

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: MOYE WHITE LLP 401(K) PROFIT-SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): MOYE WHITE LLP
2b Employer Identification Number (EIN): 84-0714430
2c Plan Sponsor's telephone number: 303-291-1550
2d Business code (see instructions): 541110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	178
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)	107
	6a(2)	0
	6b	0
	6c	87
	6d	87
	6e	0
	6f	87
	6g(1)	177
6g(2)	87	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2R 2S 2T 3D

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MOYE WHITE LLP 401(K) PROFIT-SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MOYE WHITE LLP	D Employer Identification Number (EIN) 84-0714430	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ONEAMERICA RETIREMENT SERVICES, LLC

46-5378846

(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

(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

(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

(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

(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

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

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)

ONEAMERICA RETIREMENT SERVICES, LLC

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 36 37 38 50 64	NONE	35818	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MATRIX TRUST COMPANY	19 21 25 62	0
(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.	
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$2000 ANNUAL TRUST AND CUSTODY FEE PLUS 2 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MOYE WHITE LLP 401(K) PROFIT-SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MOYE WHITE LLP	D Employer Identification Number (EIN) 84-0714430

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	9719	280736
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	101565	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	441323	353637
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	179368	24330
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28941042	10025636
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	5847090	2302811

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	35520107	12987150
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	35520107	12987150

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	481584	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		481584
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	10177	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10177
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	746455	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		746455
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2705222
c Other income	2c		793071
d Total income. Add all income amounts in column (b) and enter total	2d		4736509

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27063497	
(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)		27063497
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		170151
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	35818	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		35818
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27269466

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-22532957
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: **BDO USA, PC**

(2) EIN: **13-5381590**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3969
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MOYE WHITE LLP 401(K) PROFIT-SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOYE WHITE LLP</u>	D Employer Identification Number (EIN) <u>84-0714430</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 75-3182674

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

Moye White LLP
401(k) Profit-Sharing Plan and Trust

Financial Statements
and Supplemental Schedules
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Moye White LLP 401(k) Profit-Sharing Plan and Trust

Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Contents

Independent Auditor's Report	3-6
Financial Statements	
Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023	7
Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2024	8
Notes to Financial Statements	9-15
ERISA-Required Supplemental Schedules	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024	17
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	18
Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	



Independent Auditor's Report

The Plan Administrator
Moye White LLP 401(k) Profit-Sharing Plan and Trust
Denver, Colorado

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

We have performed audits of the financial statements of Moye White LLP 401(k) Profit-Sharing Plan and Trust (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). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2024, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

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

Emphasis of Matter - Partial Plan Termination

As further described in Note 1 to the financial statements, the Company ceased business on April 15, 2024. As such, the Company recognized a partial plan termination, where all participants who terminate on or after April 15, 2024 become fully vested in their accounts. Our opinion was not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial



likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements

In performing an audit in accordance with GAAS, we:

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

Our 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 GAAP.

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 GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4a- Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL'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, has 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, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2025

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Statements of Net Assets Available for Plan Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value	\$ 12,682,084	\$ 35,229,455
Non-Interest-Bearing Cash	280,736	9,719
Receivables		
Employee contributions	-	101,565
Notes receivable from participants	24,330	179,368
Total Receivables	24,330	280,933
Net Assets Available for Plan Benefits	\$ 12,987,150	\$ 35,520,107

See accompanying notes to financial statements.

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Statement of Changes in Net Assets Available for Plan Benefits

<i>Year ended December 31,</i>	<i>2024</i>
Additions	
Contributions:	
Participant	\$ 481,584
Total Contributions	481,584
Interest earned on notes receivable from participants	10,177
Investment income:	
Interest and dividends	929,192
Net appreciation in fair value of investments	3,315,556
Total Investment Income	4,244,748
Total Additions	4,736,509
Deductions	
Benefits paid to participants and loans deemed distributed	(27,233,648)
Administrative expenses	(35,818)
Total Deductions	(27,269,466)
Net Decrease	(22,532,957)
Net Assets Available for Plan Benefits, beginning of year	35,520,107
Net Assets Available for Plan Benefits, end of year	\$ 12,987,150

See accompanying notes to financial statements.

