

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan ABRIGO EMPLOYEE SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2006
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) BANKER'S TOOLBOX, INC. 12331 B RIATA TRACE PARKWAY SUITE 200 AUSTIN, TX 78727-6530	2b Employer Identification Number (EIN) 47-4367478 2c Plan Sponsor's telephone number 818-432-1910 2d Business code (see instructions) 541511

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2023	DIAMOND MEEKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 661
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) 534
a(2) Total number of active participants at the end of the plan year		6a(2) 558
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 165
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 724
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 724
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 688
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 50
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 2S 2T 3H 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ABRIGO EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BANKER'S TOOLBOX, INC.	D Employer Identification Number (EIN) 47-4367478	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

ALLIANT RETIREMENT SERVICES

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	76320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	72093	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	15873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ABRIGO EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BANKER'S TOOLBOX, INC.	D Employer Identification Number (EIN) 47-4367478	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE R1		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
c EIN-PN 38-4139822-616	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 359397
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
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>ABRIGO EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ► 	001
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BANKER'S TOOLBOX, INC.</u>	D Employer Identification Number (EIN) <u>47-4367478</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash.....	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	377122	810416
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants).....	1c(7)	0	0
	(8) Participant loans.....	1c(8)	225998	357104
	(9) Value of interest in common/collective trusts.....	1c(9)	249156	359397
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	40037435	39610120
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
	(15) Other	1c(15)	374964	319903

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	41264675	41456940

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	41264675	41456940
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3634368	
(B) Participants	2a(1)(B)	6026655	
(C) Others (including rollovers)	2a(1)(C)	1863994	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11525017
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14468	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	12816	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27284
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	954331	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		954331
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4317
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-9066707
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		3444242
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3086567	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3086567
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		1124
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	15873	
(4) Other	2i(4)	148413	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		164286
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3251977
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		192265
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: ARMANINO LLP

(2) EIN: 94-6214841

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		45539

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ABRIGO EMPLOYEE SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BANKER'S TOOLBOX, INC.		D Employer Identification Number (EIN) 47-4367478
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

Abrigo Employee Savings Plan

Financial Statements
and Supplemental Schedules

December 31, 2022 and 2021
and For the Year Ended December 31, 2022



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants and
Beneficiaries
Abrigo Employee Savings Plan
Austin, Texas

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

We have performed audits of the accompanying financial statements of Abrigo Employee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Abrigo Employee Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits 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 Abrigo Employee Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is 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 Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Abrigo Employee 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 Abrigo Employee Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2022 and delinquent participant contributions for the year then ended (collectively, "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Armanino LLP

Armanino^{LLP}
Austin, Texas

October 3, 2023

Abrigo Employee Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments		
Investments, at fair value	\$ 40,779,933	\$ 40,663,713
Investments, at contract value	<u>319,903</u>	<u>374,964</u>
Total investments	<u>41,099,836</u>	<u>41,038,677</u>
Receivables		
Employer contributions	-	1,326,602
Notes receivable from participants	<u>357,104</u>	<u>225,998</u>
Total receivables	<u>357,104</u>	<u>1,552,600</u>
Net assets available for benefits	<u>\$ 41,456,940</u>	<u>\$ 42,591,277</u>

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

Abrigo Employee Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions to net assets	
Contributions	
Employer	\$ 2,307,766
Employee	6,026,655
Rollover	<u>1,863,994</u>
Total contributions	<u>10,198,415</u>
Investment income (loss)	
Net depreciation of investments	(9,062,390)
Interest and dividends from investments	<u>968,799</u>
Total investment loss	<u>(8,093,591)</u>
Interest income on notes receivable from participants	<u>12,816</u>
Total additions to net assets	<u>2,117,640</u>
Deductions from net assets	
Benefits paid to participants	3,087,691
Administrative expenses	<u>164,286</u>
Total deductions from net assets	<u>3,251,977</u>
Net decrease in net assets available for benefits	(1,134,337)
Net assets available for benefits, beginning of year	<u>42,591,277</u>
Net assets available for benefits, end of year	<u><u>\$ 41,456,940</u></u>

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

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

Abrigo Employee Savings Plan (the "Plan") is a defined contribution plan covering substantially all eligible employees of Banker's Toolbox, Inc. (the "Company" or "Plan Sponsor"), including eligible employees of certain subsidiaries which are adopting employers of the Plan. The Plan became effective January 1, 2006 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All plan assets are held by Fidelity Management Trust Company ("Fidelity"). Complete information regarding the Plan is included in the Plan Agreement. Significant Plan provisions are summarized below.

