

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
--	---	---

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 BEST SUPPLY, INC. 401(K) RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/2010
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) BEST SUPPLY, INC. 33999 MELINZ PARKWAY EASTLAKE, OH 44095
2b	Employer Identification Number (EIN) 31-1562857
2c	Plan Sponsor's telephone number 440-953-0045
2d	Business code (see instructions) 444190

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.	10/16/2023	TRACY SMEARMAN
	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		5 233
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) 217
a(2) Total number of active participants at the end of the plan year		6a(2) 243
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 287
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 287
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 225
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 33
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: 3H 2G 2F 2J 2K 2S 2T 2E 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 BEST SUPPLY, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BEST SUPPLY, INC.	D Employer Identification Number (EIN) 31-1562857	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

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 60 64 65	RECORDKEEPER	22647	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MARCUM WEALTH LLC

20-2317470

(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	16625	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SCHWAB SEL LG CP GR - BNY MELLON I 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BEST SUPPLY, INC. 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BEST SUPPLY, INC.		D Employer Identification Number (EIN) 31-1562857
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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237388
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)**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 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>BEST SUPPLY, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BEST SUPPLY, INC.</u>	D Employer Identification Number (EIN) <u>31-1562857</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	55896
(2) Participant contributions.....		1b(2)	24721
(3) Other.....		1b(3)	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	4
(2) U.S. Government securities		1c(2)	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	0
(B) All other		1c(3)(B)	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	0
(B) Common.....		1c(4)(B)	0
(5) Partnership/joint venture interests		1c(5)	0
(6) Real estate (other than employer real property)		1c(6)	0
(7) Loans (other than to participants).....		1c(7)	0
(8) Participant loans.....		1c(8)	55652
(9) Value of interest in common/collective trusts.....		1c(9)	209344
(10) Value of interest in pooled separate accounts		1c(10)	0
(11) Value of interest in master trust investment accounts.....		1c(11)	0
(12) Value of interest in 103-12 investment entities		1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	4816015
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	0
(15) Other		1c(15)	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5161632	4672509

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	14872	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14872	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5146760	4672509
---	-----------	---------	---------

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 Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	77549	
(B) Participants.....	2a(1)(B)	761640	
(C) Others (including rollovers).....	2a(1)(C)	258693	
(2) Noncash contributions.....	2a(2)	0	1097882
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1	
(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)	3964	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3965
(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)	161375	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		161375
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4666
(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)		-1211813
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		56075
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	481916	
(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)		481916
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		9138
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)	0	
(4) Other	2i(4)	39272	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		39272
j Total expenses. Add all expense amounts in column (b) and enter total	2j		530326
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-474251
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: **CIUNI AND PANICHI, INC.**

(2) EIN: **34-1322309**

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		55054

	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		1000000
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 BEST SUPPLY, INC. 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BEST SUPPLY, INC.		D Employer Identification Number (EIN) 31-1562857
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 _____

Best Supply, Inc. 401(k) Retirement Plan

**Financial Statements
December 31, 2022 and 2021**

Best Supply, Inc. 401(k) Retirement Plan

Financial Statements

December 31, 2022 and 2021

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	15

Independent Auditor's Report

Plan Administrator
Best Supply, Inc. 401(k) Retirement Plan

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

We have performed audits of the financial statements of Best Supply, Inc. 401(k) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), 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 3 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 Audit of the Financial Statements section

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 Schedule H, Line 4i – Schedule of Assets (Held At End of Year), as of December 31, 2022 and of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, for the year ended December 31, 2022 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Plan Administrator
Best Supply, Inc. 401(k) Retirement Plan

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 its 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).

Cimini & Panichi, Inc.