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

1. Plan Description

The following description of the Moye White LLP 401(k) Profit-Sharing Plan and Trust (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, which was established effective January 1, 1987, is a contributory, defined contribution plan available for qualifying employees of Moye White LLP and other covered employers (the Company). Assets of the Moye, Giles, O'Keefe, Vermiere & Gorrell Money Purchase Pension Plan (the MPPP assets) and Trust were merged into the Plan and are subject to additional restrictions on distributions.

The Plan was established under the provisions of Section 401(a) of the Internal Revenue Code (IRC) with a qualified deferred income arrangement under Section 401(k) of the IRC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective April 15, 2024, the Company ceased business. As such, the Company recognized a partial plan termination, where all participants who terminate on or after April 15, 2024, if not already, became 100% vested in their accounts. Any remaining employees after April 15, 2024 were allowed to continue to participate to the Plan until all employees were terminated in September 2024. The Company is currently in the process of amending the Plan to formally terminate but nothing has been approved as of the issuance date.

Trustee and Administration of the Plan

The trustee of the Plan is Matrix Trust Company (Matrix or Trustee). The recordkeeper of the Plan is OneAmerica Retirement Services LLC (OneAmerica). The administrator of the Plan is the Company. The Trustee holds all assets of the Plan in accordance with the provisions of the trust agreement and service provider contract with the Company. The plan administrator and investment advisor determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Eligibility

An employee becomes eligible for the Plan after completion of six months of service, as defined by the Plan Document. Eligible employees may enter the Plan on the first day of each fiscal quarter after they meet the service requirement.

Contributions

Participants may contribute on a pre-tax basis and after-tax Roth basis up to 100% of their annual eligible compensation, subject to certain IRC limitations. Participants who have attained or will attain the age of 50 by the last day of the Plan year may elect to make catch-up contributions, as defined by the Plan, subject to IRC limitations. Participants may terminate or change their salary deferral agreements (pre-tax and after-tax Roth) according to procedures and limitations as determined by the Plan Document.

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

The Plan includes an auto-enrollment provision whereby an eligible employee will be automatically enrolled in the Plan at an initial 3% pre-tax deferral rate after meeting eligibility requirements. The Plan includes an auto-escalate feature whereby participants who were automatically enrolled into the Plan or who are contributing less than 10% will have their initial pre-tax deferral rate increased, on January 1 of each year, by 1% up to a maximum pre-tax deferral rate of 10%. In accordance with the Plan, a participant will be given a reasonable period to affirmatively elect a different percentage or elect not to make elective deferral contributions.

Discretionary profit-sharing contributions may be made in an amount to be determined by the Company, which is based on a cross-tested formula. The Company will designate a different contribution percentage for each participation group, provided that the contributions are nondiscriminatory. To be eligible for the contribution, the participant must have 1,000 hours in the Plan year and be employed on the last day of the Plan year. If a participant dies, becomes disabled, or reaches normal retirement age (65), these eligibility criteria are waived. No discretionary profit-sharing contributions were made for the 2024 Plan year.

Rollover contributions from other qualified plans or individual retirement accounts (IRAs) may also be made to the Plan if certain criteria are met.

Participants' Accounts

Each participant's account is credited with (1) the participant's pre-tax, after-tax Roth, catch-up, and rollover contributions; (2) the Company's discretionary profit-sharing contributions; and (3) an allocation of the Plan earnings or losses. Each participant's account is charged with withdrawals and expenses. Earnings or losses from investment funds are allocated to each participant's account in the proportion that the balance of each participant's account bears to the total balance of all participants in each fund. Participants may direct the investment of their account balances into various investment options offered by the Plan. The Plan offers various mutual funds and a self-directed brokerage account window for participants. Participants may make investment election changes at any time. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Distributions to Participants

A participant's vested interest in the Plan is payable upon death, disability, attainment of normal retirement age, or termination of service. A participant may elect to receive a lump-sum amount equal to the vested value of the participant's account or may roll over the amount to another qualified retirement plan or an IRA. Participants can also take a partial distribution from their vested value of their account. Normal plan retirement is age 65 and early retirement is age 55. If the participant's vested account balance at termination is not more than \$1,000, it can be distributed to the participant without consent. The mandatory distributions apply only to participants who have separated from service and do not actively elect a distribution from their account. Hardship distributions and in-service distributions (at age 59½) are also allowed by the Plan if certain criteria are met. Participants must be 59½ to withdraw any amounts attributable to amounts transferred from MPPP assets and any earnings thereon. Withdrawals of MPPP assets are not permitted for hardship withdrawals.

