

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ROHAN & HARPER, P. C. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 10/01/1990
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) ROHAN & HARPER, P.C. 2060 NIAGARA FALLS BOULEVARD TONAWANDA, NY 14150
2b	Employer Identification Number (EIN) 16-1170103
2c	Plan Sponsor's telephone number 716-245-6161
2d	Business code (see instructions) 541940

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.	10/15/2024	DEBORAH BREWER
	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	5 134
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 116 6a(2) 51 6b 1 6c 51 6d 103 6e 1 6f 104 6g(1) 77 6g(2) 92 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2A 2E 2F 2H 2J 2K 2T 3D 2R

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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan ROHAN & HARPER, P. C. 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ROHAN & HARPER, P.C.	D Employer Identification Number (EIN) 16-1170103

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

(a) Name of insurance carrier
TALCOTT RESOLUTIONS LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	759660-01	91	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	20955
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2910021

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	22386
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c Additions: (1) Contributions deposited during the year	7c(1)	634	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	287	
(4) Transferred from separate account.....	7c(4)	6514	
(5) Other (specify below)	7c(5)	444	

▶ **LOAN REPAYMENTS AND FORFEITURES**

(6) Total additions	7c(6)	7879
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d Total of balance and additions (add lines 7b and 7c(6))	7d	30265
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	15	
(3) Transferred to separate account.....	7e(3)	9295	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	9310
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	20955
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan ROHAN & HARPER, P. C. 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ROHAN & HARPER, P.C.	D Employer Identification Number (EIN) 16-1170103

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

No
- b

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

(b)

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

(b)

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

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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)

SANDHILL CAPITAL PARTNERS LLC

40 FOUNTAIN PLAZA, SUITE 1300
BUFFALO, NY 14202-2200

(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	15599	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PPS PENSION SERVICES, INC.

16-1062503

(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?
13	THIRD PARTY ADMINISTRATOR	1197	Yes ☒ No ☐	Yes ☐ No ☒	1379	Yes ☐ No ☒

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

EMPOWER ANNUITY INS CO OF AMERICA

8515 EAST ORCHARD ROAD
GREEWOOD 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?
64	RECORDKEEPER	390	Yes ☒ No ☐	Yes ☒ No ☐	0	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
PPS PENSION SERVICES, INC.	13	1379
(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.	
EMPOWER ANNUITY INS CO OF AMERICA 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(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:

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ROHAN & HARPER, P. C. 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 ROHAN & HARPER, P.C.	D Employer Identification Number (EIN) 16-1170103	

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)	7520	10673
(2) Participant contributions	1b(2)	21840	25400
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	211956	51016
(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)	2699300	852996
(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)	67409	79620
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2016220	2910021
(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)	946677	344607
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	22386	20955
(15) Other	1c(15)	669996	0

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	6663304	4295288
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	6663304	4295288

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)	226207	
(B) Participants	2a(1)(B)	501073	
(C) Others (including rollovers)	2a(1)(C)	28244	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		755524
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	433	
(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)	4763	
(F) Other	2b(1)(F)	882	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6078
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	9472	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11278	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		20750
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1019393	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1005681	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		13712
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	195082	
(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)		199085
(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)		45149
c Other income	2c		33265
d Total income. Add all income amounts in column (b) and enter total	2d		1268645

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3626842	
(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)		3626842
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1201	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	8618	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9819
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3636661

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2368016
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: **JEFFREY L. OFFHAUS, CPA, LLC**

(2) EIN: **20-2368569**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	81901
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan ROHAN & HARPER, P. C. 401(K) PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ROHAN & HARPER, P.C.				D Employer Identification Number (EIN) 16-1170103	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850 84-1455663					
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) 2023 v. 230707	

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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. _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 07 / 2021</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704526A</u> .	

Rohan & Harper, P.C. 401(k) Plan

Financial Statements as of December 31, 2023 and for the Year Ended December 31, 2023; as of December 31, 2022 and for the Period From October 1, 2022 to December 31, 2022; and as of September 30, 2022, Supplemental Schedules, and Independent Auditor's Report



JEFFREY L. OFFHAUS CPA, LLC

Certified Public Accountant

Rohan & Harper, P.C. 401(k) Plan

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JEFFREY L. OFFHAUS CPA, LLC

Certified Public Accountant

Independent Auditor's Report

Plan Administrator and Participants
Rohan & Harper, P.C. 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

I have performed audits of the financial statements of Rohan & Harper, P.C. 401(k) Plan (the "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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the year ended December 31, 2023, for the period from October 1, 2022 to December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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), my audits 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 December 31, 2023 and 2022, for the year ended December 31, 2023, and for the period from October 1, 2022 to December 31, 2022 stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In my opinion, based on my audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section—

- the amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements 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).