Cleveland, Ohio
October 13, 2023

Best Supply, Inc. 401(k) Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	<u>Assets</u>	
	<u>2022</u>	<u>2021</u>
Investments at fair value:		
Registered investment companies	\$ 4,250,765	\$ 4,816,019
Common collective trust	<u>237,388</u>	<u>209,344</u>
Total investments at fair value	4,488,153	5,025,363
Receivables:		
Employer contributions	68,395	55,896
Participant contributions	23,263	24,721
Notes receivable from participants	<u>92,698</u>	<u>55,652</u>
Total receivables	<u>184,356</u>	<u>136,269</u>
Total assets	4,672,509	5,161,632
	<u>Liabilities</u>	
Excess contributions payable	<u>-</u>	<u>14,872</u>
Total liabilities	<u>-</u>	<u>14,872</u>
Net assets available for benefits	\$ <u><u>4,672,509</u></u>	\$ <u><u>5,146,760</u></u>

The accompanying notes are an integral part of these financial statements

Best Supply, Inc. 401(k) Retirement Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2022

Additions:

Investment loss:

Net depreciation in fair value of investments	\$ (1,207,147)
Interest and dividends	<u>161,376</u>
Total investment loss	<u>(1,045,771)</u>

Interest income on notes receivable from participants	3,964
---	-------

Contributions:

Employer	77,549
Participant	761,640
Rollover	<u>258,693</u>
Total contributions	<u>1,097,882</u>
Total additions	<u>56,075</u>

Deductions:

Benefits paid to participants	491,054
Administrative expenses	<u>39,272</u>
Total deductions	<u>530,326</u>

Net decrease	(474,251)
--------------	-----------

Net assets available for benefits:

Beginning of year	<u>5,146,760</u>
End of year	\$ <u><u>4,672,509</u></u>

The accompanying notes are an integral part of these financial statements

Best Supply, Inc. 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 1: Description of Plan

The following description of Best Supply, Inc. 401(k) Retirement Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan’s provisions.

General

The Plan is a defined contribution and profit sharing plan covering all employees of Best Supply, Inc. (the “Company”) who have one month of service, except for collectively bargained employees, non-resident aliens, and leased employees, as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for oversight of the Plan. The Plan Administrator, with the assistance from the Plan’s 401(k) Plan Committee and professional advisors, determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Effective March 4, 2022, the plan agreement was amended and restated.

Contributions

Each year, participants may contribute up to 100% of pretax or post tax (Roth) annual compensation, as defined in the plan agreement. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Effective January 24, 2019, the plan agreement was amended to decrease the automatic deferral percentage from 5% to 3% of eligible compensation for all new participants entering the Plan on or after March 1, 2019. Any participant who was previously auto enrolled in the Plan at 5% will continue to defer at 5%, unless the participant enters into a new salary deferral election. Effective April 1, 2020, active participants (who are not suspended from making deferral contributions and are without a deferral election on file) will be automatically enrolled in the Plan at an automatic deferral percentage of 3% of eligible compensation, as defined in the plan agreement. Also, effective March 1, 2019, an automatic deferral increase feature was added to the Plan whereby each Plan year the automatic deferral amount will increase by 1% of eligible compensation not to exceed 5% of eligible compensation. Effective September 16, 2022, the plan agreement was amended to increase the automatic deferral increase cap to 8% of eligible compensation. The Company makes discretionary contributions up to 10% of eligible compensation that an eligible participant contributes to the Plan. The Company may make additional discretionary contributions. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Best Supply, Inc. 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 1: Description of Plan (continued)

Participant Accounts

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

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's discretionary and matching contribution portions of their accounts is based on years of continuous credited service. A participant is 100% vested after four years of service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined monthly, is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, retirement, or for other reasons, a participant may elect to receive either a lump sum equal to the value of the participant's vested interest in his or her account, equal installments over a specified period of time, or partial payments requested from time to time. For termination of service due to other reasons a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$40,041 and \$18,404, respectively. These accounts will first be used to pay administrative expenses incurred by the Plan. Any remaining forfeited balances will then, at the discretion of the Company, be used to reduce future employer contributions. During the year ended December 31, 2022, no forfeited nonvested accounts were utilized.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Best Supply, Inc. 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 2: Summary of Significant Accounting Policies (continued)

Basis of Presentation

The Plan follows authoritative guidance issued by the Financial Accounting Standards Board (FASB), which established the FASB Accounting Standards Codification (ASC) as the single source of authoritative accounting principles generally accepted in the United States of America.

Use of Estimates

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

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 Administrator, with the assistance from the Plan's 401(k) Committee, determines the Plan's valuation policies utilizing information provided by the investment adviser and trustee. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2021 excess contributions payable to participants in 2022.

Payment of Benefits

Benefits are recorded when paid.

Best Supply, Inc. 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 2: Summary of Significant Accounting Policies (continued)

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2023, the date the financial statements were available to be issued.

