

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 IMPROVING 401(K) 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) IMPROVING CORPORATE SERVICES, LLC 5445 LEGACY DRIVE SUITE 100 PLANO, TX 75024
2b	Employer Identification Number (EIN) 85-3771438
2c	Plan Sponsor's telephone number 214-649-5385
2d	Business code (see instructions) 541512

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/05/2024	SUSAN FOJTASEK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name IMPROVING ENETERPRISES, INC c Plan Name IMPROVING 401(K) PLAN		4b EIN 34-2013309 4d PN 001
5 Total number of participants at the beginning of the plan year		5 916
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		 6a(1) 710 6a(2) 762 6b 1 6c 264 6d 1027 6e 0 6f 1027 6g 994 6h 86
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 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (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) ☒ 1 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 IMPROVING 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IMPROVING CORPORATE SERVICES, LLC	D Employer Identification Number (EIN) 85-3771438

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

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	375015-01	357	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	1591325
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 1403558

c	Additions: (1) Contributions deposited during the year	7c(1)	218110	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	16811	
	(4) Transferred from separate account.....	7c(4)	2998485	
	(5) Other (specify below)	7c(5)	36433	
	▶ LOAN PAYMENTS, FORFEITURES			

(6) Total additions..... **7c(6)** 3269839

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 4673397

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1133615
(2) Administration charge made by carrier.....	7e(2)	2274
(3) Transferred to separate account.....	7e(3)	1946183
(4) Other (specify below)	7e(4)	

▶

(5) Total deductions..... **7e(5)** 3082072

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1591325

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 IMPROVING 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IMPROVING CORPORATE SERVICES, LLC	D Employer Identification Number (EIN) 85-3771438	

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
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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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	98215	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

DEFINITI LLC

2201 TIMBERLOCH PL STE 150
THE WOODLANDS, TX 77380

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	23004	Yes ☒ No ☐	Yes ☐ No ☒	1667	Yes ☐ No ☒

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

FSC SECURITIES CORPORATION

2300 WINDY RIDGE PKWY STE 1100
ATLANTA, GA 30339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	12547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	10429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QDRO CONSULTANTS COMPANY, LLC

3071 PEARL ROAD
MEDINA, OH 44256

(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?
99	OTHER	400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GWFS EQUITIES INC

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59	INVESTMENT MANAGEMENT	10	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
DEFINITI LLC	13	1667
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 IMPROVING 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 IMPROVING CORPORATE SERVICES, LLC	D Employer Identification Number (EIN) 85-3771438	

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: FLECPATH INDEX AGGRESSIVE 2025		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-2935740-228	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145644
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY FUND FEE		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-4139853-222	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1068771
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONSERVATIVE 2025		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-2961375-230	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40984
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONSERVATIVE 2035		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-3018134-233	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252904
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGGRESSIVE 2055		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-3170652-237	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584598
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1865704
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE 2045		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-3071639-235	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14427072

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-4126247-549	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 502805
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE 2055		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-3188067-238	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8123017
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONSERVATIVE		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-2916729-227	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33455
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONSERVATIVE 2055		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-3216409-239	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17267
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGGRESSIVE		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-2836296-225	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9442
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-2851418-226	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266123
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONSERVATIVE 2045		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-3411367-236	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57074
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE 2025		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-2950747-229	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4718002
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE 2035		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-3002484-232	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16806358
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGGRESSIVE 2035		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 47-2987118-231	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1281552

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGGRESSIVE 2045

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 47-3026996-234	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 522682
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a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST NY LIFE ANCHOR

b Name of sponsor of entity listed in (a): NEW YORK LIFE

c EIN-PN 46-6350416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249959
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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**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>IMPROVING 401(K) 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>IMPROVING CORPORATE SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>85-3771438</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	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) 0	0
(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) 113167	265743
(9) Value of interest in common/collective trusts.....		1c(9) 25151213	50973415
(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) 14291663	18415264
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14) 1403558	1591325
(15) Other		1c(15) 0	39460

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	40959601	71285207

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
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	40959601	71285207
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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)	1199599	
(B) Participants	2a(1)(B)	7831859	
(C) Others (including rollovers)	2a(1)(C)	41115288	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		50146746
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	13448	
(F) Other	2b(1)(F)	16812	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30260
(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)	517939	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		517939
(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)		-8892068
(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)		-4947843
c Other income	2c		-25687
d Total income. Add all income amounts in column (b) and enter total	2d		36829347
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6478716	
(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)		6478716
f Corrective distributions (see instructions)	2f		2592
g Certain deemed distributions of participant loans (see instructions)	2g		53406
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	98215	
(3) Investment advisory and management fees	2i(3)	46381	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		144596
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6679310
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		30150037
l Transfers of assets:			
(1) To this plan	2l(1)		175569
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TUGGLE, BURTON & CO., P.C.