Basis for Opinion

I conducted my audits in accordance with auditing standards generally accepted in the United States of America (GAAS). My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am required to be independent of the Plan and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of my report, my 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 my 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 GAAS, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

My audits 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 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.

I am 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 I identified during the audit.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2023 and 2022, and the supplemental schedules of delinquent contributions for the year ended December 31, 2023 and for the period from October 1, 2022 to December 31, 2022, are 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 schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, I compared such information to the related certified investment information.

In forming my opinion on the supplemental schedules, I evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In my opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

Prior Period Financial Statement

The accompanying statement of net assets available for benefits as of September 30, 2022 (October 1, 2022) was not audited, reviewed, or compiled by me and, accordingly, I do not express an opinion or any other form of assurance on the statement.

A handwritten signature in black ink that reads "Jeffrey L. Offhaus CPA, LLC". The signature is written in a cursive, flowing style.

Jeffrey L. Offhaus CPA, LLC
Orchard Park, New York
October 14, 2024

Rohan & Harper, P.C. 401(k) Plan

Statements of Net Assets Available for Benefits December 31, 2023 and 2022, and September 30, 2022

	December 31, 2023	December 31, 2022	September 30, 2022 (Unaudited)
<i>Assets</i>			
Investments:			
Investments, at fair value:			
Common stocks	\$ 852,996	\$ 2,699,300	\$ 2,686,997
Pooled separate accounts	2,910,021	2,016,220	1,783,093
Registered investment companies	344,607	946,677	923,086
Money market funds/accounts	51,016	211,956	136,555
Other	-	669,996	622,287
	<u>4,158,640</u>	<u>6,544,149</u>	<u>6,152,018</u>
Guaranteed interest account, at contract value	<u>20,955</u>	<u>22,386</u>	<u>22,130</u>
Total investments	<u>4,179,595</u>	<u>6,566,535</u>	<u>6,174,148</u>
Receivables:			
Employer contributions	10,673	7,520	2,298
Participant contributions	25,400	21,840	5,292
Notes receivable from participants	<u>79,620</u>	<u>67,409</u>	<u>71,380</u>
Total receivables	<u>115,693</u>	<u>96,769</u>	<u>78,970</u>
Net assets available for benefits	<u>\$ 4,295,288</u>	<u>\$ 6,663,304</u>	<u>\$ 6,253,118</u>

The accompanying notes are an integral part of these financial statements.

Rohan & Harper, P.C. 401(k) Plan

Statements of Changes in Net Assets Available for Benefits Year Ended December 31, 2023, and For the Period From October 1, 2022 to December 31, 2022

	Year Ended December 31, 2023	October 1, 2022 to December 31, 2022
<i>Additions:</i>		
Investment income:		
Net appreciation in fair value of investments	\$ 486,293	\$ 489,261
Dividends and interest	<u>22,065</u>	<u>9,650</u>
Total investment income	<u>508,358</u>	<u>498,911</u>
Interest income from participant loans	<u>4,763</u>	<u>883</u>
Contributions:		
Employer safe harbor match	226,207	53,347
Participant deferrals	501,073	122,239
Participant rollovers in	<u>28,244</u>	<u>-</u>
Total contributions	<u>755,524</u>	<u>175,586</u>
Total additions	<u>1,268,645</u>	<u>675,380</u>
<i>Deductions:</i>		
Benefits paid	3,626,842	262,185
Administrative net credit	<u>9,819</u>	<u>3,009</u>
Total deductions	<u>3,636,661</u>	<u>265,194</u>
Net (decrease) increase	(2,368,016)	410,186
Net assets available for benefits:		
Beginning of period (Unaudited at October 1, 2022)	<u>6,663,304</u>	<u>6,253,118</u>
End of period	<u><u>\$ 4,295,288</u></u>	<u><u>\$ 6,663,304</u></u>

The accompanying notes are an integral part of these financial statements.

