

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 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) <u>HURRICANE IAN EXTENSION</u>
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ABS RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/2018</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/2018</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/2018</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>APPLIED BUSINESS SOLUTIONS DBA APPLIED BUSINESS SOLUTIONS</u> <u>2931 PLUMMER COVE RD</u> <u>JACKSONVILLE, FL 32223</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>37-1876465</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>800-647-1738</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>37-1876465</u>	2c Plan Sponsor's telephone number <u>800-647-1738</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>37-1876465</u>					
2c Plan Sponsor's telephone number <u>800-647-1738</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2023	KEVIN CHEEZUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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	768
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	723
a(2) Total number of active participants at the end of the plan year		6a(2)	467
b Retired or separated participants receiving benefits.....		6b	87
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	554
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	554
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	321
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2A 2R 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ABS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED BUSINESS SOLUTIONS DBA APPLIED BUSINESS SOLUTIONS	D Employer Identification Number (EIN) 37-1876465	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

NESTEGGS RETIREMENT PLAN SVCS, INC

10407 CENTURION PARKWAY NORTH
SUITE 126
JACKSONVILLE, FL 32256

59-3664112

(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?
12 15 28 31 37 51 64	N/A	82380	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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**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 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ABS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED BUSINESS SOLUTIONS DBA APPLIED BUSINESS SOLUTIONS	D Employer Identification Number (EIN) 37-1876465	

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		102432
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		393635
(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)		32370
(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)	15517	138872
(9) Value of interest in common/collective trusts	1c(9)		100421
(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)	3065919	9840117
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3081436	10607847

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3081436	10607847
---	-----------	---------	----------

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)	554546	
(B) Participants	2a(1)(B)	1174921	
(C) Others (including rollovers).....	2a(1)(C)	1366649	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3096116
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	230	
(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)	3741	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3971
(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)	437151	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		437151
(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)		1402
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		-37243
(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)		362281
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3863678
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	920823	
(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)		920823
f Corrective distributions (see instructions).....	2f		11352
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	82380	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		82380
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1014555
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2849123
l Transfers of assets:			
(1) To this plan.....	2l(1)		4677288
(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: **TEMPLETON & COMPANY**

(2) EIN: **14-1918990**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		350000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan ABS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED BUSINESS SOLUTIONS DBA APPLIED BUSINESS SOLUTIONS	D Employer Identification Number (EIN) 37-1876465

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): 81-0650052		
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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ABS RETIREMENT SAVINGS PLAN
REPORT ON AUDIT OF FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2021

ABS RETIREMENT SAVINGS PLAN

Table of Contents

	<u>Page</u>
Independent auditor's report	1–3
Financial statements:	
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6–12
Supplemental information:	
Schedule H, line 4i – schedule of assets (held at end of year)	13–14



Independent Auditors' Report

To the Plan Administrator and Those Charged with Governance
ABS Retirement Savings Plan
Orange Park, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of ABS Retirement Savings 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit 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. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment (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 investment information is prepared and certified to by the institution, in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying 2021 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 on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of ABS Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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 ABS Retirement Savings Plan's ability to continue as a going concern for one year after the date the 2021 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 these 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 ABS Retirement Savings 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 ABS Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 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 U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. 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.

2021 Supplemental Information Required by ERISA

The supplemental information of Schedule H, line 4i – schedule of assets (held at end of year), as of December 31, 2021, is presented for purposes of additional analysis and is 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 information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

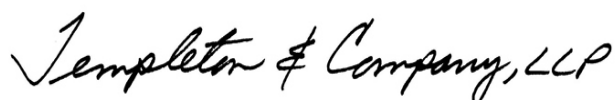
In forming our opinion on the supplemental information, we evaluated whether the supplemental information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental information, other than the information in the supplemental information 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 information in the supplemental information 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).