Plan amendments

Effective March 1, 2022, the Plan was amended to exclude amounts paid to, or on behalf of, an employee to reduce or offset student loan repayment obligations from eligible compensation.

Effective April 25, 2022, the Plan was amended to remove Sageworks, Inc., MainStreet Technologies, and BKTB Holdings as participating employers.

Eligibility

Employees of the Company are eligible to participate in the Plan upon the attainment of 21 years of age. Employees are eligible to participate in the Plan beginning the first of the month coinciding with or next following the date eligibility requirements are met. Residents of Puerto Rico and independent contractors are not eligible to participate in the Plan.

Contributions

Participants are allowed to make elective pre-tax or Roth contributions to the Plan up to 100% of the contributing participant's compensation, as defined, subject to limitation under the Internal Revenue Code (IRC). Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing rollovers from other qualified retirement plans or individual retirement accounts.

The Company may make discretionary matching and non-elective contributions to the Plan of amounts determined and authorized by the Plan and the Company's Board of Directors up to the maximum amounts permitted by the IRC. For the year ended December 31, 2022, the Company's Board of Directors approved a discretionary match equal to 50% of the first 8% of the participant's eligible compensation contributed to the Plan, which was calculated and funded on a pay period basis. No discretionary non-elective contributions were approved or made for 2022.

Participant accounts

Participants direct the investment of their accounts among various investment options offered by the Plan. Participants may change their investment options daily.

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (continued)

Participant accounts (continued)

Each participant's account is credited with (a) participant's contributions, (b) an allocation of employer contributions and (c) an allocation of investment earnings, and is charged with (a) withdrawals, (b) an allocation of investment losses and (c) certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, including rollover contributions, plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of credited service, as defined. A participant is 100% vested upon death, disability, or retirement.

Company discretionary matching and non-elective contributions are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested Benefits</u>
Less than 1 year	0 %
1 year	50 %
2 years or more	100 %

Forfeitures

Non-vested balances of participants' accounts may be subject to forfeiture upon termination of their employment with the Company. A forfeiture occurs in the Plan year in which the participant either receives a distribution of their vested account or has five consecutive one-year breaks in service, as defined by the Plan. Forfeitures are retained in the Plan and used either to pay Plan administrative expenses or to reduce future employer contributions. The forfeited unvested account balance totaled \$27,055 and \$44,377 as of December 31, 2022 and 2021, respectively. For the year ended December 31, 2022, forfeitures totaling \$72,460 were used to reduce employer contributions.

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (continued)

Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum of i) \$50,000 reduced by the highest outstanding note receivable balance over the prior twelve months or ii) 50% of their vested account balance, whichever is less. Notes receivable from participants are secured by the vested balance in the participant's account and bear interest based on prevailing rates as established by the Plan Sponsor. Participants may only have one note receivable outstanding at a time. Principal and interest are paid ratably through payroll deductions over a period generally not to exceed five years, unless the funds are used for purchase of a principal residence, in which case repayment terms may be extended.

Payment of benefits

Upon termination of service due to death, disability, normal retirement, early retirement after reaching age 55 and achieving 3 years of service, or termination of employment, a participant is entitled to receive an amount equal to the vested interest in his or her account, payable in lump-sum form. In general, if a participant's vested account balance, as defined by the Plan, is greater than \$5,000 and employment is terminated other than due to retirement or death, the account may not be distributed before normal retirement without the participant's consent. Participants' account balances that are less than \$5,000, but in excess of \$1,000 (the involuntary cash-out amount) will be paid as a direct rollover to an individual retirement account. However, regardless of participant election as to the payment, the Plan may, upon termination of service of a participant for any reason, pay the benefits owed in a lump sum if the account balance is less than the involuntary cash-out amount. Distributions are subject to the applicable provisions of the Plan Agreement.

In-service withdrawals of all or a portion of a participant's vested account balance may be withdrawn by a participant after reaching age 59 ½. In-service withdrawals of all or a portion of a participant's rollover account balance may be withdrawn at any time.