Rohan & Harper, P.C. 401(k) Plan

Notes to Financial Statements December 31, 2023 and 2022, and September 30, 2022 (Unaudited)

1. Description of the Plan

The following description of the Rohan & Harper, P.C. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General — The Plan is a defined contribution plan sponsored by Rohan & Harper, P.C. (the “Company” or “Employer”) and covers substantially all employees of the Company and its participating employers who have completed one year eligible service, as defined and are age 21 or older. Eligible participants are allowed to enter the Plan quarterly. Prior to October 1, 2022, entry date was semi-annual. The Plan reports on a calendar year. Prior to October 1, 2022, the Plan reported on a fiscal year ending on September 30. One additional participating employer joined the Plan effective January 1, 2024 and three participating employers joined the Plan effective July 1, 2024.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions — Participants are permitted to make salary deferral contributions up to the maximum allowed by law. The Plan permits both pre-tax and Roth (after-tax) deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover).

The Plan is a safe harbor 401(k) plan, as defined in the Plan documents. Each year, the Employer will make a safe harbor matching contribution equal to 100% of the participant's salary deferral up to 3% of compensation plus a 50% matching contribution on any additional salary deferrals above 3% up to 5% of compensation. The safe harbor matching contributions vest immediately.

The Plan also provides for discretionary employer contributions at the sole discretion of the Company. A participant must complete 1,000 hours of service during the Plan year and be employed as of the last day of the Plan year to be eligible. Employer contributions, if any, are to be allocated to separate groups, as defined, and may be in the form of a percentage of compensation or as a dollar amount. There were no discretionary employer contributions for 2023 and for the period from October 1, 2022 to December 31, 2022.

All contributions are subject to certain Internal Revenue Code (“IRC”) limitations.

Participants direct the investment of their contribution into various investment options offered by the Plan, including self-directed individual brokerage accounts. Investment options in the self-directed individual brokerage accounts are restricted to investments in registered investment companies, managed equity portfolios, or fixed income portfolios. Participants have the opportunity to change their options previously elected at any time. The various IndexSelect funds are the default investments used when a participant has not made an investment election for their accounts.

Participant Accounts — Each participant’s account is credited with the participant’s contributions, an allocation of Employer contributions and Plan earnings, and charged with withdrawals and administrative expenses and Plan losses. Allocations are based on participant earnings, or account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting — Participants are 100% vested in their elective salary deferral contributions, rollover contributions, Employer safe harbor matching contributions, and any earnings thereon. Discretionary employer contributions and any earnings thereon vest over a six-year graded schedule.

Notes Receivable from Participants — Participants may borrow from their fund accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms generally may not extend beyond five years, or a maximum of ten years for the purchase of a participant’s primary residence. The maximum number of Plan loans outstanding at any one time is one. Interest is fixed at the prime rate plus 1% when the loan is issued.

Payment of Benefits and Withdrawals — The Plan provides for normal retirement benefits upon reaching the age of 65 and has provisions for disability, death, hardship, in-service and termination benefits for those participants who are eligible to receive such benefits. Participant balances less than \$5,000 (\$7,000 effective January 1, 2024) are required to be distributed in accordance with plan provisions. A participant may receive the value of the vested interest in his or her account as a lump-sum distribution or partial lump sum option, as defined.

Forfeitures and Participant Revenue Credits — Forfeitures of non-vested employer contributions can be used to pay expenses of the Plan or to reduce Employer contributions at the discretion of the Employer. In addition, certain Participant Revenue Credits generated as a result of a revenue sharing agreement may be transferred to the forfeiture account to pay for eligible plan expenses. As of December 31, 2023, December 31, 2022, and September 30, 2022, unallocated forfeitures amounted to \$4,273, \$6,481, and \$6,461, respectively.

Plan Administration — The Employer is the Plan Administrator and is responsible for the day-to-day administration and operation of the Plan. Empower Annuity Insurance Company of America and Empower Life & Annuity Insurance Company of New York (collectively, “Empower” or “Empower Companies”), along with Charles Schwab & Co., Inc. and UBS Financial Services Inc. are custodians of the Plan’s investments. Empower Retirement, LLC, an affiliate of Empower Companies is the Plan’s recordkeeper. The investment portfolios held with UBS Financial Services Inc. were liquidated during December 2022 and February 2023 and transferred to the respective participant accounts with Empower.

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

2. Summary of Significant Accounting Policies

Basis of Accounting — The financial statements of the Plan are prepared using the accrual basis of accounting under accounting principles accepted in the United States of America.

Investment Valuation and Income Recognition — Investments are reported at fair value except for the guaranteed interest account, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants — Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2023 and 2022, and as of September 30, 2022. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits – Benefit are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Use of Estimates — The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Market Risk Factors — The Plan invests in various investment securities. Investment securities are exposed to 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.