Other Matter - 2020 Financial Statement

Management is responsible for the accompanying financial statement of ABS Retirement Savings Plan, which comprises the statement of net assets available for benefits as of December 31, 2020, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review such financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statement.



Fort Lauderdale, Florida
February 8, 2023

ABS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	(Audited) 2021	(Compiled) 2020
Non-interest bearing cash	\$ 102,432	\$ 32,951
Investments, at fair value	10,366,543	3,032,967
Receivables:		
Participant notes receivable	<u>138,872</u>	<u>15,518</u>
Net assets available for benefits	<u>\$ 10,607,847</u>	<u>\$ 3,081,436</u>

See accompanying notes to financial statements and auditor's report.

ABS RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 326,440
Interest and dividends	<u>437,381</u>

Total investment income	<u>763,821</u>
-------------------------	----------------

Interest income on participant notes receivable	<u>3,741</u>
---	--------------

Contributions:

Participants	1,174,921
Employer	554,546
Rollover	<u>1,366,649</u>

Total contributions	<u>3,096,116</u>
---------------------	------------------

Total additions	<u>3,863,678</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	932,175
Administrative expenses	<u>82,380</u>

Total deductions	<u>1,014,555</u>
------------------	------------------

Change in net assets before plan transfers	2,849,123
--	-----------

Plan transfers:

Transfers in from other qualified plans	<u>4,677,288</u>
---	------------------

Change in net assets	7,526,411
----------------------	-----------

Net assets available for benefits:

Beginning of year	<u>3,081,436</u>
-------------------	------------------

End of year	<u>\$ 10,607,847</u>
-------------	----------------------

See accompanying notes to financial statements and auditor's report.

ABS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the ABS Retirement Savings 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 and eligibility

The Plan was established on June 1, 2018 as a multiple-employer plan maintained by Applied Business Solutions and its affiliates (the Company, Participating Employer, or Sponsor) as a defined contribution plan covering eligible employees of the Company and Adopting Employers. The Plan was amended and restated on September 1, 2020 to comply with certain tax legislation. With the consent of the Sponsor, an Adopting Employer (Participating Employer) may adopt the Plan by executing an adoption agreement. The provisions of the Plan, as applicable to the Participating Employer and its employees are based on the elections of the Adopting Employer provided by the Plan in the adoption agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is a multiple-employer plan as defined in Section 413(c) of the Internal Revenue Code (IRC). The Company is a Professional Employer Organization (PEO) and provides payroll processing and human resources to its clients. Each client of the Company has the option of adopting this Plan for the benefit of its employees. A Participating Employer establishes its eligibility requirement related to age and length of service for its employees in accordance with the Plan document and the IRC.

The Sponsor is the Plan Administrator and has contracted with NestEggs Retirement Plan Services, Inc. for third party administration and recordkeeping services. The Plan uses Charles Schwab Trust Bank (the Trustee) who serves as the trustee of the Plan, processes investment transactions and participant records and holds the Plan's investment assets.

Contributions

Each year, participants may voluntarily contribute an amount of their annual compensation as elected by their Adopting Employer, within the limits prescribed by the Internal Revenue Service (IRS). For the year ended December 31, 2021, individual participants' contributions were limited to \$19,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to \$6,500 for the year ended December 31, 2021. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may change their contribution percentages at any time or may elect to completely suspend contributions at any time. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). The Plan also provides for Roth 401(k) elective deferrals, if elected by Adopting Employers.