Withdrawals from the Plan may also be made upon circumstances of financial hardship, subject to a \$500 minimum amount, in accordance with the provisions specified in the Plan. Hardship withdrawals are strictly regulated by the IRS.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to IRS penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (continued)

SECURE 2.0

An expansion of Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 2.0") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. The effective dates of provisions within SECURE 2.0 vary through 2026. The Plan Sponsor has until the end of the first plan year beginning on or after January 1, 2025 to amend the Plan for the changes related to SECURE 2.0. The Plan has not been formally amended to adopt these provisions as of the date the financial statements were available to be issued.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of estimates

The preparation of the financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and uncertainties

The Plan provides for investments in various investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements and supplemental schedules.

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. The Plan's Investment Committee determines the Plan's valuation policies using information provided by the investment advisers, trustee and insurance company. See Note 3 for discussion of fair value measurements.

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment valuation and income recognition (continued)

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

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

Management fees and expenses charged to the Plan for investments in mutual fund accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. For participant loans that become delinquent, are not cured and result in default, the amount of the unpaid loan principal and interest due to the Plan will be treated as a deemed distribution. Deemed distributions are reported as a taxable distribution and remain part of the participant's account balance until a distributable event occurs.

Contributions and contributions receivable

Contributions from participants and related receivables, are recorded based on the date the contributions are separated from the participants' pay (pay date). The Plan records receivables for participants' contributions based upon the contribution recognized, less amounts received by the Plan as of the last day of the Plan year. Contributions from the Company are recorded in the year earned to coincide with the year in which the Company records the contributions to its general ledger. The Plan records receivables for employer contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year. Rollover contributions from participants are recorded based on the date the rollover contributions have been received by the Plan's trustee.

Payment of benefits

Benefits to participants are recorded by the Plan when actual payment is made.

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payment transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments. The Plan is not required to reimburse the Plan Sponsor for expenses paid on its behalf.

Subsequent events

The Plan evaluated events occurring between the end of the most recent fiscal year and through the report date, October 3, 2023, the date the financial statements and supplemental schedules were available to be issued. See specific subsequent events disclosed in Note 7.

3. FAIR VALUE MEASUREMENTS

The guidance for fair value measurement establishes the authoritative definition of fair value, sets out a framework for measuring fair value, and outlines the required disclosures regarding fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The Plan uses a three-tier fair value hierarchy based upon observable and non-observable inputs as follows:

- Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3: Unobservable inputs developed using the Plan's estimates and assumptions which reflect those that market participants would use.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

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

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS (continued)

- *Money market funds:* Valued as cash equivalents, which approximates fair value due to their short-term maturities.
- *Collective investment trust:* The Mid Cap Value Fund R1 is a collective investment trust administered by Wilmington Trust, N.A. This fund is valued at the NAV of units of the American Century Mid Cap Value collective investment trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The objective of the fund is to seek long-term capital gains and income. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The NAV is not a publicly-quoted price in an active market.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 39,610,120	\$ -	\$ -	\$ 39,610,120
Money market fund	<u>810,416</u>	<u>-</u>	<u>-</u>	<u>810,416</u>
	<u><u>\$ 40,420,536</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 40,420,536</u></u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 40,037,435	\$ -	\$ -	\$ 40,037,435
Money market fund	<u>377,122</u>	<u>-</u>	<u>-</u>	<u>377,122</u>
	<u><u>\$ 40,414,557</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 40,414,557</u></u>

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS (continued)

Investments, at fair value, that are valued using NAV as a practical expedient totaling \$359,397 and \$249,156 have been excluded from the tables above as of December 31, 2022 and 2021, respectively.

4. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan has a fully benefit responsive group annuity contract with Great-West Life & Annuity Insurance Company ("Great-West") that invests contributions in the Key Guaranteed Portfolio Fund. The insurance company maintains the contributions in a general account, which is credited with earnings and charged for participant withdrawals and administrative expenses.

Since the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract. The group annuity contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include premature termination of the contracts by the Plan, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. The Plan terminated the contract in 2020 and subsequent to the termination, participants may no longer make new contributions to the fund. Prior to contract termination, there were no events that limited the Plan's ability to transact at contract value with participants. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

5. INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule of assets (held at end of year) is complete and accurate:

- Investments, at fair value and contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Total investment income (loss) and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2022.