Subsequent Events — Plan management has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

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

- Level 1 – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- Level 2 – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, substantially for the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.
- Level 3 – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

	Hierarchy	December 31, 2023	December 31, 2022	September 30, 2022 (Unaudited)
Common stocks	Level 1	\$ 852,996	\$ 2,699,300	\$ 2,686,997
Registered investment companies	Level 1	344,607	946,677	923,086
Money market funds/accounts	Level 1	51,016	211,956	136,555
Structured products	Level 2	<u>-</u>	<u>669,996</u>	<u>622,287</u>
		\$ 1,248,619	\$ 4,527,929	\$ 4,368,925
Pooled separate accounts	(a)	<u>2,910,021</u>	<u>2,016,220</u>	<u>1,783,093</u>
Total investments at fair value		<u>4,158,640</u>	<u>6,544,149</u>	<u>6,152,018</u>

(a) The pooled separate accounts are measured at NAV as a practical expedient and are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following is a description of the valuation methodologies used for investments measured at fair value as of December 31, 2023 and 2022, and as of September 30, 2022.

Common Stocks – Common stocks held in the self-brokerage accounts are valued on the basis of closing prices on the last trading day of the reporting period.

Registered Investment Companies — Mutual funds and exchange traded funds held in self-brokerage accounts are valued at quoted prices in an active market, which represents the net asset values ("NAV") of shares held by the Plan at year/period-end.

Money Market Funds — Money market funds held in self-directed brokerage accounts are valued at quoted prices in an active market, which represents the NAV of shares held by the Plan at year/period-end.

Pooled Separate Accounts – Pooled separate accounts are valued using the net unit value, which is based on the fair value of the underlying assets of the account at year/period end. Redemptions may occur on a daily basis. The use of net unit value as fair value is deemed appropriate as the pooled separate accounts do not have a finite life, unfunded commitments relating to investments, or restrictions on redemptions.

Structured Products – Structured products held in the self-directed brokerage accounts are valued by third parties or issuers in an inactive market, which represents the NAV of shares held by the Plan at year/period-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

4. Guaranteed Interest Account

The Guaranteed Interest Account (GIA) investment option is a traditional investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1% or more than 3%. The crediting rate is reviewed on a regular basis for resetting. The GIA is subject to competing fund transfer restrictions on participant-initiated transfers. Upon termination of the group annuity contract, if the plan sponsor chooses a book value payout for termination, participant transfer restrictions may apply until the money is paid to the next provider.

5. Related-Party and Party-In-Interest Transactions

Certain Plan investments are pooled separate accounts, and a guaranteed investment contract managed by Empower Financial Group, an affiliate of Empower Companies. Empower is the third party administrator as defined by the Plan. Therefore, these transactions qualify as exempt party-in-interest transactions. In addition, notes receivable from participants are considered to be exempt party-in-interest transactions.

Certain fees incurred by the Plan for the investment management services are included in net appreciation or depreciation in fair value of the investment. The Employer pays directly any other fees related to the Plan's operations.

Certain employees and/or officers of the Company or its affiliates perform administrative services to the Plan at no cost to the Plan.

6. Tax Status

The Plan adopted a pre-approved profit sharing plan document sponsored by PPS Pension & Financial Services Inc. ("PPS"). PPS received an opinion letter from the Internal Revenue Service, dated June 7, 2021, which states that the pre-approved profit sharing document satisfies the applicable provisions of the Internal Revenue Code ("IRC"). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

As of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Nonexempt Transactions

During the year ended December 31, 2023, the Employer did not remit certain participant contributions and loan repayments of \$81,901 to the Plan in a timely manner, as defined by ERISA. These transactions are considered nonexempt party-in-interest transactions. In 2024, the Company corrected these late deposits by calculating and depositing lost earnings to the affected participants. In addition, the Employer filed Form 5330 with the IRS and paid the applicable excise taxes.

During the period from October 1, 2022 to December 31, 2022, the Employer did not remit certain participant contributions and loan repayments of \$14,383 to the Plan in a timely manner, as defined by ERISA. These transactions are considered nonexempt party-in-interest transactions. In 2023, the Company corrected these late deposits by calculating and depositing lost earnings to the affected participants. In addition, the Employer filed Form 5330 with the IRS and paid the applicable excise taxes.