Effective March 30, 2023, the plan agreement was amended to increase the eligibility service requirement to two months of service.

Note 3: Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

Note 4: Fair Value Measurements

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

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

Best Supply, Inc. 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 4: Fair Value Measurements (continued)

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Registered investment companies: 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 U.S. 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.

Common collective trust: Valued at the NAV of units of the units of the investment. The NAV, as provided by the investment's manager, is used as a practical expedient to estimating fair value. The NAV is based on the fair value of the underlying assets held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported amount.

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2022</u>
Registered investment companies	\$ <u>4,250,765</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 4,250,765
Investment measured at NAV*				<u>237,388</u>
				\$ <u>4,488,153</u>

Best Supply, Inc. 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 4: Fair Value Measurements (continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2021</u>
Registered investment companies	\$ <u>4,816,019</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 4,816,019
Investment measured at NAV*				<u>209,344</u>
				\$ <u>5,025,363</u>

*In accordance with the "Fair Value Measurement" topic of the FASB ASC, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes the investment measured at fair value based on NAV per share as a practical expedient as of December 31:

<u>Investment</u>	<u>Fair Value</u>		<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
	<u>2022</u>	<u>2021</u>		
Morley Stable Value Fund	\$ <u>237,388</u>	\$ <u>209,344</u>	Daily	n/a

Note 5: Party in Interest Transactions

Certain plan assets are invested in a registered investment company managed by the trustee of the Plan. The Plan pays administrative fees to third-party service providers. These transactions qualify as party-in-interest transactions.

Note 6: 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 Plan termination, participants would become 100% vested in their employer contributions.

Note 7: Tax Status

The IRS has determined and informed Fidelity Management & Research Co. by letter dated March 31, 2014, that the Volume Submitter Profit Sharing Plan with CODA, which the Plan follows, is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Best Supply, Inc. 401(k) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 7: Tax Status (continued)

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

Note 8: Risks, Uncertainties, and Contingencies

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

During the year ended December 31, 2022, management discovered that certain participant deferral elections were not being made as requested by the participants. Management is currently in the process of determining which participants were affected and to what extent. Any under withholdings of participant contributions that are required to be corrected will be remitted to the participants' accounts, including the Company matching contributions, as well as any lost earnings. In the opinion of management, the under withholdings of participant contributions required to be corrected, as well as the Company match and any lost earnings will not be material to the Plan.

Best Supply, Inc. 401(k) Retirement Plan

Supplemental Schedule

EIN: 31-1562857

Plan No. 001

December 31, 2022

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

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	Registered Investment Companies:		
	American Funds American Balanced Fund® Class R-6	Registered Investment Company	\$ 136,290
	DFA Emerging Markets Core Equity Portfolio Institutional Class	Registered Investment Company	17,841
*	Fidelity Government Money Market Fund	Registered Investment Company	221
	Guggenheim Total Return Bond Fund Class R6	Registered Investment Company	26,981
	LSV Value Equity Fund	Registered Investment Company	151,810
	MFS International Diversification Fund Class R6	Registered Investment Company	256,864
	Schwab Select Large Cap Growth Fund	Registered Investment Company	516,618
	Vanguard Growth Index Fund Admiral Shares	Registered Investment Company	45,210
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Registered Investment Company	502
	Vanguard Large Cap Index Fund Admiral Shares	Registered Investment Company	845,686
	Vanguard Mid-Cap Index Fund Admiral Shares	Registered Investment Company	281,180
	Vanguard Small-Cap Index Fund Admiral Shares	Registered Investment Company	126,753
	Vanguard Target Retirement 2020 Fund	Registered Investment Company	82,419
	Vanguard Target Retirement 2025 Fund	Registered Investment Company	84,620
	Vanguard Target Retirement 2030 Fund	Registered Investment Company	125,681
	Vanguard Target Retirement 2035 Fund	Registered Investment Company	338,436
	Vanguard Target Retirement 2040 Fund	Registered Investment Company	147,332
	Vanguard Target Retirement 2045 Fund	Registered Investment Company	44,314
	Vanguard Target Retirement 2050 Fund	Registered Investment Company	240,749
	Vanguard Target Retirement 2055 Fund	Registered Investment Company	582,516
	Vanguard Target Retirement 2060 Fund	Registered Investment Company	43,068
	Vanguard Target Retirement 2065 Fund	Registered Investment Company	37,287
	Vanguard Target Retirement Income Fund	Registered Investment Company	102,419
	Vanguard Value Index Fund Admiral Shares	Registered Investment Company	15,968
	Total Registered Investment Companies		4,250,765
	Morley Stable Value Fund	Common Collective Trust	237,388
	Total Investments		\$ <u>4,488,153</u>
*	Participant loans	Notes receivable from participants, Interest rates: 4.25% to 8.00% (cost \$0)	\$ <u>92,698</u>

* Indicates a party-in-interest to the Plan.