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

5. INFORMATION CERTIFIED BY THE TRUSTEE (continued)

The plan administrator has requested that the Plan's independent auditor perform no audit procedures on the certified information other than to agree the certified information to the related information included in the financial statements and supplemental schedule of assets (held at year end).

6. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan assets include investments in funds managed by Fidelity and notes receivable from participants. Fidelity serves as the Plan's trustee and as such, these transactions qualify as party-in-interest transactions under ERISA.

7. SUBSEQUENT EVENTS

Effective March 17, 2023, the Plan was amended to credit prior service at Sageworks, Inc., MainStreet Technologies, Farin, DiCOM Software LLC, and ValuCast Analytics, LLC DBA Valuant, LLC for the purpose of eligibility and vesting.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the termination of the Plan, the individual accounts of all members shall become fully vested. After deducting all charges and expenses, the balances of all individual accounts will be adjusted and the remaining assets distributed.

9. INCOME TAX STATUS

The Plan adopted a volume submitter plan document which received an advisory letter from the IRS on June 30, 2020, which stated that the volume submitter plan document is designed in accordance with the applicable sections of the IRC. The Plan administrator believes that the Plan, as adopted and amended, is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is included in the Plan's financial statements.

Abrigo Employee Savings Plan
Notes to Financial Statements
December 31, 2022 and 2021

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the Statements of Net Assets	\$ 41,456,940	\$ 42,591,277
Less: Employer contributions receivable	<u>-</u>	<u>(1,326,602)</u>
Net assets per the Form 5500	<u><u>\$ 41,456,940</u></u>	<u><u>\$ 41,264,675</u></u>

The following is a reconciliation of net decrease per the financial statement to the Form 5500 for the year ended December 31, 2022:

Total net decrease per the Statement of Changes in Net Assets Available for Benefits	\$ (1,134,337)
Add: prior year employer contributions receivable	<u>1,326,602</u>
Net income per the Form 5500	<u><u>\$ 192,265</u></u>

SUPPLEMENTAL SCHEDULES

Abrigo Employee Savings Plan
 EIN: 47-4367478; Plan: 001
 Schedule H, Part IV, line 4(a) - Schedule of Delinquent Participant Contributions
 December 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions					
Check Here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51		
☐	\$ 45,539	\$ -	\$ -	\$ -		

Abrigo Employee Savings Plan
 EIN: 47-4367478; Plan: 001
 Schedule H, Part IV, line 4(i) - Schedule of Assets (Held at End of Year)
 December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Janus Henderson Enterprise Fund	Mutual fund	**	\$ 761,448
	Investment Core Bond R6	Mutual fund	**	551,559
*	Fidelity 500 Index Fund	Mutual fund	**	5,794,946
*	Fidelity International Index Fund	Mutual fund	**	1,676,481
*	Fidelity Blue Chip	Mutual fund	**	2,007,468
*	Fidelity US Bond Index Fund	Mutual fund	**	784,575
*	Fidelity Mid Cap Index Fund	Mutual fund	**	842,511
*	Fidelity Small Cap Index Fund	Mutual fund	**	549,449
	Goldman Sachs Small Cap Value R5	Mutual fund	**	246,791
	JPMorgan Small Cap Growth Fund Class R6	Mutual fund	**	197,442
	American Funds American Mutual R6	Mutual fund	**	986,706
	American Funds Small Cap World R6	Mutual fund	**	369,807
	DFA Inflation-Protected Securities Port	Mutual fund	**	423,749
	PGIM High Yield Fund-Class R6	Mutual fund	**	143,713
	DFA Real Estate Securities Portfolio	Mutual fund	**	202,494
*	Fidelity Freedom Index Income IPR	Mutual fund	**	27,300
*	Fidelity Freedom Index 2005 IPR	Mutual fund	**	129
*	Fidelity Freedom Index 2010 IPR	Mutual fund	**	129
*	Fidelity Freedom Index 2015 IPR	Mutual fund	**	343,245
*	Fidelity Freedom Index 2020 IPR	Mutual fund	**	107,075
*	Fidelity Freedom Index 2025 IPR	Mutual fund	**	1,788,537
*	Fidelity Freedom Index 2030 IPR	Mutual fund	**	2,182,624
*	Fidelity Freedom Index 2035 IPR	Mutual fund	**	2,229,408
*	Fidelity Freedom Index 2040 IPR	Mutual fund	**	2,999,673
*	Fidelity Freedom Index 2045 IPR	Mutual fund	**	3,411,088
*	Fidelity Freedom Index 2050 IPR	Mutual fund	**	3,971,717
*	Fidelity Freedom Index 2055 IPR	Mutual fund	**	3,971,545
*	Fidelity Freedom Index 2060 IPR	Mutual fund	**	2,371,558
*	Fidelity Freedom Index 2065 IPR	Mutual fund	**	282,917
	Goldman Sachs Emerging Mkt Eq R6	Mutual fund	**	384,036
*	Fidelity Government Money Market Fund	Money market fund	**	810,416
	Mid Cap Value Fund R1	Collective investment trust	**	359,397
	Key Guaranteed Portfolio Fund	Group annuity contract	**	319,903
				<u>41,099,836</u>
		With varying maturity dates and interest rates ranging from 4.25% to 8.00%	**	<u>357,104</u>
				<u>\$ 41,456,940</u>