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

Vesting and Forfeitures

All participant's pre-tax, after-tax Roth, catch-up, and rollover contributions and the Company's discretionary profit-sharing contributions are fully vested at all times. Forfeitures relating to the discretionary profit-sharing contributions may occur when refunds are made due to compliance testing failures. Forfeitures may be applied to administrative expenses. There were no forfeitures applied to administrative expenses during 2024. As of December 31, 2024 and 2023, there were \$12,689 and \$12,059, respectively, held in the forfeiture account.

Notes Receivable from Participants

A participant may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the vested portion of their account balance. The note is secured by the balance in the participant's account and bears an interest rate at prime plus 1% and is fixed for the term of the note. No more than two notes may be outstanding at any time. Interest rates on the outstanding notes at December 31, 2024 ranged from 4.25% to 9.25%. The notes are repaid ratably through payroll deductions over a period of five years or less (unless for the purchase of a primary residence, which can be up to a 15-year period).

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Should the Plan be terminated, the assets of the Plan would be distributed to the participants based on their individual account balances as determined under the provisions of the Plan. To the extent not already vested, participants would be fully vested upon termination of the Plan.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's 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.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and Trustee. See Note 3, Fair Value Measurements, for a discussion of fair value measurements.

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

Purchases and sales are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year and reinvested capital gains.

Contributions

Participant contributions are recognized in the period during which the Company makes the respective payroll deductions.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses of the Plan

Fees, primarily loan origination, member service requests, investment advisor, and individually directed account fees, are charged directly to the participant's account and are included in administrative expenses. Certain additional investment fees may also be netted with investment earnings or losses. All other expenses of administering the Plan for the year ended December 31, 2024 were paid by the Company and are excluded from these financial statements.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

3. Fair Value Measurements

Accounting Standards Codification (ASC) 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - This level consists of inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - This level consists of inputs to the valuation methodology that include:

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

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

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

Level 3 - This level consists of inputs to the valuation methodology that are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Mutual Funds - These assets are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Accounts - These accounts are comprised of common stock, a money market account, mutual funds, and exchange-traded funds. Common stock is valued at the published market price on an active market. The mutual funds, exchange-traded funds, and marketable limited partnerships are valued at the NAV that is quoted on an active market and is determined based on the fair value of the underlying assets at the end of each day. The money market fund is valued at NAV calculated by the underlying investments in which the fund invests. The money market fund seeks to maintain a stable NAV at \$1.00 per share.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value measured on a recurring basis:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,379,273	\$ -	\$ -	\$ 10,379,273
Self-directed brokerage account	2,302,811	-	-	2,302,811
Total Investments , in the fair value hierarchy	\$ 12,682,084	\$ -	\$ -	\$ 12,682,084

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 29,382,365	\$ -	\$ -	\$ 29,382,365
Self-directed brokerage account	5,847,090	-	-	5,847,090
Total Investments , in the fair value hierarchy	\$ 35,229,455	\$ -	\$ -	\$ 35,229,455

4. Certified Investment Information

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix, a qualified institution, has certified the following information included in the accompanying financial statements and supplemental schedule as complete and accurate:

- Investments and non-interest-bearing cash as shown in the statements of net assets available for plan benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments and interest and dividend income as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2024.
- Investment amounts included in the notes to financial statements as of December 31, 2024 and 2023, and supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, excluding notes receivable from participants.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP and whether the supplemental schedule is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

5. Related Party and Party-in-Interest Transactions

Administrative expenses of \$35,818 were paid from the Plan to OneAmerica and its affiliates and other investment advisors during the year ended December 31, 2024. Matrix and OneAmerica may receive certain other indirect fees from mutual fund companies related to mutual funds held in the Plan. The Plan also issues loans to participants, which are secured by the vested balance of the participants' accounts. The above transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Additionally, the value, liquidity, and related income of the investment securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market perception of the issuers and changes in interest rates. Due to the

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur and in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits and participants' account balances.