Best Supply, Inc. 401(k) Retirement Plan

Supplemental Schedule

EIN: 31-1562857

Plan No. 001

For the year ended December 31, 2022

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

<u>Total that Constitute Nonexempt Prohibited Transactions</u>				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2022:				
\$ 54,463	\$ -	\$ 54,463	\$ -	\$ -
591	-	591	**	

*Contributions were remitted to the Plan in the year to which they relate and included loan repayments. Lost earnings have not yet been received.

**Contributions were remitted to the Plan, including lost earnings, in June 2023 and did not include loan repayments.

SSN	Source	Correction Amount	Fiscal Year	Original Po	Correction Date
020-11-6106	1	\$1.46	2022	6/3/2022	7/25/2022
027-66-7009	1	(\$31.26)	2022	6/7/2022	7/25/2022
036-66-3973	1	(\$61.22)	2022	6/7/2022	7/25/2022
047-76-7724	1	(\$9.26)	2022	6/7/2022	7/25/2022
058-92-2010	2	(\$15.24)	2022	6/7/2022	7/25/2022
088-62-5597	1	\$64.10	2022	6/3/2022	7/25/2022
096-72-3090	1	(\$3.54)	2022	6/7/2022	7/25/2022
124-74-4616	1	\$12.67	2022	6/3/2022	7/25/2022
127-95-6484	1	(\$10.77)	2022	6/7/2022	7/25/2022
132-66-6720	1	(\$413.02)	2022	6/7/2022	7/25/2022
133-08-0299	2	(\$12.36)	2022	6/7/2022	7/25/2022
159-70-4518	1	(\$753.26)	2022	6/7/2022	7/25/2022
161-56-7315	1	(\$50.00)	2022	6/7/2022	7/25/2022
176-78-0528	1	(\$6.47)	2022	6/7/2022	7/25/2022
237-71-8265	2	(\$11.93)	2022	6/7/2022	7/25/2022
238-65-0409	2	\$58.68	2022	6/3/2022	7/25/2022
241-75-3106	1	(\$104.14)	2022	6/7/2022	7/25/2022
241-83-5221	1	(\$7.11)	2022	6/7/2022	7/25/2022
242-67-7172	1	(\$88.17)	2022	6/7/2022	7/25/2022
243-73-5457	1	(\$4.28)	2022	6/7/2022	7/25/2022
246-39-3612	1	(\$60.99)	2022	6/7/2022	7/25/2022
246-65-7134	2	(\$501.23)	2022	6/7/2022	7/25/2022
246-83-8870	1	\$58.83	2022	6/3/2022	7/25/2022
247-13-0112	1	(\$23.97)	2022	6/7/2022	7/25/2022
247-31-3573	1	(\$71.35)	2022	6/7/2022	7/25/2022
247-33-1460	1	(\$84.00)	2022	6/7/2022	7/25/2022
247-47-1601	1	(\$19.43)	2022	6/7/2022	7/25/2022
247-51-3141	2	(\$13.38)	2022	6/7/2022	7/25/2022
248-29-0098	1	(\$55.35)	2022	6/7/2022	7/25/2022
249-27-8659	2	\$5.50	2022	6/3/2022	7/25/2022
249-89-5320	1	\$4.15	2022	6/3/2022	7/25/2022
250-71-1425	1	(\$49.56)	2022	6/7/2022	7/25/2022
250-75-5026	1	\$1.64	2022	6/3/2022	7/25/2022
250-75-6416	1	(\$16.62)	2022	6/7/2022	7/25/2022
250-83-2587	1	\$4.62	2022	6/3/2022	7/25/2022
251-45-6724	1	(\$8.94)	2022	6/7/2022	7/25/2022
251-69-9308	1	(\$90.67)	2022	6/7/2022	7/25/2022
251-91-7402	1	(\$6.25)	2022	6/7/2022	7/25/2022
257-59-0762	1	(\$4.86)	2022	6/7/2022	7/25/2022
268-88-6221	2	(\$20.00)	2022	6/7/2022	7/25/2022
268-94-5159	1	(\$23.92)	2022	6/7/2022	7/25/2022
269-66-9337	1	(\$8.46)	2022	6/7/2022	7/25/2022
269-98-9431	1	\$38.28	2022	6/3/2022	7/25/2022
271-96-5820	1	(\$22.84)	2022	6/7/2022	7/25/2022
273-98-7507	1	(\$12.31)	2022	6/7/2022	7/25/2022
274-70-2401	1	(\$5.84)	2022	6/7/2022	7/25/2022