* Indicates party-in-interest to the Plan

** Cost information not provided as all investments are participant directed

Contribution Correction Template

1) For each participant requiring correction please supply the information below

* *indicates required field*

2) Hover your mouse over the specific column heading name for field definitions and helpful information

3) When completed please ensure you save the template to your computer prior to attaching to the form.

Participant (SSN)	Source ID *	Correction Amount - If a portion of the amount was inaccurate, only enter the Net amount *	Posting (Error) Date *	Self-Correction Date *	Fiscal Year*	I have calculated the earnings and here is the amount (if applicable)	Loan ID (if applicable)
	1	\$820 00	6/30/2022	7/8/2022	2022		
	1	\$348.18	6/30/2022	7/8/2022	2022		
	1	\$348.18	6/30/2022	7/8/2022	2022		
	1	\$399.44	6/30/2022	7/8/2022	2022		
	1	\$15 00	6/30/2022	7/8/2022	2022		
	1	\$1,094 27	6/30/2022	7/8/2022	2022		
	1	\$191.44	6/30/2022	7/8/2022	2022		
	1	\$1,328 34	6/30/2022	7/8/2022	2022		
	1	\$934.16	6/30/2022	7/8/2022	2022		
	1	\$1,223 38	6/30/2022	7/8/2022	2022		
	1	\$7,677.11	6/30/2022	7/8/2022	2022		
	1	\$120 00	6/30/2022	7/8/2022	2022		
	1	\$45 50	6/30/2022	7/8/2022	2022		
	1	\$21 05	6/30/2022	7/8/2022	2022		
	1	\$0 00	6/30/2022	7/8/2022	2022		
	1	\$360 00	6/30/2022	7/8/2022	2022		
	1	\$263 08	6/30/2022	7/8/2022	2022		
	1	\$52.42	6/30/2022	7/8/2022	2022		
	1	\$247.71	6/30/2022	7/8/2022	2022		
	1	\$81 20	6/30/2022	7/8/2022	2022		
	1	\$50 00	6/30/2022	7/8/2022	2022		
	1	\$50 00	6/30/2022	7/8/2022	2022		
	1	\$150 28	6/30/2022	7/8/2022	2022		
	1	\$153.43	6/30/2022	7/8/2022	2022		
	1	\$0 00	6/30/2022	7/8/2022	2022		
	1	\$291.19	6/30/2022	7/8/2022	2022		
	1	\$0 00	6/30/2022	7/8/2022	2022		
	1	\$625 00	6/30/2022	7/8/2022	2022		
	1	\$527.74	6/30/2022	7/8/2022	2022		
	1	\$752 01	6/30/2022	7/8/2022	2022		
	1	\$152.78	6/30/2022	7/8/2022	2022		
	1	\$18.13	6/30/2022	7/8/2022	2022		
	1	\$7 25	6/30/2022	7/8/2022	2022		
	1	\$166.16	6/30/2022	7/8/2022	2022		
	1	\$220 50	6/30/2022	7/8/2022	2022		
	1	\$366 80	6/30/2022	7/8/2022	2022		
	1	\$649 33	6/30/2022	7/8/2022	2022		
	1	\$4,955.41	6/30/2022	7/8/2022	2022		
	1	\$200.41	6/30/2022	7/8/2022	2022		
	1	\$362 00	6/30/2022	7/8/2022	2022		
	1	\$363 00	6/30/2022	7/8/2022	2022		
	1	\$1,204 01	6/30/2022	7/8/2022	2022		
	1	\$275 00	6/30/2022	7/8/2022	2022		
	1	\$50 00	6/30/2022	7/8/2022	2022		
	1	\$120 00	6/30/2022	7/8/2022	2022		
	1	\$60 00	6/30/2022	7/8/2022	2022		
	1	\$270.46	6/30/2022	7/8/2022	2022		
	1	\$50 00	6/30/2022	7/8/2022	2022		
	1	\$0 00	6/30/2022	7/8/2022	2022		
	1	\$1,390.41	6/30/2022	7/8/2022	2022		
	1	\$985.66	6/30/2022	7/8/2022	2022		