During the year ended September 30, 2022, the Employer did not remit certain participant contributions and loan repayments of \$66,553 to the Plan in a timely manner, as defined by ERISA. These transactions are considered nonexempt party-in-interest transactions. In 2023, the Company corrected these late deposits by calculating and depositing lost earnings to the affected participants. In addition, the Employer filed Form 5330 with the IRS and paid the applicable excise taxes.

8. Certified Financial Information

The Company, acting in its capacity as the Plan administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the unaudited information regarding the Plan as of December 31, 2023 and 2022, and as of September 30, 2022, and for the year ended December 31, 2023 and for the period from October 1, 2022 to December 31, 2022 included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Empower Annuity Insurance Company of America and Empower Life & Annuity Insurance Company of New York and furnished to the Company. The Company has obtained certifications from Empower Annuity Insurance Company of America and Empower Life & Annuity Insurance Company of New York as of December 31, 2023 and 2022, and as of September 30, 2022, and for the year ended December 31, 2023 and for the period from October 1, 2022 to December 31, 2022, that such information is complete and accurate.

	December 31, 2023	December 31, 2022	September 30, 2022
Statements of Net Assets Available for Benefits—			
Pooled separate accounts	\$ 2,910,021	\$ 2,016,220	\$ 1,783,093
Guaranteed interest account	20,955	22,386	22,130
Notes receivable from participants	79,620	67,409	71,380
		Oct 1, 2022 to December 31, 2023	
Statement of Changes in Net Assets Available for Benefits—			
Net appreciation in fair value investments	\$ 198,025	\$ 122,029	
Dividends and interest	1,279	49	
Interest income from participant loans	4,763	883	

* * * * *

Rohan & Harper, P.C. 401(k) Plan
EIN 16-1170103 Plan No. 003
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b) Identity of Issuer, 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 WASHINGTON MUTU.	Pooled sep accounts	\$ -	\$ 24,842
*	BLACKROCK HEALTH SCIENCES OPPS K	Pooled sep accounts	-	50,402
*	DFA COMMODITY STRATEGY INSTITUTIO	Pooled sep accounts	-	11,991
*	DFA EMERGING MARKETS CORE EQUITY	Pooled sep accounts	-	2,001
*	INDEXSELECT AGGRESSIVE 2045 FUND CL	Pooled sep accounts	-	9,521
*	INDEXSELECT AGGRESSIVE 2055 FUND CL	Pooled sep accounts	-	7,823
*	INDEXSELECT AGGRESSIVE RETIRE FUND	Pooled sep accounts	-	32,103
*	INDEXSELECT CONSERVATIVE 2055 FUND	Pooled sep accounts	-	8,678
*	INDEXSELECT MODERATE 2025 FUND CL	Pooled sep accounts	-	35,643
*	INDEXSELECT MODERATE 2035 FUND CL	Pooled sep accounts	-	251,820
*	INDEXSELECT MODERATE 2045 FUND CL	Pooled sep accounts	-	348,947
*	INDEXSELECT MODERATE 2055 FUND CL	Pooled sep accounts	-	980,983
*	INDEXSELECT MODERATE RETIRE FUND	Pooled sep accounts	-	629,605
*	INVESCO EQUITY AND INCOME R6	Pooled sep accounts	-	41,696
*	INVESCO GLOBAL REAL ESTATE R6	Pooled sep accounts	-	3,339
*	INVESCO SMALL CAP GROWTH R6	Pooled sep accounts	-	7,247
*	JPMORGAN US EQUITY R6	Pooled sep accounts	-	8,842
*	LORD ABBETT VALUE OPPORTUNITIES R6	Pooled sep accounts	-	7,479
*	MASSMUTUAL BLUE CHIP GROWTH I	Pooled sep accounts	-	4,181
*	MASSMUTUAL OVERSEAS I	Pooled sep accounts	-	5,670
*	MASSMUTUAL STRATEGIC BOND I	Pooled sep accounts	-	90
*	PIMCO REAL RETURN INSTL	Pooled sep accounts	-	36,700
*	TEMPLETON GLOBAL BOND R6	Pooled sep accounts	-	1,273
*	VANGUARD 500 INDEX ADMIRAL	Pooled sep accounts	-	303,338
*	VANGUARD MID CAP INDEX ADMIRAL	Pooled sep accounts	-	44,174
*	VANGUARD SMALL CAP INDEX ADM	Pooled sep accounts	-	38,262
*	VANGUARD TOTAL BOND MARKET INDE	Pooled sep accounts	-	11,492
*	VANGUARD TOTAL INTL STOCK INDEX A	Pooled sep accounts	-	1,617
*	VICTORY INTEGRITY SMALL-CAP VALUE	Pooled sep accounts	-	262
				<u>2,910,021</u>
*	GUARANTEED INTEREST ACCOUNT	General account (contract value)	-	<u>20,955</u>
*	Self-directed brokerage account	Common stocks	-	852,996
*	Self-directed brokerage account	Registered investment companies	-	344,607
*	Self-directed brokerage account	Money market funds/accounts	-	<u>51,016</u>
				<u>1,248,619</u>
*	Notes receivable from participants	Participant loans, various maturities with interest rates of 4.25% - 9.50%	\$ 0	<u>79,620</u>
TOTAL				<u><u>\$ 4,259,215</u></u>

