowe Price 2050 Adv
 1MRSHX MFS Research International R3
 1VTMGX Vanguard Developed Markets Index Admiral
 1SE-CIN Columbia Seligman Tech & Information A
 1JGMIX1 Janus Henderson Triton S
 1VS MAX Vanguard Small Cap Index Fund - Admiral
 1JMG PX JPMorgan Mid Cap Growth R3
 1VMGMX Vanguard Mid-Cap Growth Index Admiral
 1WFPAX Allspring Special Mid Cap Value A
 1MEIHX MFS Value R3
 1TRSAX T. Rowe Price Growth Stock Fund - Adv
 1VG-EIF Vanguard Equity Income Fund
 1MSFH X MFS Total Return R3
 1STHTX Virtus Seix High Income I
 1WACIX Western Asset Core Plus Bond FI

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year