(2) EIN: 75-2444915

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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			

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 IMPROVING 401(K) PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 IMPROVING CORPORATE SERVICES, LLC		D Employer Identification Number (EIN) 85-3771438
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) 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 _____

IMPROVING 401(k) PLAN

EIN 34-2013309 PN 001

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

**TUGGLE, BURTON & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS
Dallas, Texas
972-661-5562**

IMPROVING 401(k) PLAN
DECEMBER 31, 2022 AND 2021

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TUGGLE, BURTON & CO., P.C.

1

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Improving 401(k) Plan

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

We have performed audits of the financial statements of Improving 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 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 Improving 401(k) 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 a certification from a qualified institution as of the years ended 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 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 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 Improving 401(k) 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) audit does not affect management's responsibility for the financial statements.

Members Texas Society CPA's

Members American Institute of Certified Public Accountants

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 Improving 401(k) 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 generally accepted auditing standards, 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 Improving 401(k) 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 Improving 401(k) 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 4d—Schedule of Non-Exempt Prohibited Transactions and Schedule H, Line 4i are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information

included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).

Jugle, Burton & Co. PC

Dallas, Texas

October 12, 2023

IMPROVING 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<u>ASSETS</u>	<u>December 31,</u> <u>2022</u>	<u>(Restated)</u> <u>December 31,</u> <u>2021</u>
<u>Investments, participant directed</u>		
Investments at fair value	\$ 69,428,139	\$ 39,442,878
Guaranteed investment contract	1,591,325	1,403,558
Total investments	<u>71,019,464</u>	<u>40,846,436</u>
<u>Receivables</u>		
Employee contributions	375,660	306,876
Employer contribution	2,328,323	1,199,599
Assets receivable - plan merger	-	32,539,277
Notes receivable from participants	265,743	113,167
Total receivables	<u>2,969,726</u>	<u>34,158,919</u>
 TOTAL ASSETS	 <u>73,989,190</u>	 <u>75,005,355</u>
 <u>LIABILITIES</u>	 <u>-</u>	 <u>-</u>
 TOTAL LIABILITIES	 <u>-</u>	 <u>-</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>	 <u>\$ 73,989,190</u>	 <u>\$ 75,005,355</u>

The accompanying notes are an integral part of these financial statements

IMPROVING 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended
December 31, 2022

Additions:

Additions to net assets attributed to:

Investment income:

Interest, dividends and other investment income \$ 534,751

Net depreciation in fair value of investments (13,709,909)

Less: Investment fees (165,382)

Net investment loss (13,340,540)

Interest income on notes receivable from participants 27,735

Total investment decrease (13,312,805)

Contributions:

Participant 7,900,643

Employer 2,122,305

Rollovers 912,070

Plan merger 8,100,497

Total contributions 19,035,515

Total net additions 5,722,710

Deductions:

Deductions from net assets attributed to:

Benefit payments to participants 6,538,341

Deemed distributions 101,718

Administrative fees 98,816

Total deductions 6,738,875

Net Decrease (1,016,165)

Net assets available for benefits:

Beginning of year, as reported 76,828,773

Restatement (see note 13) (1,823,418)

Beginning of year, restated 75,005,355

End of year \$ 73,989,190

The accompanying notes are an integral part of these financial statements

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Improving 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement, as amended, and *Summary Plan Description*, which are available from the Plan administrator, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan (the "Plan") open to certain eligible employees. The Plan, formerly known as the Improving Enterprises, Inc. 401(k) Plan, was established on January 1, 2008. The Plan was amended and renamed effective October 1, 2019 as Improving 401(k) Plan. The Plan is a defined contribution plan wherein eligible employees of Improving Enterprises, Inc., Improving Works, Inc, The Willow Group, Inc., ProSource IT Consulting, Inc., The Sophic Group, Inc., iTexico, Inc. and Code Authority Inc. (collectively, the "Company", "Employer" or the "Sponsor") are permitted to make contributions that are tax-deferred under Section 401(k) of the Internal Revenue Code. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code ("IRC"). The Plan has been amended to comply with provisions of the Bipartisan Budget Act of 2018.