1	\$250.46	6/30/2022	7/8/2022	2022
1	\$0 00	6/30/2022	7/8/2022	2022
1	\$159.69	6/30/2022	7/8/2022	2022
1	\$814 00	6/30/2022	7/8/2022	2022
1	\$359 50	6/30/2022	7/8/2022	2022
1	\$182 08	6/30/2022	7/8/2022	2022
1	\$44 27	6/30/2022	7/8/2022	2022
1	\$693 86	6/30/2022	7/8/2022	2022
1	\$400 00	6/30/2022	7/8/2022	2022
1	\$337 90	6/30/2022	7/8/2022	2022
1	\$341.72	6/30/2022	7/8/2022	2022
1	\$143 88	6/30/2022	7/8/2022	2022
1	\$53 96	6/30/2022	7/8/2022	2022
1	\$442 92	6/30/2022	7/8/2022	2022
1	\$572 00	6/30/2022	7/8/2022	2022
1	\$2,522 57	6/30/2022	7/8/2022	2022
1	\$40 00	6/30/2022	7/8/2022	2022
1	\$164 08	6/30/2022	7/8/2022	2022
1	\$267 01	6/30/2022	7/8/2022	2022
1	\$153 36	6/30/2022	7/8/2022	2022
1	\$489.14	6/30/2022	7/8/2022	2022
1	\$767 00	6/30/2022	7/8/2022	2022
1	\$407 27	6/30/2022	7/8/2022	2022
1	\$51 94	6/30/2022	7/8/2022	2022
1	\$215 85	6/30/2022	7/8/2022	2022
1	\$600 00	6/30/2022	7/8/2022	2022
1	\$40 00	6/30/2022	7/8/2022	2022
1	\$1,027.64	6/30/2022	7/8/2022	2022
1	\$245 00	6/30/2022	7/8/2022	2022
1	\$20 00	6/30/2022	7/8/2022	2022
1	\$50 00	6/30/2022	7/8/2022	2022
1	\$1,804.79	6/30/2022	7/8/2022	2022
1	\$48.12	6/30/2022	7/8/2022	2022
1	\$26 04	6/30/2022	7/8/2022	2022
1	\$492.77	6/30/2022	7/8/2022	2022
1	\$110 00	6/30/2022	7/8/2022	2022
1	\$110 00	6/30/2022	7/8/2022	2022
1	\$809.71	6/30/2022	7/8/2022	2022
1	\$0 00	6/30/2022	7/8/2022	2022
1	\$243.16	6/30/2022	7/8/2022	2022
3	\$183 95	6/30/2022	7/8/2022	2022
3	\$348.18	6/30/2022	7/8/2022	2022
3	\$133.15	6/30/2022	7/8/2022	2022
3	\$7 50	6/30/2022	7/8/2022	2022
3	\$547.13	6/30/2022	7/8/2022	2022
3	\$95.72	6/30/2022	7/8/2022	2022
3	\$664.17	6/30/2022	7/8/2022	2022
3	\$467 08	6/30/2022	7/8/2022	2022
3	\$444 87	6/30/2022	7/8/2022	2022
3	\$3,838 56	6/30/2022	7/8/2022	2022
3	\$60 00	6/30/2022	7/8/2022	2022
3	\$22.75	6/30/2022	7/8/2022	2022
3	\$10 53	6/30/2022	7/8/2022	2022
3	\$120 00	6/30/2022	7/8/2022	2022
3	\$131 54	6/30/2022	7/8/2022	2022
3	\$26 21	6/30/2022	7/8/2022	2022
3	\$99 08	6/30/2022	7/8/2022	2022
3	\$40.60	6/30/2022	7/8/2022	2022
3	\$50 00	6/30/2022	7/8/2022	2022
3	\$75.14	6/30/2022	7/8/2022	2022
3	\$61 37	6/30/2022	7/8/2022	2022
3	\$145 59	6/30/2022	7/8/2022	2022
3	\$291 32	6/30/2022	7/8/2022	2022
3	\$263 87	6/30/2022	7/8/2022	2022
3	\$376 00	6/30/2022	7/8/2022	2022
3	\$76 39	6/30/2022	7/8/2022	2022