* Party-in-interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

Rohan & Harper, P.C. 401(k) Plan
EIN 16-1170103 Plan No. 003
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Identity of Issuer, 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 WASHINGTON MUTU.	Pooled sep accounts	\$ -	\$ 20,109
*	BLACKROCK HEALTH SCIENCES OPPS K	Pooled sep accounts	-	26,253
*	DFA COMMODITY STRATEGY INSTITUTIO	Pooled sep accounts	-	13,406
*	DFA EMERGING MARKETS CORE EQUITY	Pooled sep accounts	-	1,176
*	INDEXSELECT AGGRESSIVE 2045 FUND CL	Pooled sep accounts	-	7,911
*	INDEXSELECT AGGRESSIVE 2055 FUND CL	Pooled sep accounts	-	2,425
*	INDEXSELECT AGGRESSIVE RETIRE FUND	Pooled sep accounts	-	127,727
*	INDEXSELECT CONSERVATIVE 2055 FUND	Pooled sep accounts	-	2,429
*	INDEXSELECT MODERATE 2025 FUND CL	Pooled sep accounts	-	26,957
*	INDEXSELECT MODERATE 2035 FUND CL	Pooled sep accounts	-	152,842
*	INDEXSELECT MODERATE 2045 FUND CL	Pooled sep accounts	-	202,529
*	INDEXSELECT MODERATE 2055 FUND CL	Pooled sep accounts	-	486,577
*	INDEXSELECT MODERATE RETIRE FUND	Pooled sep accounts	-	635,863
*	INVESCO EQUITY AND INCOME R6	Pooled sep accounts	-	33,561
*	INVESCO GLOBAL REAL ESTATE R6	Pooled sep accounts	-	2,573
*	INVESCO SMALL CAP GROWTH R6	Pooled sep accounts	-	5,462
*	JPMORGAN US EQUITY R6	Pooled sep accounts	-	5,018
*	LORD ABBETT VALUE OPPORTUNITIES R6	Pooled sep accounts	-	5,288
*	MASSMUTUAL BLUE CHIP GROWTH I	Pooled sep accounts	-	609
*	MASSMUTUAL OVERSEAS I	Pooled sep accounts	-	3,705
*	MASSMUTUAL STRATEGIC BOND I	Pooled sep accounts	-	869
*	PIMCO REAL RETURN INSTL	Pooled sep accounts	-	29,420
*	TEMPLETON GLOBAL BOND R6	Pooled sep accounts	-	1,044
*	VANGUARD 500 INDEX ADMIRAL	Pooled sep accounts	-	171,710
*	VANGUARD MID CAP INDEX ADMIRAL	Pooled sep accounts	-	21,973
*	VANGUARD SMALL CAP INDEX ADM	Pooled sep accounts	-	20,442
*	VANGUARD TOTAL BOND MARKET INDE	Pooled sep accounts	-	8,244
*	VANGUARD TOTAL INTL STOCK INDEX A	Pooled sep accounts	-	98
				<u>2,016,220</u>
*	Guaranteed interest account	General account (contract value)	-	<u>22,386</u>
*	Self-directed brokerage account	Common stocks	-	2,699,300
*	Self-directed brokerage account	Registered investment companies	-	946,677
*	Self-directed brokerage account	Structured products	-	669,996
*	Self-directed brokerage account	Money market funds/accounts	-	<u>211,956</u>
				<u>4,527,929</u>
*	Notes receivable from participants	Participant loans, various maturities at interest rates of 4.25% - 6.50%	\$ 0	<u>67,409</u>
TOTAL				<u><u>\$ 6,633,944</u></u>

* Party-in-interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

Rohan & Harper, P.C. 401(k) Plan
EIN 16-161170103, Plan No. 003
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2023

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: X				
\$81,901 ¹		\$81,901		
\$14,383 ²		\$14,383		
\$66,553 ³		\$66,553		

¹ Plan year 2023

² Period from October 1, 2022 to December 31, 2022

³ Fiscal year ended September 30, 2022

See Note 7 to the financial statements (Nonexempt Transactions).