274-80-7418	2	(\$252.37)	2022	6/7/2022	7/25/2022
274-82-3383	1	(\$2,880.01)	2022	6/7/2022	7/25/2022
274-90-5732	1	(\$556.83)	2022	6/7/2022	7/25/2022
276-02-9204	1	\$58.29	2022	6/3/2022	7/25/2022
276-04-6647	1	\$36.68	2022	6/3/2022	7/25/2022
276-49-5775	1	(\$88.08)	2022	6/7/2022	7/25/2022
276-84-4188	1	(\$3.75)	2022	6/7/2022	7/25/2022
276-92-3166	1	\$12.72	2022	6/3/2022	7/25/2022
277-76-3221	1	(\$8.09)	2022	6/7/2022	7/25/2022
277-76-9666	1	\$323.08	2022	6/3/2022	7/25/2022
277-94-6424	1	(\$57.80)	2022	6/7/2022	7/25/2022
278-02-1888	1	(\$25.42)	2022	6/7/2022	7/25/2022
278-68-1064	1	\$6.83	2022	6/3/2022	7/25/2022
279-94-9206	2	\$65.33	2022	6/3/2022	7/25/2022
282-08-8879	1	\$51.81	2022	6/3/2022	7/25/2022
282-90-6877	1	(\$5.28)	2022	6/7/2022	7/25/2022
283-02-9789	2	\$0.36	2022	6/3/2022	7/25/2022
283-56-8738	1	(\$50.00)	2022	6/7/2022	7/25/2022
284-02-0240	1	(\$9.11)	2022	6/7/2022	7/25/2022
284-86-9694	1	(\$30.92)	2022	6/7/2022	7/25/2022
285-94-4105	1	(\$11.39)	2022	6/7/2022	7/25/2022
286-02-9662	1	(\$10.44)	2022	6/7/2022	7/25/2022
286-98-1767	1	(\$20.30)	2022	6/7/2022	7/25/2022
286-98-6723	2	(\$14.16)	2022	6/7/2022	7/25/2022
288-58-8339	1	(\$182.03)	2022	6/7/2022	7/25/2022
288-98-7296	1	(\$0.27)	2022	6/7/2022	7/25/2022
289-02-6761	1	(\$5.97)	2022	6/7/2022	7/25/2022
289-80-3945	1	\$21.48	2022	6/3/2022	7/25/2022
292-60-9288	1	\$15.52	2022	6/3/2022	7/25/2022
296-06-1108	2	\$14.79	2022	6/3/2022	7/25/2022
296-08-5340	1	(\$7.73)	2022	6/7/2022	7/25/2022
296-08-7084	1	\$21.09	2022	6/3/2022	7/25/2022
296-92-9545	1	(\$1.64)	2022	6/7/2022	7/25/2022
297-06-6577	2	(\$13.75)	2022	6/7/2022	7/25/2022
297-88-9023	1	\$1.59	2022	6/3/2022	7/25/2022
299-96-5370	1	(\$27.07)	2022	6/7/2022	7/25/2022
299-98-6329	1	(\$7.02)	2022	6/7/2022	7/25/2022
300-04-2641	1	(\$2.70)	2022	6/7/2022	7/25/2022
301-02-3876	1	(\$18.53)	2022	6/7/2022	7/25/2022
301-62-5250	1	(\$18.98)	2022	6/7/2022	7/25/2022
302-06-9593	1	\$13.40	2022	6/3/2022	7/25/2022
302-78-3592	1	(\$20.00)	2022	6/7/2022	7/25/2022
304-23-4280	1	\$1.88	2022	6/3/2022	7/25/2022
304-84-2924	2	(\$105.23)	2022	6/7/2022	7/25/2022
305-74-3357	1	(\$422.27)	2022	6/7/2022	7/25/2022
306-17-6109	1	(\$140.80)	2022	6/7/2022	7/25/2022
307-11-6654	1	(\$9.43)	2022	6/7/2022	7/25/2022