3	\$7 25	6/30/2022	7/8/2022	2022
3	\$83 08	6/30/2022	7/8/2022	2022
3	\$98 00	6/30/2022	7/8/2022	2022
3	\$183.40	6/30/2022	7/8/2022	2022
3	\$324.67	6/30/2022	7/8/2022	2022
3	\$2,477.71	6/30/2022	7/8/2022	2022
3	\$100 21	6/30/2022	7/8/2022	2022
3	\$217 92	6/30/2022	7/8/2022	2022
3	\$602 00	6/30/2022	7/8/2022	2022
3	\$110 00	6/30/2022	7/8/2022	2022
3	\$20 00	6/30/2022	7/8/2022	2022
3	\$60 00	6/30/2022	7/8/2022	2022
3	\$30 00	6/30/2022	7/8/2022	2022
3	\$135 23	6/30/2022	7/8/2022	2022
3	\$20 00	6/30/2022	7/8/2022	2022
3	\$695 20	6/30/2022	7/8/2022	2022
3	\$492 83	6/30/2022	7/8/2022	2022
3	\$125 23	6/30/2022	7/8/2022	2022
3	\$79 84	6/30/2022	7/8/2022	2022
3	\$407 00	6/30/2022	7/8/2022	2022
3	\$143 80	6/30/2022	7/8/2022	2022
3	\$91 04	6/30/2022	7/8/2022	2022
3	\$22.14	6/30/2022	7/8/2022	2022
3	\$346 93	6/30/2022	7/8/2022	2022
3	\$200 00	6/30/2022	7/8/2022	2022
3	\$112.63	6/30/2022	7/8/2022	2022
3	\$170 86	6/30/2022	7/8/2022	2022
3	\$71 94	6/30/2022	7/8/2022	2022
3	\$177.17	6/30/2022	7/8/2022	2022
3	\$286 00	6/30/2022	7/8/2022	2022
3	\$1,009 03	6/30/2022	7/8/2022	2022
3	\$20 00	6/30/2022	7/8/2022	2022
3	\$82 04	6/30/2022	7/8/2022	2022
3	\$133 51	6/30/2022	7/8/2022	2022
3	\$76.68	6/30/2022	7/8/2022	2022
3	\$244 57	6/30/2022	7/8/2022	2022
3	\$258 55	6/30/2022	7/8/2022	2022
3	\$162 91	6/30/2022	7/8/2022	2022
3	\$25 97	6/30/2022	7/8/2022	2022
3	\$107 92	6/30/2022	7/8/2022	2022
3	\$160 00	6/30/2022	7/8/2022	2022
3	\$20 00	6/30/2022	7/8/2022	2022
3	\$513 82	6/30/2022	7/8/2022	2022
3	\$122 50	6/30/2022	7/8/2022	2022
3	\$10 00	6/30/2022	7/8/2022	2022
3	\$20 00	6/30/2022	7/8/2022	2022
3	\$721 92	6/30/2022	7/8/2022	2022
3	\$24 06	6/30/2022	7/8/2022	2022
3	\$10.42	6/30/2022	7/8/2022	2022
3	\$246 39	6/30/2022	7/8/2022	2022
3	\$110 00	6/30/2022	7/8/2022	2022
3	\$294.44	6/30/2022	7/8/2022	2022
3	\$121 58	6/30/2022	7/8/2022	2022