7. Income Tax Status

Effective July 31, 2022, the Plan was amended and restated and adopted a non-standardized pre-approved profit-sharing plan. This pre-approved profit-sharing plan received a favorable opinion letter from the Internal Revenue Service (IRS), dated August 19, 2020, stating that the form of the pre-approved plan is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. The plan administrator and the Company believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

8. Delinquent Participant Contributions

During 2023, certain employee contributions were not remitted timely to the Plan in the amount of \$3,969. The Company has funded the late remittances, including lost earnings, during 2024. See the accompanying Schedule of Delinquent Participant Contributions for the year ended December 31, 2024.

9. Subsequent Events

Plan management has evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements other than those noted below.

Effective January 2, 2025, Voya Financial, Inc. announced that it completed an acquisition of the OneAmerica Financial, Inc. full-service retirement plan business.

ERISA-Required Supplemental Schedules

Moye White LLP 401(k) Profit-Sharing Plan and Trust

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 84-0714430

Plan Number: 002

Year ended December 31, 2024

	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE 2002-S1
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
Check here if late participant loan repayments are included: <input type="checkbox"/>					
2023	\$ 3,969	\$ -	\$ 4,313	\$ -	\$ -

* Voluntary Fiduciary Correction Program (DOL)

Moye White LLP 401(k) Profit-Sharing Plan and Trust

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

EIN: 84-0714430

Plan Number: 002

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
Mutual Funds				
T. Rowe Price		Retirement 2040	\$	1,300,915
T. Rowe Price		Retirement 2030		1,178,056
Vanguard		U.S Growth Fund		979,209
Vanguard		500 Index Fund		895,057
Dodge & Cox		Stock fund X		734,871
T. Rowe Price		Retirement 2050		632,159
T. Rowe Price		Retirement 2045		614,417
American Beacon		Small Cap Value Fund		535,221
Vanguard		Mid Cap Index Fund		439,460
American Funds		Europacific Growth Fund		399,315
Vanguard		Treasury Money Market Fund		353,637
Baron Funds		Growth Fund Ins		329,465
T. Rowe Price		Retirement 2055		317,181
T. Rowe Price		Retirement 2035		303,328
Vanguard		Small Cap Index Fund		221,425
T. Rowe Price		Retirement 2060		211,237
T. Rowe Price		Retirement 2025		173,366
JP Morgan		Core Bond Fund		171,892
MFS		Total Return Fund		165,978
Vanguard		Total Int'l Stock Index Fund		125,538
Cohen & Steers		Global Reality I		93,198
Vanguard		Total Bond Market Index Fund		77,076
T. Rowe Price		High Yield Fund Class I		67,274
Vanguard		Inflation-Protected Sec Fund		20,011
Vanguard		Short Term Bond Index		17,376
Vanguard		Total Int'l Bond Index Fund		11,716
T. Rowe Price		Retirement 2020		10,851
T. Rowe Price		Retirement 2065		44
Total Mutual Funds				10,379,273
Self-Directed Brokerage Account				
*	Self-directed brokerage account			2,302,811
Total Investments, per financial statements				12,682,084
*	Participant Loans	Various rates from 4.25% to 9.25%		24,330
Total Investments, per Form 5500				\$ 12,706,414

* Party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

Attachment to 2024 Form 5500
Schedule H, line 4a – Schedule of Delinquent Participant Contributions

Plan Name: Moye White LLP 401K Profit Sharing Plan **EIN:** 84-0714430
Plan Sponsor's Name: Moye White LLP **PN:** 002

	Total that Constitute Nonexempt Prohibited Transactions	
--	---	--

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: <input checked="checked" type="checkbox"/> X	\$3,969	0	0	0