Each Participating Employer elects the level of safe harbor, matching, discretionary, or profit-sharing contributions at an amount determined in accordance with the formula specified in the adoption agreement, elected by the Participating Employer. Participating Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Participating Employer contributions for the year ended December 31, 2021 totaled \$554,546. Participating Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions. Contributions are subject to certain IRS limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and their Participating Employer's matching contributions, as well as allocations of their Participating Employer's profit-sharing contributions, (if any), and Plan earnings or losses. Participant accounts are charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

ABS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Vesting of benefits

Participants are immediately vested in their individual contribution and their Adopting Employer's safe harbor contributions, if applicable, plus actual earnings thereon. Vesting in the remainder of their account is based on years of credited service. Adopting Employer's discretionary contributions made on behalf of a participant, and earnings thereon, vest in accordance with the schedule specified in the corresponding Adopting Employer's adoption agreement. Vesting schedules vary based on the Adopting Employer's elections. Participant accounts become fully vested upon death, disability, normal retirement age (65), or termination of the Plan.

Forfeitures

Nonvested forfeited accounts are used to offset certain Plan administrative expenses or reduce future Participating Employer contributions. No forfeitures were utilized to reduce Participating Employer contributions and offset certain Plan administrative expenses for the year ended December 31, 2021. At December 31, 2021 and 2020, there were no forfeited nonvested accounts available.

Participant notes receivable

Participants are permitted to borrow from their account a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years unless the loan is used to acquire a principal residence of the participant which must be repaid in a reasonable period of time not to exceed thirty years. Loans are secured by the vested account balance in the participant's account, and bear interest at the prime rate plus 1%. A participant may only have two (2) loans outstanding at any time. Delinquent notes receivable from participants are reclassified as distributions, as defined. Principal and interest are repaid through regular payroll deductions.

Payment of benefits

Upon termination of service due to death, disability, or normal retirement age (65), a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution, or in monthly installments. For termination of service due to other reasons, a participant may choose to leave the vested interest in the Plan if such amounts exceed \$5,000 or elect a lump-sum distribution. Participants with vested amounts less than \$5,000 must elect a lump-sum distribution. Funds may also be accessed prior to the date they become distributable by way of a financial hardship in accordance with IRS guidelines. Participants may also withdraw their vested account balances at any time on or after age 59½, as defined.

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan assets. Certain administrative expenses of maintaining the Plan are paid directly by the Participating Employers and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

ABS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Non-interest bearing cash

The Plan's short-term investments consist of uninvested cash held by the Trustee and are considered to be cash equivalents and are recorded at cost, which approximates fair value.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and the Trustee.

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

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes in net assets and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and those differences could be material.

Risks and uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate risk, market risk, liquidity risk and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible changes in risks in the near-term would materially affect participants' account balances and the amounts reported in the financial statements.

Participant notes receivables

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual method. Related fees are charged directly to the borrowing participants' accounts and included as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the note receivable is reduced and a benefit payment recorded.

Payment of benefits

The Plan records benefits when paid.

Uncertain tax positions

U.S. GAAP requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan has determined it does not have any positions at December 31, 2021 that it would be unable to substantiate.

ABS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Plan administration

The Company is the Plan Administrator and, as such, controls and manages the operations of the Plan. The Plan's investment assets are maintained by Charles Schwab Trust Bank (the Trustee) as of and for the year ended December 31, 2021. The Trustee invests cash received, along with interest and dividend income, and makes distributions to participants (subject to the direction of participants).

The Company contracted with NestEggs Retirement Plan Services, Inc. for third-party administrative services. The Plan allows certain administrative expenses to be paid directly from Plan assets.

Note 3 – Investment Information Certified by the Trustee

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, Charles Schwab Trust Bank, a qualified institution, certified as of December 31, 2021 and for the year ended December 31, 2021, that the following information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments shown in the statements of net assets available for benefits as of December 31, 2021;
- Net investment activity and interest income on participating notes receivable as reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2021; and
- Investment information included in the footnotes and supplemental information, schedule of assets (held at end of year) as of December 31, 2021.

At the request of the Plan's Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and 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 for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

ABS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

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. There have been no changes in the methodologies used at December 31, 2021 and 2020. During the year ended December 31, 2021, there were no transfers of financial instruments into or out of Level 3. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds – valued at quoted market prices, which represent their daily net asset value (NAV) reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are traded on national exchanges (active markets).