The Plan has been amended to reflect the employer as part of a group of related employers. The Plan has been amended to credit certain employees acquired as part of a stock acquisition or merger with service credits for purposes of eligibility, vesting, and other allocations.

During the year ended December 31, 2021, the Object Partners, Inc. 401(k) Plan was merged with the Plan.

During the year ended December 31, 2022, the Tahoe Partners, Inc. 401(k) Plan was merged with the Plan.

Eligibility

All employees are eligible except members of a collective bargaining unit and non-resident aliens. For purposes of plan compliance testing, highly compensated employees are employees who were five percent owners at any time during the year or received compensation from the Plan sponsor in excess of \$120,000. The eligibility computation period is Plan years beginning with the first Plan year commencing prior to the first anniversary of the employment commencement date. The entry date commences at the first day of employment. There is no age or service requirement for participation eligibility. Additionally, the Plan provides automatic enrollment for new entrants, or any current participants without an election, at a 6% contribution rate unless eligible participants opt out. All investments are participant-directed.

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF THE PLAN, (continued)

Contributions

Each year, participant contributions to the Plan on a pretax basis are subject to an annual limitation (\$20,500 and \$19,500 for the years ended 2022 and 2021, respectively). Participants may make contributions from eligible compensation only, as defined by the Plan. The compensation period is defined by the Plan as the Plan year. Compensation for IRS Code section 415 and 416 purposes is defined as wages, tips and other compensation reported on Form W-2. Non-highly-compensated participants may defer up to 85% of eligible compensation. Highly compensated participants may defer up to 15% of eligible compensation. The Plan does not permit voluntary after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of \$6,500 for the years ended 2022 and 2021.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. There is no age or service requirement for participation in the Plan.

Annually, the Plan Sponsor may match participant contributions of 50% of the participant's deferral, limited to 6% of the participant's compensation. The Plan Sponsor may also make discretionary profit sharing contributions, computed as a percentage of eligible compensation. Qualified non-elective contributions are permitted under the Plan in order to satisfy certain Plan compliance testing requirements.

In order to participate in employer matching and discretionary contributions, the participant must complete one hour of service and be employed at the end of the Plan year, unless the participant dies, becomes disabled, or retires during the year, in which case, the employee is eligible to receive non-elective contributions.

During the year ended December 31, 2022, the Plan Sponsor made no employer discretionary profit-sharing contributions. During the year ended December 31, 2022, the Plan Sponsor made a discretionary matching contribution of \$2,328,323.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Employer's discretionary matching contributions, discretionary profit sharing contributions, and Plan earnings and losses. Each participant's earnings are invested separately according to the individual's investment direction so that each participant's account realizes appreciation or depreciation based on related investment performance. Allocations are based on participant earnings or account balances, as defined. Plan earnings are calculated and credited to each participant's account on daily basis. An allocation of administrative and investment management fees is charged to each participant account based upon participant earnings or account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions and related earnings thereon. Vesting in the Company's matching and discretionary contributions and related earnings thereon is based on years of continuous service which occurs at a rate of 33% per year of employment after an initial vesting of 33% at the end of the first year. A participant is 100% vested after three years of credited service. In the event of death, disability, or retirement, a participant is 100% vested in the Company's matching and discretionary contributions.

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF THE PLAN, (continued)

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 and bear interest at a reasonable fixed rate commensurate with local prevailing rates as determined by the Plan trustee at the time the loan is made. Principal and interest are collected ratably through periodic payroll deductions. Delinquent notes receivable from participants are reclassified as deemed distributions based upon the terms of the Plan document.

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. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits may be paid under the Plan, subject to limitations and conditions imposed by the IRC, upon a participant's termination of employment, retirement, disability, death or hardship due to an immediate and heavy financial need. The Plan specifies lump sum distributions. Benefits are generally 100% vested upon retirement, death or disability. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Distributions are required for any terminated employees with a vested balance of less than \$5,000 and shall exclude rollover contributions. Account balance greater than \$1,000 shall be in the form of a direct rollover, subject to the participant's death, retirement, or disability. The value of the distribution is determined on the date as soon as practicable following the date of termination and is based upon the preceding valuation date. For participants subject to death, retirement, or disability, the distribution must be distributed with a reasonable period following the distribution determination date.

