

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                          | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SONNY MERRYMAN, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST</u>                                                                                                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2001</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>54-0806176</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>434-821-1000</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>423800</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>01/01/2001</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>54-0806176</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>434-821-1000</u> |  | <b>2d</b> Business code (see instructions)<br><u>423800</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2001</u>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>54-0806176</u>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>434-821-1000</u>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>423800</u>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SONNY MERRYMAN, INC.</u><br><br><u>5120 WARDS ROAD</u><br><u>EVINGTON, VA 24550</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2022 | ANGELO CASTANES                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 180 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 133 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 125 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 35  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 173 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 174 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 173 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2H 2O 2Q                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>SONNY MERRYMAN, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST      | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SONNY MERRYMAN, INC.      | <b>D</b> Employer Identification Number (EIN)<br>54-0806176 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**(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)

BROWN EDWARDS

513 STATE STREET  
BRISTOL, VA 24201

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17                     | NONE                                                                                              | 17000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SHELDRIK, MCGEHEE & KOHLER, LLC

20-2123462

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 34                     | NONE                                                                                              | 9850                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ASCENSUS CONSULTING, LLC

11-3665754

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | NONE                                                                                              | 9289                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>SONNY MERRYMAN, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST</u>             | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SONNY MERRYMAN, INC.</u>             | <b>D</b> Employer Identification Number (EIN)<br><u>54-0806176</u> |            |

| <b>Part I</b> | <b>Asset and Liability Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|------------------------|
| <b>1</b>      | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                              |                        |
|               | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                              |                        |
| <b>a</b>      | Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                              |                        |
| <b>b</b>      | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                              |                        |
|               | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    | 0                            | 1000000                |
|               | <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1b(2)</b>    |                              |                        |
|               | <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b(3)</b>    | 45                           | 0                      |
| <b>c</b>      | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                              |                        |
|               | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    | 801599                       | 1253704                |
|               | <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)</b>    |                              |                        |
|               | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                              |                        |
|               | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                              |                        |
|               | <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(B)</b> |                              |                        |
|               | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                              |                        |
|               | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                              |                        |
|               | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                              |                        |
|               | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                              |                        |
|               | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                              |                        |
|               | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                              |                        |
|               | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    | 84                           |                        |
|               | <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(9)</b>    |                              |                        |
|               | <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>   |                              |                        |
|               | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                              |                        |
|               | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                              |                        |
|               | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(13)</b>   | 6278609                      | 6779533                |
|               | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(14)</b>   |                              |                        |
|               | <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(15)</b>   |                              |                        |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 14822956        | 15365049        |
| (2)                | Employer real property.....                                      | 1d(2)                 |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e                    |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 21903293           | 24398286        |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g 35412              | 422             |
| <b>h</b>           | Operating payables .....                                         | 1h                    |                 |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i                    |                 |
| <b>j</b>           | Other liabilities.....                                           | 1j                    |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 35412              | 422             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 21867881           | 24397864        |

**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.

|          |                                                                                              | (a) Amount       | (b) Total |
|----------|----------------------------------------------------------------------------------------------|------------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                        |                  |           |
| (1)      | Received or receivable in cash from: (A) Employers .....                                     | 2a(1)(A) 1000000 |           |
|          | (B) Participants .....                                                                       | 2a(1)(B)         |           |
|          | (C) Others (including rollovers).....                                                        | 2a(1)(C)         |           |
| (2)      | Noncash contributions.....                                                                   | 2a(2)            |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                      | 2a(3)            | 1000000   |
| <b>b</b> | <b>Earnings on investments:</b>                                                              |                  |           |
| (1)      | Interest:                                                                                    |                  |           |
|          | (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) 209769  |           |
|          | (B) U.S. Government securities .....                                                         | 2b(1)(B)         |           |
|          | (C) Corporate debt instruments .....                                                         | 2b(1)(C)         |           |
|          | (D) Loans (other than to participants) .....                                                 | 2b(1)(D)         |           |
|          | (E) Participant loans.....                                                                   | 2b(1)(E)         |           |
|          | (F) Other .....                                                                              | 2b(1)(F) -84     |           |
|          | (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)         | 209685    |
| (2)      | Dividends: (A) Preferred stock.....                                                          | 2b(2)(A)         |           |
|          | (B) Common stock .....                                                                       | 2b(2)(B) 1378693 |           |
|          | (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C)         |           |
|          | (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)         | 1378693   |
| (3)      | Rents .....                                                                                  | 2b(3)            |           |
| (4)      | Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                              | 2b(4)(A)         |           |
|          | (B) Aggregate carrying amount (see instructions).....                                        | 2b(4)(B)         |           |
|          | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)         | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: (A) Real estate .....                      | 2b(5)(A)         |           |
|          | (B) Other .....                                                                              | 2b(5)(B) 542093  |           |
|          | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                | 2b(5)(C)         | 542093    |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 297651    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3428122   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 803657     |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 803657    |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 94482      |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 94482     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 898139    |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 2529983   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: BROWN, EDWARDS & COMPANY, LLP