Collective trust fund – is valued at the net asset value (NAV) of units held, based in the fair value of the underlying investments less liabilities. NAV is used as a practical expedient to estimate fair value. The practical expedient would not be used if it were determined to be probable that the fund would sell its underlying investments for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily at NAV.

Money market fund – valued at NAV of \$1, the money market fund is a public investment vehicle. NAV is a quoted price in an active market, therefore, these funds are classified within Level 1 of the fair value hierarchy.

Self-directed brokerage account – valued at the closing price reported in active markets on which the individual securities are traded and are classified as Level 1 within the fair value hierarchy.

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, measured at fair value as of December 31, 2021 and 2020:

Fair Value Measurements at December 31, 2021 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,840,117	\$ -	\$ -	\$ 9,840,117
Money market fund	393,635			393,635
Self-directed brokerage account	32,370			32,370
Collective trust fund*	-	-	-	100,421
Investments, at fair value	<u>\$ 10,266,122</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,366,543</u>

Fair Value Measurements at December 31, 2020 (Complied)				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,856,133	\$ -	\$ -	\$ 2,856,133
Money market fund	99,519			99,519
Collective trust fund*	-	-	-	77,315
Investments, at fair value	<u>\$ 2,955,652</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,032,967</u>

ABS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

* Certain investments that were measured at NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to present the reconciliation of the fair value hierarchy to line items presented on the statement of net assets available for benefits.

Note 5 – Fair Value of Investments in Entities that use NAV

The following table summarizes the collective trust fund investment, measured at fair value, based on NAV per share as of December 31, 2021 and 2020:

Collective Trust Fund	Fair Value		Unfunded commitments	Redemption frequency	Redemption notice period
	2021	2020			
Morley Stable Value Fund	<u>\$ 100,421</u>	<u>\$ 77,315</u>	None	Daily	n/a

Morley Stable Value Fund (the fund) is composed primarily of fully benefit-responsive investment contracts and reports its NAV of units of the bank collective trust. If the Plan initiates a full redemption of the collective trust fund, the trust reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly manner.

Note 6 – Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, Adopting Employers, and certain others.

The Plan's investments include mutual funds, the collective trust fund, money market funds and the self-directed brokerage account managed, held, or administered by Charles Schwab Trust Bank (the Trustee). Therefore, transactions with the Trustee are considered party-in-interest transactions. The Plan contracted with NestEggs Retirement Plan Services, Inc. for third-party administrative services. Therefore, these transactions qualify as party-in-interest transactions. The Plan compensates NestEggs Retirement Plan Services, Inc. directly for such services.

Note 7 – Fidelity Bond

The Plan has complied with the fidelity bond requirement of ERISA.

Note 8 – Plan Termination

Although it has not expressed any intent to do so, the 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. In the event of Plan termination, participants would become fully vested in their Adopting Employers contribution portion of their accounts.

Note 9 – Plan Transfers

In the normal course of business, the Sponsor adds Participating Employers, and assets from the individual qualified plans that the added Participating Employers previously sponsored are transferred into the Plan, when administratively feasible to do so. Likewise, as Participating Employers leave the Sponsor and adopt different qualified plans, assets attributable to these outgoing Participating Employers are transferred out of the Plan.

ABS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 10 – Tax Status

On June 30, 2020, the IRS stated that the Non-Standardized, Pre-Approved Profit-Sharing Plan with CODA adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is tax-exempt. The Plan has not received a determination letter specific to the Plan itself; however, the Plan Administrator and the Plan's tax counsel believe that the Plan is 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.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 11 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2021 through February 8, 2023, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