Hardship distributions of pre-tax elective deferrals are permitted under the Plan. In service distributions are permitted for participants who have reached the age of 59 ½ provided that non-elective amounts have been allocated for at least 2 years, hardship, or the participant has contributed to the Plan for at least five years. Required minimum distributions are required at age 70 ½ or April 1st of the calendar year following the participant's retirement.

Forfeited Accounts

In the event of an employee termination, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures of Employer contributions may be used to supplement employer matching contributions. In order to receive forfeited amounts, an employee must be employed on the day that the forfeiture is determined, and have received employer matching contributions during the year. The amount of forfeitures allocated is determined in the same manner as non-elective contributions. In the event that an employee is entitled to restoration of forfeitures, the Plan Sponsor must make an additional contribution to supplement an insufficient forfeiture restoration as defined by the Plan. Forfeitures of Employer discretionary contributions may be used to supplement non-elective contributions. During the year ended December 31, 2022, no forfeited nonvested accounts were applied. Forfeited non-vested amounts were \$301,084 and \$505,494 at December 31, 2022 and 2021, respectively.

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF THE PLAN, (continued)

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 provision of ERISA. In the event of Plan termination, participants become 100% vested in their accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Distributions

The value of the distribution is determined on the date as soon as practicable following the date of termination and is based upon the preceding valuation date. For participants subject to death, retirement, or disability, the distribution must be distributed with a reasonable period following the distribution determination date. Hardship distributions of pre-tax elective deferrals are permitted under the Plan. In service distributions are permitted for participants who have reached the age of 59 ½ provided that non-elective amounts have been allocated for at least 2 years, hardship, or the participant has contributed to the Plan for at least five years. Required minimum distributions are required at age 70 ½ or April 1st of the calendar year following the participant's retirement. Under the terms of the Setting Every Community Up for Retirement Enhancement ("SECURE") act, required minimum distributions are required at age 72 or April 1st of the calendar year following the participant's retirement for participants born after June 30, 1949.

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting.

Certain prior year balances have been reclassified to conform to current year presentation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Sponsor to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition (see Notes 3 and 4)

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. This price, known as an exit price, is based upon market quotes of net asset values ("NAV") at year end.

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

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (continued)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Operating Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are shown as a reduction of net appreciation of fair value of investments. For the year ended December 31, 2022, Plan maintenance fees of \$12,500 were paid by the Plan Sponsor.

Fair Value Measurements

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures, fair value is defined as a market-based measurement, not an entity-specific measurement. The objective of a fair value measurement is to estimate the price at which an orderly transaction to sell the asset or to transfer the liability would take place between market participants at the measurement date under current market conditions (that is, an exit price at the measurement date from the perspective of a market participant that holds the assets or owes the liability).

A fair value measurement assumes that the transaction to sell the asset or transfer the liability either occurs in the principal market (or in its absence, the most advantageous market) for the asset or liability. For some assets and liabilities, observable market transactions or market information may be available. For other assets and liabilities, observable market transactions and market information might not be available.

When a price for an identical asset or liability is not observable, a reporting entity measures fair value using another valuation technique that maximizes the use of relevant observable inputs and minimizes the use of unobservable inputs. Because fair value is a market-based measurement, it is measured using the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk. As a result, a reporting entity's intention to hold an asset or settle or otherwise fulfill a liability is not relevant when measuring fair value.

NOTE 3 – CERTIFIED FINANCIAL INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividends for the year ended December 31, 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West Life and Annuity Insurance Company (the trustee of the Plan). The custodian of Plan assets has certified that the investment value at December 31, 2022 and 2021 and the change in investment value for the year ended December 31, 2022 is complete and accurate.

The investment balance at December 31, 2022 was \$71,019,464 and consisted of mutual funds, allocated funds, targeted retirement accounts, and a guaranteed investment contract. The investment balance at December 31, 2021 was \$40,846,436, and consisted of mutual funds, targeted retirement accounts, allocated funds, and a guaranteed investment contract.