(2) EIN: 54-0504608

**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>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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? .....                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> 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.) .....                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                       |                                                             |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SONNY MERRYMAN, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SONNY MERRYMAN, INC. | <b>D</b> Employer Identification Number (EIN)<br>54-0806176 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> 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):<br><br>EIN(s): 13-3180817 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                                         |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_



**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN  
AND TRUST**

**FINANCIAL REPORT**

**DECEMBER 31, 2021**



**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN  
AND TRUST**

**FINANCIAL REPORT**

**December 31, 2021**

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Those Charged with Governance of  
Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust  
Evington, Virginia

### Opinion

We have audited the financial statements of Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

### 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 Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust 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 audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust'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**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust'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 Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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 Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Other Matter – Supplemental Schedule Required by ERISA (Continued)**

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Brown, Edwards & Company, S. L. P.*

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia  
October 11, 2022

**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2021 and 2020**

|                                                | <u>2021</u>                 | <u>2020</u>                 |
|------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                  |                             |                             |
| Investments, at fair value (Notes 3, 4, and 5) |                             |                             |
| Sponsor Company common stock                   | \$ 15,365,049               | \$ 14,822,956               |
| Mutual funds                                   | 6,779,533                   | 6,278,608                   |
| Interest bearing cash                          | <u>1,257,966</u>            | <u>801,599</u>              |
| Total investments at fair value                | <u>23,402,548</u>           | <u>21,903,163</u>           |
| Receivables                                    |                             |                             |
| Employer contributions                         | 1,000,000                   | -                           |
| Notes receivable from participants             | -                           | 84                          |
| Other receivable                               | <u>-</u>                    | <u>4,300</u>                |
| Total receivables                              | <u>1,000,000</u>            | <u>4,384</u>                |
| Total assets                                   | <u>24,402,548</u>           | <u>21,907,547</u>           |
| <b>LIABILITIES</b>                             |                             |                             |
| Accrued liabilities                            | <u>-</u>                    | <u>9,544</u>                |
| Net assets available for benefits              | <u><u>\$ 24,402,548</u></u> | <u><u>\$ 21,898,003</u></u> |

The Notes to Financial Statements are an integral part of these statements.

**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

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

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Investment income:

Net appreciation in fair value of investments

(Notes 3, 4, and 5)

\$ 839,744

Interest and dividend income

209,769

Sponsor Company S corporation distribution

1,378,693

Total investment income

2,428,206

Employer contributions

1,000,000

Total additions

3,428,206

**DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:**

Benefits paid to participants

829,163

Administrative expenses (Note 9)

94,498

Total deductions

923,661

Net increase

2,504,545

**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year

21,898,003

End of year

\$ 24,402,548

The Notes to Financial Statements are an integral part of this statement.

**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS  
December 31, 2021**

**Note 1. Plan Description**

The following description of the Sonny Merryman, Inc. Employee Stock Ownership Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan Agreement, as amended and restated, for a more complete description of the Plan’s provisions.

General

Sonny Merryman, Inc. (the “Company”, “Sponsor Company”, or “Employer”) originally established the Plan as a profit-sharing plan effective February 1, 1985. The Plan was amended and restated effective January 1, 2001, to incorporate Employee Stock Ownership Plan (ESOP) provisions and freeze the profit-sharing plan. The Plan was most recently amended January 1, 2016. The Plan is designed to comply with Section 4975(e)(7) and the regulations thereunder of the *Internal Revenue Code (IRC)* of 1986, as amended. It is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Plan administration

The Plan is administered by a committee appointed by the Board of Directors of the Company. The Plan’s investment assets, with the exception of investments in Sponsor Company common stock, are held by Pershing Advisor Solutions, LLC and Merrill Lynch (the “trustees” of the Plan), which invest cash received, interest, and dividend income and make distributions to participants at the direction of the Plan Administrator. Investments are managed by Financial Designs. The assets and related transactions of the frozen profit-sharing plan are held and administered by Merrill Lynch. Ascensus is the ESOP administrator.

Eligibility

Employees of the Company are eligible to participate in the Plan after 1,000 hours of service and having attained age 21 on or before specified dates. Participants who are not employed on the allocation date, which is December 31 of each year, and have not completed 1,000 hours of service, are not eligible for an allocation of Company contributions for such year. Non-resident aliens, union employees, and leased employees are excluded from participating in the Plan. After meeting the eligibility requirements, an employee becomes a member of the Plan effective January 1 or July 1 of that year.