307-94-3650	1	(\$16.00)	2022	6/7/2022	7/25/2022
311-78-4331	1	\$29.15	2022	6/3/2022	7/25/2022
311-92-9356	2	(\$8.92)	2022	6/7/2022	7/25/2022
313-21-3989	2	(\$5.65)	2022	6/7/2022	7/25/2022
313-80-2594	1	(\$16.00)	2022	6/7/2022	7/25/2022
316-02-9418	1	(\$103.60)	2022	6/7/2022	7/25/2022
317-13-4997	2	\$5.36	2022	6/3/2022	7/25/2022
339-86-5799	1	(\$2.76)	2022	6/7/2022	7/25/2022
357-93-4804	1	(\$27.00)	2022	6/7/2022	7/25/2022
365-23-0596	1	\$8.43	2022	6/3/2022	7/25/2022
367-25-6863	1	\$8.66	2022	6/3/2022	7/25/2022
368-13-2652	1	\$9.50	2022	6/3/2022	7/25/2022
374-84-4129	1	(\$27.17)	2022	6/7/2022	7/25/2022
375-88-9761	1	(\$18.00)	2022	6/7/2022	7/25/2022
376-06-5723	1	(\$39.20)	2022	6/7/2022	7/25/2022
378-13-7364	2	(\$15.62)	2022	6/7/2022	7/25/2022
378-21-3920	1	\$22.59	2022	6/3/2022	7/25/2022
379-94-1463	1	(\$334.03)	2022	6/7/2022	7/25/2022
381-02-4174	1	(\$59.84)	2022	6/7/2022	7/25/2022
383-13-8251	1	\$26.51	2022	6/3/2022	7/25/2022
386-88-6686	2	\$22.13	2022	6/3/2022	7/25/2022
396-90-7520	1	\$74.00	2022	6/3/2022	7/25/2022
401-02-9676	1	(\$0.75)	2022	6/7/2022	7/25/2022
402-08-2918	1	\$14.50	2022	6/3/2022	7/25/2022
402-33-8715	2	\$19.77	2022	6/3/2022	7/25/2022
402-41-2942	1	\$9.95	2022	6/3/2022	7/25/2022
402-49-7007	1	\$0.08	2022	6/3/2022	7/25/2022
403-59-5645	1	(\$109.52)	2022	6/7/2022	7/25/2022
404-61-8734	1	\$3.91	2022	6/3/2022	7/25/2022
405-33-9600	1	(\$1,226.57)	2022	6/7/2022	7/25/2022
405-35-7827	1	(\$8.00)	2022	6/7/2022	7/25/2022
406-17-1214	1	(\$24.00)	2022	6/7/2022	7/25/2022
406-41-5251	2	(\$71.39)	2022	6/7/2022	7/25/2022
406-43-1097	1	(\$7.42)	2022	6/7/2022	7/25/2022
406-43-3391	1	(\$4.89)	2022	6/7/2022	7/25/2022
406-51-2809	2	\$36.08	2022	6/3/2022	7/25/2022
414-31-8942	1	(\$185.06)	2022	6/7/2022	7/25/2022
415-87-9418	1	(\$4.87)	2022	6/7/2022	7/25/2022
426-55-1738	1	(\$7.99)	2022	6/7/2022	7/25/2022
427-57-4827	2	(\$11.38)	2022	6/7/2022	7/25/2022
434-53-0759	2	(\$1.40)	2022	6/7/2022	7/25/2022
455-99-5217	1	(\$11.21)	2022	6/7/2022	7/25/2022
465-69-8874	1	(\$18.22)	2022	6/7/2022	7/25/2022
590-36-0841	1	(\$30.67)	2022	6/7/2022	7/25/2022
590-79-3720	2	\$75.01	2022	6/3/2022	7/25/2022
591-52-3505	1	\$31.88	2022	6/3/2022	7/25/2022
595-13-0785	1	(\$289.28)	2022	6/7/2022	7/25/2022