ABS RETIREMENT SAVINGS PLAN

SPONSOR'S EIN: 37-1876465

PLAN NUMBER: 001

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

December 31, 2021

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Values
	Mutal funds:			
	Clearbridge	International Growth Fund	**	\$ 39,603
	Columbia	Strategic Income Fund	**	477
	Dimensional Fund Advisors	Asia Pacific Small Co Portolio Institutional Fund	**	798
	Dimensional Fund Advisors	Emerging Markets Core Equity Portfolio Institutional Fund	**	215,985
	Dimensional Fund Advisors	Emerging Markets Small Cap Portfolio Institutional Fund	**	5,402
	Dimensional Fund Advisors	Emerging Markets Value Portfolio Institutional Fund	**	217,307
	Dimensional Fund Advisors	Five Year Global Fixed Inc Institutional Fund	**	37,533
	Dimensional Fund Advisors	Global Real Estate Securities Portfolio Institutional Fund	**	112,090
	Dimensional Fund Advisors	Global Core Plus Fixed Income Institutional Fund	**	1,232,337
	Dimensional Fund Advisors	Inflation Protected Securities Portfolio Institutional Fund	**	400
	Dimensional Fund Advisors	International Core Equity Portfolio Institutional Fund	**	635,818
	Dimensional Fund Advisors	International High Profitability Portfolio Institutional Fund	**	215,459
	Dimensional Fund Advisors	International Vector Equity Portfolio Institutional Fund	**	211,323
	Dimensional Fund Advisors	Investment Grade Portfolio Institutional Fund	**	807,714
	Dimensional Fund Advisors	One Year Fixed Income Portfolio Institutional Fund	**	395
	Dimensional Fund Advisors	Targeted Credit Institutional Fund	**	93,094
	Dimensional Fund Advisors	Two Year Global Fixed Income Portfolio Institutional Fund	**	395
	Dimensional Fund Advisors	US Core Equity 2 Portfolio Institutional Fund	**	2,257,347
	Dimensional Fund Advisors	US High Relative Profit Portfolio Institutional Fund	**	574,028
	Dimensional Fund Advisors	US Vector Equity Portfolio Institutional Fund	**	553,719
	First Eagle	Gold Fund	**	6,183
	Jackson Square	Small Mid Cap Growth Fund	**	35,596
	Lord Abbett	Developing Growth Fund	**	28,483
	Morgan Stanley	Advantage Portfolio Fund	**	71,868
	PIMCO	Real Return Institutional Fund	**	4,162
	TIAA CREF	Real Estate Security Institutional Fund	**	39,853
	Vanguard	Communication Services Index Admiral Fund	**	1,949
	Vanguard	Consumer Discretionary Index Admiral Fund	**	638
	Vanguard	Consumer Staples Index Fund	**	9,370
	Vanguard	Developed Markets Index Admiral Fund	**	2,996
	Vanguard	Emerging Markets Stock Index Admiral Fund	**	2,334
	Vanguard	Energy Index Admiral Fund	**	6,453
	Vanguard	Equity Inc Admiral Fund	**	7,110
	Vanguard	Euro Stock Index Admiral Fund	**	2,560
	Vanguard	Financials Index Admiral Fund	**	618
	Vanguard	Global Cap Cycles Investment Fund	**	15,494
	Vanguard	Growth & Income Admiral Fund	**	24,465
	Vanguard	Growth Index Admiral Fund	**	135,232
	Vanguard	Health Care Index Admiral Fund	**	45,936
	Vanguard	Industrials Index Admiral Fund	**	10,090
	Vanguard	Inflation Proteted Security Admiral Fund	**	42,151
	Vanguard	Informaiton Technology Index Admiral Fund	**	319,096
	Vanguard	International Growth Admiral Fund	**	52,847
	Vanguard	Large Cap Index Admiral Fund	**	116,549
	Vanguard	Life Strategy Moderate Growth Fund	**	6,259
	Vanguard	Life Strategy Growth Fund	**	296,344
	Vanguard	Life Strategy Conservative Growth Fund	**	26,448
	Vanguard	Long Term Investment Grade Admiral Fund	**	2,971