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 3 -- CERTIFIED FINANCIAL INFORMATION (continued)

The Plan's investments (including investments bought, sold, as well as those held during the year) depreciated in fair value by \$13,709,909 during the year ended December 31, 2022, which was due to the decrease in value of mutual funds of \$4,565,534, decrease in value of the allocated funds of \$77,444, and decrease in value of \$9,066,931 of the targeted retirement funds.

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value utilizes a hierarchy which prioritizes inputs to valuation techniques used to measure fair value. Fair value focuses on the price that would be received to sell an asset or paid to transfer a liability regardless of whether an observable liquid market price exists (exit price). The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements),

The three levels of the fair value hierarchy under FASB ASC 820 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.

Level 2 - Inputs to the valuation methodology include:

- 1) Quoted prices for similar assets or liabilities in active markets;
- 2) Quoted prices for identical or similar assets or liabilities in inactive markets;
- 3) Inputs other than quoted prices that are observable for the asset or liability;
- 4) 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, but significant to the fair value of the asset or liabilities.

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.

The 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.

Mutual Funds: 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.

Targeted Retirement Funds: Held at the estimated value based upon fund population demographics

Allocated Funds: Held at the estimated value based upon fund population demographics and selected risk

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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 Plan invests in various investments 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 such changes could materially affect the Plan's investments and the amounts reported in the statement of net assets and the statement of changes in net assets.

Management reviews for other than temporary decline in accordance with the requirements of fair value measurements. The Plan's investments in mutual funds consist primarily of investments in exchange-traded debt and equity securities. Within the fund balance certain individual investments may have fair values measured below cost. The severity of any impairment and the duration of any impairment correlate with current market conditions. Based upon the near-term prospects of the issuer of any of those securities in relation to the severity and duration of the impairment, and based upon the Plan's ability and intent to hold those investments for a reasonable period of time sufficient for a forecasted recovery of fair value, the Plan does not consider those investments to be other-than-temporary impaired at December 31, 2022.

The accounting and financial reporting principles currently being used by the plan which affect reported amounts, presentations, and disclosures are subject to change from time to time based on new pronouncements and/or rules issued by various standard setting bodies and government regulatory agencies. Recently-adopted pronouncements which have effective dates subsequent to December 31, 2022, are not expected to have a material effect on the plan's future financial statements.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>	<u>Unlevelled</u>
Mutual Funds	\$22,102,506	\$ -	\$ 22,102,506	\$ -
Allocated Funds	-	309,020	309,020	-
Targeted Retirement Funds	-	46,977,153	46,977,153	-
Self-directed brokerage account	39,460	-	39,460	-
Guaranteed Investment Contract	-	-	-	1,591,325
Balance at December 31, 2022	<u>\$22,141,966</u>	<u>\$47,286,1734</u>	<u>\$39,182,187</u>	<u>\$1,591,325</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>	<u>Unlevelled</u>
Mutual Funds	\$14,291,663	\$ -	\$ 14,291,663	\$ -
Allocated Funds	-	425,916	425,916	-
Targeted Retirement Funds	-	24,464,608	24,464,608	-
Guaranteed Investment Contract	-	-	-	1,403,558
Balance at December 31, 2021	<u>\$14,291,663</u>	<u>\$24,890,524</u>	<u>\$69,428,139</u>	<u>\$1,403,558</u>

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 – GUARANTEED INVESTMENT CONTRACT

The Plan has entered into a traditional fully benefit-responsive guaranteed investment contract with Great-West Life and Annuity Insurance Company (“Great-West”) totaling \$1,591,325 for 2022 and \$1,403,558 for 2021. Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The average yield was 0.93% and 0.90% for the years ended December 31, 2022 and 2021, respectively. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Great-West, 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.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the issuer.

Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 6 – SELF DIRECTED BROKERAGE ACCOUNT

The Plan offers a self-directed investment option. The balance of Plan assets in a self-directed brokerage account at December 31, 2022 and 2021 is \$39,460 and \$-, respectively. Self-directed Plan investments consisted of the following at December 31, 2022:

	<u>Balance</u>
Cash and cash equivalents	\$ 1,298
Common stock	<u>38,162</u>
Balance at December 31, 2022	<u>\$ 39,460</u>

The change in self-directed investments for the year ended December 31, 2022 was:

	<u>Amount</u>
Balance at December 31, 2021	\$ -
Interest income	7
Dividend income	424
Fees	(10)
Purchases	65,146
Realized gain/(loss)	(62)
Unrealized gain/(loss)	<u>(26,045)</u>
Balance at December 31, 2022	<u>\$ 39,460</u>

NOTE 7 - PLAN TAX STATUS

The Company has adopted a prototype defined contribution plan, which was an amendment of a pre-existing plan originally effective January 1, 2006. In a letter dated March 31, 2014, the Internal Revenue Service (“IRS”) has determined and informed the Company that the prototype plan and the related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Sponsor and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Trustee and Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Trustee and Plan administrator have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to tax examinations for years prior to 2019.

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan provides for various variable investment options in 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, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

NOTE 9 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer association or relatives of such persons.

Certain Plan investments are in funds managed by the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services were \$165,382 for 2022.

NOTE 10 – SIGNIFICANT ESTIMATES AND CONCENTRATIONS

The financial statements have been prepared using values and information currently available to the Plan.

Due to the volatility of financial markets, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the participant account balances and the amounts reported in the accompanying Statement of Net Assets Available for Benefits.

NOTE 11 – REGULATORY RISK

The accounting and financial reporting principles currently being used by the plan which affect reported amounts, presentations, and disclosures are subject to change from time to time based on new pronouncements and/or rules issued by various standard setting bodies and government regulatory agencies. Recently-adopted pronouncements which have effective dates subsequent to December 31, 2022, are not expected to have a material effect on the plan's future financial statements.

NOTE 12 – PLAN MERGER

During the year ended December 31, 2022, the Tahoe Partners 401(k) Plan (the "TP Plan") was terminated and merged with the Plan. Participant and loan balances held by the TP Plan in the amount of \$8,100,497 were transferred into the Plan on or about January 5, 2022.

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 13 – RESTATEMENT

Management has reviewed the employer match receivable at December 31, 2021 and has determined that the amount attributable to the employer match for the year 2021 was overstated due to the inclusion of amounts related to the subsequent merger of the Tahoe Partners 401(k) Plan. Accordingly, the financial statements reflect a prior period restatement of net assets as of December 31, 2021. The details of the restatement as of December 31, 2021 are:

	<u>Net</u> <u>Assets</u>	<u>Employer</u> <u>Match</u> <u>Receivable</u>	<u>Employer</u> <u>Match</u>
Balance at December 31, 2021, as reported	\$76,828,773	\$ 3,023,017	\$ 3,284,233
Amounts related to subsequent TP Plan merger	<u>(1,823,418)</u>	<u>(1,823,418)</u>	<u>(1,823,418)</u>
Balance at December 31, 2021, restated	<u>\$75,005,355</u>	<u>\$ 1,199,599</u>	<u>\$ 1,460,815</u>

NOTE 14 - 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:

Net assets available for benefits per the financial statements at December 31, 2022	\$ 73,989,190
Less: employer matching contributions at December 31, 2022	(2,328,323)
Less: employee contributions at December 31, 2022	<u>(375,660)</u>
Net assets available for benefits per Form 5500 at December 31, 2022	<u>\$ 71,285,207</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2022:

Net decrease per the financial statements at December 31, 2022	\$ (1,016,165)
Add: employee contributions per financial statements at December 31, 2021	306,876
Add: Plan merger receivable per financial statements at December 31, 2021	32,539,277
Add: employer contributions per financial statements at December 31, 2021	1,199,599
Less: employer contributions per audited FS at December 31, 2022	<u>(2,328,323)</u>
Net increase per Form 5500 at December 31, 2022	<u>\$30,325,606</u>

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

Net assets available for benefits per the financial statements at December 31, 2021 - restated	\$ 75,005,355
Less: employer matching contributions at December 31, 2021 - restated	(1,199,599)
Less: Plan merger receivable at December 31, 2021	(32,539,277)
Less: employee Contributions at December 31, 2021	<u>(306,876)</u>
Net assets available for benefits per Form 5500 at December 31, 2021	<u>\$ 40,959,603</u>

IMPROVING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 14 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2021:

Net increase per the financial statements at December 31, 2021 - restated	\$ 41,764,401
Less: employer Contributions at December 31, 2021 - restated	(1,199,599)
Less: Plan merger receivable at December 31, 2021	(32,539,277)
Less: employee Contributions at December 31, 2021	<u>(306,876)</u>
Net increase per Form 5500 at December 31, 2021	<u>\$ 7,718,649</u>

NOTE 13 – SUBSEQUENT EVENTS

Subsequent events were evaluated by management through October 12, 2023, the date of the audit report, which was also the date the financial statements were issued. Management has determined that there are no significant subsequent events affecting the Plan which are requiring disclosure in these financial statements.