Rohan & Harper, P.C. 401(k) Plan
EIN 16-161170103, Plan No. 003
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Period from October 1, 2022 to December 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: X				
\$14,383 ¹		\$14,383		
\$66,553 ²		\$66,553		

¹ Period from October 1, 2022 to December 31, 2022

² Fiscal year ended September 30, 2022

See Note 7 to the financial statements (Nonexempt Transactions).

Rohan & Harper, P.C. 401(k) Plan
EIN 16-161170103, Plan No. 003
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Period from October 1, 2022 to December 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: X				
\$14,383 ¹		\$14,383		
\$66,553 ²		\$66,553		

¹ Period from October 1, 2022 to December 31, 2022

² Fiscal year ended September 30, 2022

See Note 7 to the financial statements (Nonexempt Transactions).

Rohan & Harper, P.C. 401(k) Plan
EIN 16-161170103, Plan No. 003
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2023

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: X				
\$81,901 ¹		\$81,901		
\$14,383 ²		\$14,383		
\$66,553 ³		\$66,553		

¹ Plan year 2023

² Period from October 1, 2022 to December 31, 2022

³ Fiscal year ended September 30, 2022

See Note 7 to the financial statements (Nonexempt Transactions).

Rohan & Harper, P.C. 401(k) Plan

EIN 16-1170103 Plan No. 003

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

December 31, 2022

(a)	(b) Identity of Issuer, 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 WASHINGTON MUTU.	Pooled sep accounts	\$ -	\$ 20,109
*	BLACKROCK HEALTH SCIENCES OPPTS K	Pooled sep accounts	-	26,253
*	DFA COMMODITY STRATEGY INSTITUTIO	Pooled sep accounts	-	13,406
*	DFA EMERGING MARKETS CORE EQUITY	Pooled sep accounts	-	1,176
*	INDEXSELECT AGGRESSIVE 2045 FUND CL	Pooled sep accounts	-	7,911
*	INDEXSELECT AGGRESSIVE 2055 FUND CL	Pooled sep accounts	-	2,425
*	INDEXSELECT AGGRESSIVE RETIRE FUND	Pooled sep accounts	-	127,727
*	INDEXSELECT CONSERVATIVE 2055 FUND	Pooled sep accounts	-	2,429
*	INDEXSELECT MODERATE 2025 FUND CL	Pooled sep accounts	-	26,957
*	INDEXSELECT MODERATE 2035 FUND CL	Pooled sep accounts	-	152,842
*	INDEXSELECT MODERATE 2045 FUND CL	Pooled sep accounts	-	202,529
*	INDEXSELECT MODERATE 2055 FUND CL	Pooled sep accounts	-	486,577
*	INDEXSELECT MODERATE RETIRE FUND	Pooled sep accounts	-	635,863
*	INVESCO EQUITY AND INCOME R6	Pooled sep accounts	-	33,561
*	INVESCO GLOBAL REAL ESTATE R6	Pooled sep accounts	-	2,573
*	INVESCO SMALL CAP GROWTH R6	Pooled sep accounts	-	5,462
*	JPMORGAN US EQUITY R6	Pooled sep accounts	-	5,018
*	LORD ABBETT VALUE OPPORTUNITIES R6	Pooled sep accounts	-	5,288
*	MASSMUTUAL BLUE CHIP GROWTH I	Pooled sep accounts	-	609
*	MASSMUTUAL OVERSEAS I	Pooled sep accounts	-	3,705
*	MASSMUTUAL STRATEGIC BOND I	Pooled sep accounts	-	869
*	PIMCO REAL RETURN INSTL	Pooled sep accounts	-	29,420
*	TEMPLETON GLOBAL BOND R6	Pooled sep accounts	-	1,044
*	VANGUARD 500 INDEX ADMIRAL	Pooled sep accounts	-	171,710
*	VANGUARD MID CAP INDEX ADMIRAL	Pooled sep accounts	-	21,973
*	VANGUARD SMALL CAP INDEX ADM	Pooled sep accounts	-	20,442
*	VANGUARD TOTAL BOND MARKET INDE	Pooled sep accounts	-	8,244
*	VANGUARD TOTAL INTL STOCK INDEX A	Pooled sep accounts	-	98
				<u>2,016,220</u>
*	Guaranteed interest account	General account (contract value)	-	<u>22,386</u>
*	Self-directed brokerage account	Common stocks	-	2,699,300
*	Self-directed brokerage account	Registered investment companies	-	946,677
*	Self-directed brokerage account	Structured products	-	669,996
*	Self-directed brokerage account	Money market funds/accounts	-	<u>211,956</u>
				<u>4,527,929</u>
*	Notes receivable from participants	Participant loans, various maturities at interest rates of 4.25% - 6.50%	\$ 0	<u>67,409</u>
TOTAL				<u><u>\$ 6,633,944</u></u>