Assets Held at End of Year
Moye White LLP 401(k) Profit-Sharing Plan and Trust RSP
a10604
CONSOLIDATED
Tax Number: 840714430
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
ASSETS				
NON-INTEREST BEARING CASH				
CASH	280,735.83	CASH	280,735.83	280,735.83
TOTAL NON-INTEREST BEARING CASH			280,735.83	280,735.83
GENERAL INVESTMENTS				
Interest-Bearing Cash				
Schwab Cash Account	99,600.82	Schwab Cash Account	99,600.82	99,600.82
Total Interest-Bearing Cash			99,600.82	99,600.82
Corporate Stocks (Other Than Employer Securities) – Common				
Apple Inc	2,100.000	Apple Inc	403,991.49	525,882.00
Enbridge Inc	246.000	Enbridge Inc	8,860.92	10,437.78
Ford Motor Co New	400.000	Ford Motor Co New	4,876.00	3,960.00
Microsoft Corporation	200.000	Microsoft Corporation	81,330.13	84,300.00
Total Corporate Stocks (Other Than Employer Securities) – Common			499,058.53	624,579.78
Participant Loans				
Master Participant Loan- Int. 4.25%-9.50%	24,329.60	Master Participant Loan	24,329.60	24,329.60
Total Participant Loans			24,329.60	24,329.60
Value of Interest in Registered Investment Companies				
American Beacon Small Cap Value Instl	21,712.978	American Beacon Small Cap Value Instl	540,864.78	535,224.91
American Funds Europacific Growth R6	7,433.339	American Funds Europacific Growth R6	407,498.63	399,318.97
AMG Yacktman I	3,324.512	AMG Yacktman I	77,482.08	74,369.33
Baron Growth Fund Ins	3,447.304	Baron Growth Fund Ins	346,991.75	329,458.84
Carillon Reams Core Plus Bond Fund Class I	407.946	Carillon Reams Core Plus Bond Fund Cl I	12,258.20	11,871.23
Cohen & Steers Global Realty I	1,825.972	Cohen & Steers Global Realty I	94,533.34	93,197.61
Dodge & Cox Global Stock Cl I	8,781.910	Dodge & Cox Global Stock Cl I	15,559.46	14,448.56
Dodge & Cox Income Cl I	5,226.352	Dodge & Cox Income Cl I	65,432.94	64,702.24
Dodge & Cox Stock Fund X	2,857.307	Dodge & Cox Stock Fund X	698,776.68	734,870.79
Fidelity® Contrafund®	15,681.095	Fidelity® Contrafund®	255,821.02	329,773.43
JPMorgan Core Bond Ultra	16,985.056	JPMorgan Core Bond Ultra	174,887.83	171,888.77
MFS Total Return Fund R6	8,781.910	MFS Total Return Fund R6	167,969.46	165,978.10
Oakmark International Investor	667.417	Oakmark International Investor	17,898.41	16,692.10
Oakmark Select Investor	1,236.082	Oakmark Select Investor	87,081.64	99,059.61
PIMCO Total Return A	1,162.079	PIMCO Total Return A	10,048.23	9,854.43
PRIMECAP Odyssey Aggressive Growth	1,515.686	PRIMECAP Odyssey Aggressive Growth	65,411.62	66,796.28
Schwab Fundamental US Large Company Index Fund	2,365.596	Schwab Fundamental US Large Company	163,150.84	65,905.50
Sequoia	258.720	Sequoia	41,551.39	47,477.71
T Rowe Pr High Yield-I	11,383.134	T Rowe Pr High Yield-I	67,351.65	67,274.32
T. Rowe Price Retirement 2020 Fund I	584.031	T. Rowe Price Retirement 2020 Fund I	10,517.02	10,851.30
T. Rowe Price Retirement 2025 Fund I	10,475.285	T. Rowe Price Retirement 2025 Fund I	167,225.57	173,365.97
T. Rowe Price Retirement 2030 Fund I	45,999.851	T. Rowe Price Retirement 2030 Fund I	1,122,564.26	1,178,056.18
T. Rowe Price Retirement 2035 Fund I	14,410.082	T. Rowe Price Retirement 2035 Fund I	284,301.52	303,332.23
T. Rowe Price Retirement 2040 Fund I	42,554.749	T. Rowe Price Retirement 2040 Fund I	1,209,928.21	1,300,898.68
T. Rowe Price Retirement 2045 Fund I	27,601.855	T. Rowe Price Retirement 2045 Fund I	567,467.88	614,417.29
T. Rowe Price Retirement 2050 Fund I	33,394.544	T. Rowe Price Retirement 2050 Fund I	582,866.16	632,158.72
T. Rowe Price Retirement 2055 Fund I	15,938.712	T. Rowe Price Retirement 2055 Fund I	292,066.46	317,180.37
T. Rowe Price Retirement 2060 Fund I	12,732.822	T. Rowe Price Retirement 2060 Fund I	194,510.73	211,237.52
T. Rowe Price Retirement 2065 Fund I	3.424	T. Rowe Price Retirement 2065 Fund I	44.20	44.03
TCW MetWest Total Return Bd I	1,213.937	TCW MetWest Total Return Bd I	11,146.60	10,767.62
Vanguard 500 Index Admiral	1,649.078	Vanguard 500 Index Admiral	730,353.94	895,053.58
Vanguard Developed Markets Index Admiral	3,066.034	Vanguard Developed Markets Index Admi	47,240.98	47,094.28
Vanguard Dividend Apprec ETF	305.373	Vanguard Dividend Apprec ETF	52,140.71	59,801.16
Vanguard Dividend Growth Inv	7,018.572	Vanguard Dividend Growth Inv	201,964.59	254,142.49
Vanguard FTSE All-Wld ex-US Idx Admiral	976.764	Vanguard FTSE All-Wld ex-US Idx Admir	34,135.54	34,841.17
Vanguard High-Yield Corporate Inv	2,071.557	Vanguard High-Yield Corporate Inv	11,226.61	11,227.84