SUPPLEMENTAL SCHEDULES

IMPROVING 401(k) PLAN
EIN: 34-2013309 PN 001
Schedule H Line 4d—Schedule of Non-Exempt Prohibited Transactions
DECEMBER 31, 2022

<u>Nature of Transaction</u>	<u>Party</u>	<u>Date Owed</u>	<u>Date Remitted</u>	<u>Days Late</u>	<u>December 31, 2022</u>
2021 unapplied forfeitures	*	12/31/2022	N/A	N/A	\$ 244,804
Total non-exempt prohibited transactions					<u>\$ 244,804</u>

The accompanying notes are an integral part of these financial statements

* Indicates party-in-interest to the Plan.

IMPROVING 401(k) PLAN
EIN: 34-2013309 PN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31,2022

(a)	(b)	(c)	(d)	(e)
	Fund Name	Description of Investment	Cost	Current Value
*	Flexpath Index+ Conservative Retire R1	Allocated Fund	A \$	33,455
*	Flexpath Index+ Moderate Retire R1	Allocated Fund	A	266,123
*	Flexpath Index+ Aggressive Retire R1	Allocated Fund	A	9,442
*	Baird Core Plus Bond Inst	Mutual Fund	A	1,768,530
*	Vanguard 500 Index Admiral	Mutual Fund	A	8,592,275
*	Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund	A	992,061
*	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	A	1,316,353
*	Vanguard Real Estate Index Admiral	Mutual Fund	A	829,845
*	Wells Fargo Spec Smcp Val I	Mutual Fund	A	315,811
*	American Century Mid Cap Value R6	Mutual Fund	A	940,636
*	Vanguard Small Cap Index Adm	Mutual Fund	A	1,486,908
*	Flexpath Index+ Aggressive 2025 R1	Targeted Retirement Fund	A	145,644
*	Flexpath Index+ Aggressive 2035 R1	Targeted Retirement Fund	A	1,281,552
*	Flexpath Index+ Aggressive 2045 R1	Targeted Retirement Fund	A	522,682
*	Flexpath Index+ Aggressive 2055 R1	Targeted Retirement Fund	A	584,597
*	Flexpath Index+ Conservative 2035 R1	Targeted Retirement Fund	A	252,904
*	Flexpath Index+ Conservative 2055 R1	Targeted Retirement Fund	A	17,267
*	Flexpath Index+ Moderate 2025 R1	Targeted Retirement Fund	A	4,718,002
*	Flexpath Index+ Moderate 2035 R1	Targeted Retirement Fund	A	16,806,358
*	Flexpath Index+ Moderate 2045 R1	Targeted Retirement Fund	A	14,427,072
*	Flexpath Index+ Moderate 2055 R1	Targeted Retirement Fund	A	8,123,017
*	Flexpath Index+ Conservative 2025 R1	Targeted Retirement Fund	A	40,984
*	Flexpath Index+ Conservative 2045 R1	Targeted Retirement Fund	A	57,074
*	JP Morgan Small Cap Growth Fund R6	Mutual Fund	A	272,201
*	JP Morgan Large Cap Growth Fund R6	Mutual Fund	A	1,900,646
*	NY Life Anchor-Ser I-0	Mutual Fund	A	249,959
*	International Equity Fund Fee Class R1	Mutual Fund	A	1,068,772
*	Mid Cap Growth Fund Fee Class R1	Mutual Fund	A	502,805
*	Large Cap Value Fund Class R1	Mutual Fund	A	1,865,704
*	Empower Self-Directed Brokerage Account	Self-directed investment	A	39,460
	Total Plan Investments			<u>\$ 69,428,139</u>
				1,591,325
	* Key Guaranteed Portfolio Fund			
	Notes receivable from participants	Interest Rate: 4.25 - 8.00%		<u>265,743</u>
		Final maturity: 11/28/2027		
	Total Plan Assets			<u>\$ 71,285,207</u>

* Indicates party-in-interest to the Plan.