ABS RETIREMENT SAVINGS PLAN

SPONSOR'S EIN: 37-1876465

PLAN NUMBER: 001

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

December 31, 2021

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Values
	Vanguard	Long Term Treasury Admiral Fund	**	\$ 15,326
	Vanguard	Materials Index Admiral Fund	**	6,864
	Vanguard	Mid Cap Index Admiral Fund	**	6,956
	Vanguard	Mid Cap Growth Index Admiral Fund	**	28,018
	Vanguard	Pacific Stock Index Admiral Fund	**	757
	Vanguard	Real Estate Index Admiral Fund	**	6,370
	Vanguard	Short-Term Federal Admiral Fund	**	4,636
	Vanguard	Small Cap Growth Index Admiral Fund	**	10,793
	Vanguard	Small Cap Fund	**	3,236
	Vanguard	Small Cap Value Index Admiral Fund	**	15,202
	Vanguard	Target Retirement Income Investment Fund	**	1,244
	Vanguard	Target Retirement 2020 Fund	**	492,554
	Vanguard	Target Retirement 2025 Fund	**	26,020
	Vanguard	Target Retirement 2030 Fund	**	239,124
	Vanguard	Target Retirement 2035 Fund	**	45,642
	Vanguard	Target Retirement 2040 Fund	**	18,160
	Vanguard	Target Retirement 2045 Fund	**	493
	Vanguard	Target Retirement 2050 Fund	**	44,170
	Vanguard	Target Retirement 2055 Fund	**	27,221
	Vanguard	Target Retirement 2060 Fund	**	12,959
	Vanguard	Total Bond Market Index Admiral Fund	**	11,289
	Vanguard	Total Stock Market Index Admiral Fund	**	23,975
	Vanguard	US Growth Admiral Fund	**	18,871
	Vanguard	Utilities Index Admiral Fund	**	2,047
	Vanguard	500 Index Fund	**	212,189
	Voya	Corporate Leaders 100 Fund	**	40,722
	Total mutual funds			9,840,117
	Money market fund:			
*	Charles Schwab Trust Bank	Schwab Bank Savings	**	393,635
	Non-interest bearing cash:			
*	Charles Schwab Trust Bank	Holding account	**	102,432
	Self-directed brokerage account:			
	Charles Schwab Trust Bank	Brokerage account	**	32,370
	Collective trust fund:			
	Morley	Stable Value Fund Class 3	**	100,421
	Total investments			10,468,975
*	Participant notes receivable	Loans to participants, interest rates at prime rate plus 1%, various maturities.	-	138,872
	Total assets held			\$ 10,607,847

* A party-in-interest, as defined by ERISA

** The Cost of participant-directed Investment is not required to be disclosed.

2021 Multiple-Employer Plans Participating Employer Information

ABS RETIREMENT SAVINGS PLAN / 37-1876465 / 001

(a) Name of Participating Employer	(b) EIN	(c) Percentage of Total Contributions
Affinity Solutions, Inc. dba Security 101	06-1765491	8.14%
Alliance and Associates Financial Services, Inc.	59-3615186	3.36%
Alliance and Associates Financial Services II LLC	81-4291426	0.00%
All United Contracting, Inc.	85-1664562	0.00%
Apartment Property Management Services, Inc.	27-3062323	7.21%
Applied Business Solutions	37-1876465	1.59%
Capital Logistics Group LLC	47-1472987	6.24%
Cook's Power Equipment Distributors, Inc.	59-2852767	1.42%
Esther's School, Inc.	03-0555204	0.10%
Friends of Strays, Inc.	59-2156540	0.09%
Islands Mechanical Contractor, Inc.	59-3144925	30.70%
Jax Patient Care Inc. dba Jax Care	47-2553467	2.90%
JST Power Equipment, Inc.	13-3988624	24.93%
MHC Hearing LLC	82-5019332	0.11%
Miller Bros. Giant Tire Services - Orlando, Inc.	59-2902373	7.65%
NSB Pub Enterprises, LLC	47-1210444	0.31%
Premier American Construction, Inc.	82-4555524	3.64%
Payroll Savvy, Inc.	74-3258614	0.00%
Resolute Management, LLC	46-5683752	0.00%
Silent Securities	46-3304131	0.00%
Sussman Family Law, PLLC	86-2189894	0.22%
True Security - East Bay, LLC dba Security 101	83-3724836	1.37%