658-07-0717	1	\$25.29	2022 6/3/2022	7/25/2022
684-24-6421	2	(\$96.79)	2022 6/7/2022	7/25/2022
899-11-6357	1	\$0.75	2022 6/3/2022	7/25/2022
251-73-5486	2	\$11.48	2022 01/05/2023	6/13/2023
096-72-3090	1	\$20.94	2022 01/05/2023	6/14/2023
247-47-1601	1	\$19.54	2022 01/05/2023	6/15/2023
247-77-5800	1	\$12.00	2022 01/05/2023	6/16/2023
250-75-6416	1	\$18.74	2022 01/05/2023	6/17/2023
250-83-2587	1	\$19.09	2022 01/05/2023	6/18/2023
257-59-0762	1	\$12.57	2022 01/05/2023	6/19/2023
577-90-1682	1	\$15.21	2022 01/05/2023	6/20/2023
590-36-0841	1	\$25.71	2022 01/05/2023	6/21/2023
020-11-6106	1	\$100.22	2022 04/08/2023	6/22/2023
251-91-7402	1	\$69.85	2022 04/08/2023	6/23/2023
299-98-6329	1	\$43.11	2022 04/08/2023	6/24/2023
307-13-8069	1	\$57.29	2022 04/08/2023	6/25/2023
400-55-5883	1	\$51.53	2022 04/08/2023	6/26/2023
403-15-0761	1	\$114.24	2022 05/31/2023	6/27/2023

MVA (Gain)/Loss

(\$0.08)

\$1.21

\$3.02

\$0.47

\$0.76

(\$1.80)

\$0.18

(\$0.52)

\$0.54

\$14.07

\$0.61

\$33.77

\$2.18

\$0.30

\$0.61

(\$2.37)

\$5.19

\$0.36

\$3.84

\$0.22

\$2.90

\$24.86

(\$2.39)

\$0.55

\$2.42

\$2.47

\$0.75

\$0.64

\$1.63

(\$0.21)

(\$0.17)

\$2.49

(\$0.09)

\$0.82

(\$0.22)

\$0.42

\$3.94

\$0.28

\$0.24

\$0.97

\$1.17

\$0.29

(\$1.55)

\$1.12

\$0.61

\$0.22

\$12.51
\$157.73
\$26.67
(\$2.38)
(\$1.51)
\$3.26
\$0.20
(\$0.51)
\$0.35
(\$13.64)
\$2.85
\$1.25
(\$0.23)
(\$2.64)
(\$2.11)
\$0.20
\$0.00
\$1.14
\$0.48
\$1.56
\$0.15
\$0.52
\$1.04
\$0.68
\$4.14
\$0.00
\$0.28
(\$0.95)
(\$0.52)
(\$0.60)
\$0.39
(\$0.86)
\$0.08
\$0.68
(\$0.08)
\$1.38
\$0.36
\$0.03
\$0.94
\$0.95
(\$0.55)
\$0.95
(\$0.08)
\$3.60
\$9.59
\$7.01
\$0.48

\$0.60
(\$0.93)
\$0.34
\$0.29
\$0.56
\$4.51
(\$0.20)
\$0.12
\$1.34
(\$0.35)
(\$0.34)
(\$0.35)
\$1.30
\$0.68
\$1.94
\$0.78
(\$0.92)
\$14.54
\$2.32
(\$1.08)
(\$0.70)
(\$2.34)
\$0.02
(\$0.46)
(\$0.78)
(\$0.43)
\$0.00
\$5.44
(\$0.16)
\$57.25
\$0.30
\$0.82
\$3.55
\$0.39
\$0.26
(\$1.47)
\$7.13
\$0.23
\$0.39
\$0.58
\$0.07
\$0.36
\$0.89
\$1.19
(\$3.05)
(\$1.28)
\$6.74

(\$1.04)

\$4.82

(\$0.04)

\$0.90

\$1.64

\$1.53

\$158.32

\$158.32

\$158.32

\$158.32

\$158.32

\$158.32

\$7.00

\$4.88

\$141.24

\$141.24

\$141.24

\$7.27