A Cost information is not required for participant directed investments.

The accompanying notes are an integral part of these financial statements

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Improving 401(k) Plan
01-JAN-22 to 31-DEC-22

22-JAN-23 23:07:33

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1R1PRTA			9,211.98	9,441.93
1R1P25A			135,424.96	145,643.92
1R1P35A			1,284,482.16	1,281,552.00
1R1P45A			502,491.82	522,682.08
1R1P55A			562,226.94	584,597.57
1R1PRTC			33,141.31	33,455.31
1R1P25C			43,946.06	40,984.38
1R1P35C			253,690.94	252,903.86
1R1P45C			55,194.37	57,074.02
1R1P55C			17,750.62	17,266.65
1R1PRTM			253,328.71	266,123.42
1R1P25M			4,533,333.55	4,718,002.44
1R1P35M			17,898,684.79	16,806,357.97
1R1P45M			14,822,665.55	14,427,071.91
1R1P55M			8,785,763.16	8,123,017.46
1IEFFR1			955,672.65	1,068,771.50
1VEMAX			1,131,388.04	992,060.50
1VGSLX			959,644.24	829,844.85
1JGSMX			403,282.80	272,200.65
1VSMAX			1,549,463.41	1,486,908.02
1ESPNX			346,770.68	315,810.84
1AMDVX			1,023,300.64	940,636.17
1MCFCR1			483,468.88	502,805.41
1VIMAX			1,356,924.79	1,316,353.07
1JLGMX			2,454,303.06	1,900,645.62
1ASTLV1			1,803,576.96	1,865,703.65
1VFIAx			8,922,215.57	8,592,274.84
1BCOIX			2,006,309.09	1,768,529.51
1SDBEMP			39,459.61	39,459.61
1NY0-1			244,239.84	249,959.26
1KGPf		1.050	1,259,955.49	1,290,240.70
			74,131,312.67	70,718,379.12
PARTICIPANT LOANS	VARIOUS	4.250-8.000	265,611.92	265,743.11
FORFEITURES			292,996.51	301,084.49

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Improving 401(k) Plan
01-JAN-22 to 31-DEC-22

22-JAN-23 23:07:33

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1R1PRTA flexPATH Index+ Aggressive Retire R1
 1R1P35A flexPATH Index+ Aggressive 2035 R1
 1R1P55A flexPATH Index+ Aggressive 2055 R1
 1R1P25C flexPATH Index+ Conservative 2025 R1
 1R1P45C flexPATH Index+ Conservative 2045 R1
 1R1PRTM flexPATH Index+ Moderate Retire R1
 1R1P35M flexPATH Index+ Moderate 2035 R1
 1R1P55M flexPATH Index+ Moderate 2055 R1
 1VEMAX Vanguard Emerging Mkts Stock Idx Adm
 1JGSMX JPMorgan Small Cap Growth R6
 1ESPNX Allspring Special Small Cap Value Inst
 1MCFCR1 Mid Cap Growth Fund Fee Class R1
 1JLGMX JPMorgan Large Cap Growth R6
 1VFIAX Vanguard 500 Index Admiral
 1SDBEMP Empower SDB
 1KGPF Key Guaranteed Portfolio Fund

1R1P25A flexPATH Index+ Aggressive 2025 R1
 1R1P45A flexPATH Index+ Aggressive 2045 R1
 1R1PRTC flexPATH Index+ Conservative Retire R1
 1R1P35C flexPATH Index+ Conservative 2035 R1
 1R1P55C flexPATH Index+ Conservative 2055 R1
 1R1P25M flexPATH Index+ Moderate 2025 R1
 1R1P45M flexPATH Index+ Moderate 2045 R1
 1IEFFR1 International Equity Fund Fee Class R1
 1VGSIX Vanguard Real Estate Index Admiral
 1VSMAX Vanguard Small Cap Index Adm
 1AMDVX American Century Mid Cap Value R6
 1VIMAX Vanguard Mid Cap Index Fund - Admiral
 1ASTLV1 Large Cap Value Fund Class R1
 1BCOIX Baird Core Plus Bond Inst
 1NY0-1 Reliance Trst NY Life Anchor-Ser I-0

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year