[illegible]

Contributions

127459.44

52614.98

0.00

0.00

113009.24

24953.28

97696.21

22284.07

1582.49

1484.91

481043.42

45432.01

390653.66

1744.37

119889.59

4885.12

57099.74

0.00

0.00

0.00

3430.00

21490.55

TOTAL 1566753.08

ABS RETIREMENT SAVINGS PLAN

SPONSOR'S EIN: 37-1876465

PLAN NUMBER: 001

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

December 31, 2021

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Values
	Mutal funds:			
	Clearbridge	International Growth Fund	**	\$ 39,603
	Columbia	Strategic Income Fund	**	477
	Dimensional Fund Advisors	Asia Pacific Small Co Portolio Institutional Fund	**	798
	Dimensional Fund Advisors	Emerging Markets Core Equity Portfolio Institutional Fund	**	215,985
	Dimensional Fund Advisors	Emerging Markets Small Cap Portfolio Institutional Fund	**	5,402
	Dimensional Fund Advisors	Emerging Markets Value Portfolio Institutional Fund	**	217,307
	Dimensional Fund Advisors	Five Year Global Fixed Inc Institutional Fund	**	37,533
	Dimensional Fund Advisors	Global Real Estate Securities Portfolio Institutional Fund	**	112,090
	Dimensional Fund Advisors	Global Core Plus Fixed Income Institutional Fund	**	1,232,337
	Dimensional Fund Advisors	Inflation Protected Securities Portfolio Institutional Fund	**	400
	Dimensional Fund Advisors	International Core Equity Portfolio Institutional Fund	**	635,818
	Dimensional Fund Advisors	International High Profitability Portfolio Institutional Fund	**	215,459
	Dimensional Fund Advisors	International Vector Equity Portfolio Institutional Fund	**	211,323
	Dimensional Fund Advisors	Investment Grade Portfolio Institutional Fund	**	807,714
	Dimensional Fund Advisors	One Year Fixed Income Portfolio Institutional Fund	**	395
	Dimensional Fund Advisors	Targeted Credit Institutional Fund	**	93,094
	Dimensional Fund Advisors	Two Year Global Fixed Income Portfolio Institutional Fund	**	395
	Dimensional Fund Advisors	US Core Equity 2 Portfolio Institutional Fund	**	2,257,347
	Dimensional Fund Advisors	US High Relative Profit Portfolio Institutional Fund	**	574,028
	Dimensional Fund Advisors	US Vector Equity Portfolio Institutional Fund	**	553,719
	First Eagle	Gold Fund	**	6,183
	Jackson Square	Small Mid Cap Growth Fund	**	35,596
	Lord Abbett	Developing Growth Fund	**	28,483
	Morgan Stanley	Advantage Portfolio Fund	**	71,868
	PIMCO	Real Return Institutional Fund	**	4,162
	TIAA CREF	Real Estate Security Institutional Fund	**	39,853
	Vanguard	Communication Services Index Admiral Fund	**	1,949
	Vanguard	Consumer Discretionary Index Admiral Fund	**	638
	Vanguard	Consumer Staples Index Fund	**	9,370
	Vanguard	Developed Markets Index Admiral Fund	**	2,996
	Vanguard	Emerging Markets Stock Index Admiral Fund	**	2,334
	Vanguard	Energy Index Admiral Fund	**	6,453
	Vanguard	Equity Inc Admiral Fund	**	7,110
	Vanguard	Euro Stock Index Admiral Fund	**	2,560
	Vanguard	Financials Index Admiral Fund	**	618
	Vanguard	Global Cap Cycles Investment Fund	**	15,494
	Vanguard	Growth & Income Admiral Fund	**	24,465
	Vanguard	Growth Index Admiral Fund	**	135,232
	Vanguard	Health Care Index Admiral Fund	**	45,936
	Vanguard	Industrials Index Admiral Fund	**	10,090
	Vanguard	Inflation Proteted Security Admiral Fund	**	42,151
	Vanguard	Informaiton Technology Index Admiral Fund	**	319,096
	Vanguard	International Growth Admiral Fund	**	52,847
	Vanguard	Large Cap Index Admiral Fund	**	116,549
	Vanguard	Life Strategy Moderate Growth Fund	**	6,259
	Vanguard	Life Strategy Growth Fund	**	296,344
	Vanguard	Life Strategy Conservative Growth Fund	**	26,448
	Vanguard	Long Term Investment Grade Admiral Fund	**	2,971