Assets Held at End of Year
Moye White LLP 401(k) Profit-Sharing Plan and Trust RSP
a10604
CONSOLIDATED
Tax Number: 840714430
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
Vanguard Inflation-Protected Secs Adm	888.756	Vanguard Inflation-Protected Secs Adm	20,466.83	20,014.79
Vanguard Int Div App Indx Fd	420.795	Vanguard Int Div App Indx Fd	33,409.33	33,659.35
Vanguard International Explorer Inv	998.607	Vanguard International Explorer Inv	16,979.87	16,357.18
Vanguard International Growth Inv	1,295.341	Vanguard International Growth Inv	41,496.14	41,386.14
Vanguard Mid Cap Index Admiral	1,344.459	Vanguard Mid Cap Index Admiral	388,067.01	439,463.31
Vanguard S&P 500 ETF	151.967	Vanguard S&P 500 ETF	68,225.64	81,881.55
Vanguard Short-Term Bond Index Adm	1,715.513	Vanguard Short-Term Bond Index Adm	17,297.59	17,378.15
Vanguard Small Cap Index Adm	1,922.757	Vanguard Small Cap Index Adm	196,822.21	221,424.70
Vanguard Strategic Equity Inv	728.774	Vanguard Strategic Equity Inv	25,165.17	26,337.89
Vanguard Total Bond Market Index Adm	8,130.401	Vanguard Total Bond Market Index Adm	78,765.87	77,076.20
Vanguard Total Intl Bd Idx Admiral™	596.875	Vanguard Total Intl Bd Idx Admiral™	11,763.83	11,716.66
Vanguard Total Intl Stock Index Admiral	5,050.097	Vanguard Total Intl Stock Index Admir	157,610.07	160,037.57
Vanguard Total Stock Mkt Idx Adm	284.951	Vanguard Total Stock Mkt Idx Adm	32,977.75	40,186.64
Vanguard Treasury Money Market Investor	353,636.773	Vanguard Treasury Money Market Invest	353,636.77	353,636.77
Vanguard US Growth Admiral™	5,291.914	Vanguard US Growth Admiral™	787,343.39	979,215.77
Vanguard Value Index Adm	1,124.852	Vanguard Value Index Adm	65,733.44	74,285.23
Victory Sophus Emerging Markets Fund A	586.468	Victory Sophus Emerging Markets Fund	10,885.18	11,213.27
Total Value of Interest in Registered Investment Companies			11,036,917.03	11,957,904.32
TOTAL GENERAL INVESTMENTS			11,659,905.99	12,706,414.52
TOTAL ASSETS			11,940,641.82	12,987,150.35
TOTAL NET ASSETS			11,940,641.82	12,987,150.35