* Party-in-interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

Rohan & Harper, P.C. 401(k) Plan

EIN 16-1170103 Plan No. 003

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

December 31, 2023

(a)	(b) Identity of Issuer, 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 WASHINGTON MUTU.	Pooled sep accounts	\$ -	\$ 24,842
*	BLACKROCK HEALTH SCIENCES OPPTS K	Pooled sep accounts	-	50,402
*	DFA COMMODITY STRATEGY INSTITUTIO	Pooled sep accounts	-	11,991
*	DFA EMERGING MARKETS CORE EQUITY	Pooled sep accounts	-	2,001
*	INDEXSELECT AGGRESSIVE 2045 FUND CL	Pooled sep accounts	-	9,521
*	INDEXSELECT AGGRESSIVE 2055 FUND CL	Pooled sep accounts	-	7,823
*	INDEXSELECT AGGRESSIVE RETIRE FUND	Pooled sep accounts	-	32,103
*	INDEXSELECT CONSERVATIVE 2055 FUND	Pooled sep accounts	-	8,678
*	INDEXSELECT MODERATE 2025 FUND CL	Pooled sep accounts	-	35,643
*	INDEXSELECT MODERATE 2035 FUND CL	Pooled sep accounts	-	251,820
*	INDEXSELECT MODERATE 2045 FUND CL	Pooled sep accounts	-	348,947
*	INDEXSELECT MODERATE 2055 FUND CL	Pooled sep accounts	-	980,983
*	INDEXSELECT MODERATE RETIRE FUND	Pooled sep accounts	-	629,605
*	INVESCO EQUITY AND INCOME R6	Pooled sep accounts	-	41,696
*	INVESCO GLOBAL REAL ESTATE R6	Pooled sep accounts	-	3,339
*	INVESCO SMALL CAP GROWTH R6	Pooled sep accounts	-	7,247
*	JPMORGAN US EQUITY R6	Pooled sep accounts	-	8,842
*	LORD ABBETT VALUE OPPORTUNITIES R	Pooled sep accounts	-	7,479
*	MASSMUTUAL BLUE CHIP GROWTH I	Pooled sep accounts	-	4,181
*	MASSMUTUAL OVERSEAS I	Pooled sep accounts	-	5,670
*	MASSMUTUAL STRATEGIC BOND I	Pooled sep accounts	-	90
*	PIMCO REAL RETURN INSTL	Pooled sep accounts	-	36,700
*	TEMPLETON GLOBAL BOND R6	Pooled sep accounts	-	1,273
*	VANGUARD 500 INDEX ADMIRAL	Pooled sep accounts	-	303,338
*	VANGUARD MID CAP INDEX ADMIRAL	Pooled sep accounts	-	44,174
*	VANGUARD SMALL CAP INDEX ADM	Pooled sep accounts	-	38,262
*	VANGUARD TOTAL BOND MARKET INDE	Pooled sep accounts	-	11,492
*	VANGUARD TOTAL INTL STOCK INDEX A	Pooled sep accounts	-	1,617
*	VICTORY INTEGRITY SMALL-CAP VALUE	Pooled sep accounts	-	262
				<u>2,910,021</u>
*	GUARANTEED INTEREST ACCOUNT	General account (contract value)	-	<u>20,955</u>
*	Self-directed brokerage account	Common stocks	-	852,996
*	Self-directed brokerage account	Registered investment companies	-	344,607
*	Self-directed brokerage account	Money market funds/accounts	-	<u>51,016</u>
				<u>1,248,619</u>
*	Notes receivable from participants	Participant loans, various maturities with interest rates of 4.25% - 9.50%	\$ 0	<u>79,620</u>
	TOTAL			<u>\$ 4,259,215</u>

* Party-in-interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.