ABS RETIREMENT SAVINGS PLAN

SPONSOR'S EIN: 37-1876465

PLAN NUMBER: 001

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

December 31, 2021

(a)	(b) Identity of issuer or similar party:	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Values
	Vanguard	Long Term Treasury Admiral Fund	**	\$ 15,326
	Vanguard	Materials Index Admiral Fund	**	6,864
	Vanguard	Mid Cap Index Admiral Fund	**	6,956
	Vanguard	Mid Cap Growth Index Admiral Fund	**	28,018
	Vanguard	Pacific Stock Index Admiral Fund	**	757
	Vanguard	Real Estate Index Admiral Fund	**	6,370
	Vanguard	Short-Term Federal Admiral Fund	**	4,636
	Vanguard	Small Cap Growth Index Admiral Fund	**	10,793
	Vanguard	Small Cap Fund	**	3,236
	Vanguard	Small Cap Value Index Admiral Fund	**	15,202
	Vanguard	Target Retirement Income Investment Fund	**	1,244
	Vanguard	Target Retirement 2020 Fund	**	492,554
	Vanguard	Target Retirement 2025 Fund	**	26,020
	Vanguard	Target Retirement 2030 Fund	**	239,124
	Vanguard	Target Retirement 2035 Fund	**	45,642
	Vanguard	Target Retirement 2040 Fund	**	18,160
	Vanguard	Target Retirement 2045 Fund	**	493
	Vanguard	Target Retirement 2050 Fund	**	44,170
	Vanguard	Target Retirement 2055 Fund	**	27,221
	Vanguard	Target Retirement 2060 Fund	**	12,959
	Vanguard	Total Bond Market Index Admiral Fund	**	11,289
	Vanguard	Total Stock Market Index Admiral Fund	**	23,975
	Vanguard	US Growth Admiral Fund	**	18,871
	Vanguard	Utilities Index Admiral Fund	**	2,047
	Vanguard	500 Index Fund	**	212,189
	Voya	Corporate Leaders 100 Fund	**	40,722
	Total mutual funds			9,840,117
	Money market fund:			
*	Charles Schwab Trust Bank	Schwab Bank Savings	**	393,635
	Non-interest bearing cash:			
*	Charles Schwab Trust Bank	Holding account	**	102,432
	Self-directed brokerage account:			
	Charles Schwab Trust Bank	Brokerage account	**	32,370
	Collective trust fund:			
	Morley	Stable Value Fund Class 3	**	100,421
	Total investments			10,468,975
*	Participant notes receivable	Loans to participants, interest rates at prime rate plus 1%, various maturities.	-	138,872
	Total assets held			\$ 10,607,847

* A party-in-interest, as defined by ERISA

** The Cost of participant-directed Investment is not required to be disclosed.