Participant accounts

Each participant’s account is credited with the participant’s allocation of contributions (if they are still an active employee), of Plan earnings (or losses), and of forfeitures. Allocations are based on participants’ eligible compensation and share account balance as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2021**

**Note 1. Plan Description (Continued)**

Company contributions

The Company's Board of Directors determines the amount of contributions that will be allocated each Plan year among the accounts of participants so entitled in the ratio that the compensation of each such participant bears to the total compensation of all such participants, subject to the allocation limitations. The Company made contributions of \$1,000,000 to the Plan during 2021.

Notes receivable from participants

Participants may borrow from their frozen profit-sharing fund accounts a minimum of \$1,000 and up to a maximum of \$50,000. Total notes outstanding may not exceed 50% of a participant's vested account balance. A participant may have no more than one outstanding note at any time. Repayment terms for the notes are five years, unless the note is for the purchase of a principal residence, in which case, the Plan Administrator may permit a longer repayment term, with the note balance amortized in equal installments over the life of the note. The notes are secured by the participant's vested account balance. The interest rate for the note is based on the prevailing rates as used by commercial banks in the local area for a similar loan as determined at the time of the loan application. The interest rate is fixed for the life of the note. There were no outstanding loans as of December 31, 2021.

Vesting

Vesting is based on years of credited service and a participant is incrementally vested up to 100% after six years of credited service or the attainment of age 65. The vesting period is as follows:

| <u>Years of Service</u> | <u>Vested<br/>Percentage</u> |
|-------------------------|------------------------------|
| Less than 2             | -0-%                         |
| 2                       | 20                           |
| 3                       | 40                           |
| 4                       | 60                           |
| 5                       | 80                           |
| 6 or more               | 100                          |

Payment of benefits

Distributions are made only upon retirement, disability, termination of employment, death, or diversification. Distributions for retirement, death, or disability will commence within one year after the close of the Plan year. Distributions for termination without reemployment will commence within one year after the fifth Plan year following the date of termination. The normal form of distribution is five equal annual installments unless the Company consents to an earlier distribution in the form of a lump-sum. In the event the participant's account balance is less than \$10,000, the distribution may be made in a single lump-sum within one taxable year of the Participant's termination. The normal form of distribution for frozen profit-sharing plan benefits is a lump-sum cash payment.

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2021**

**Note 1. Plan Description (Continued)**

Diversification

Diversification is offered to participants close to retirement so they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify may receive a cash distribution or may elect to rollover that portion of their account balance to the Sponsor Company's 401(k) plan.

Voting rights

Normally, shares of Sponsor Company common stock in the trust shall be voted by the trustee in a manner directed by the Plan Committee. Under certain conditions, each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the trustee prior to the time that such rights are to be exercised.

Put option

Under Federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, will include a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is to be the fair market value of the stock. Each put option is valid for a 60 day period after the deemed distribution and has a 60 day "deferred put option period" for non-exercised put options on the first day of the Plan year following the year of deemed distribution. The Company must commence payment for the purchase of such stock 30 days after the notification to exercise. The payment shall be subject to a five year payment provision. The purpose of the put option is to ensure that the participant has the ability to obtain cash.

Forfeitures

Any non-vested account forfeitures will be allocated each year to participants that are entitled in the ratio that the compensation of each such participant bears to the total compensation of all such participants, subject to the allocation limitations. Reallocated forfeitures amounted to \$5,117 for the year ended December 31, 2021.

**Note 2. Summary of Significant Accounting Policies**

Basis of accounting

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

(Continued)

**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS  
December 31, 2021**

**Note 2. Summary of Significant Accounting Policies (Continued)**

Estimates

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

Valuation of investments and investment income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements

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

The Plan invests in various investment securities. The Plan's principal asset is common stock of the Company. This investment, along with other investments held by the Plan, are exposed to various risks such as interest rate, market, credit risks, and the success of the Company. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in values of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Interest bearing cash

The Plan's interest bearing cash consists of funds held in an insured bank deposit program maintained by Dreyfus. These accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times, cash may exceed federally insured limits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Payment of benefits

Benefit payments to participants are recorded when paid.

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2021**

**Note 3. Investment in Sponsor Company Common Stock**

The Plan's investment in the Sponsor Company common stock at December 31 is as follows:

|                  | <u>2021</u>          | <u>2020</u>          |
|------------------|----------------------|----------------------|
| Number of shares | 345,282              | 345,282              |
| Cost             | <u>\$ 8,856,483</u>  | <u>\$ 8,856,483</u>  |
| Fair value       | <u>\$ 15,365,049</u> | <u>\$ 14,822,956</u> |

The Sponsor Company common stock represents 63% and 68% of net assets available for benefits of the Plan at December 31, 2021 and 2020, respectively. The value of the Sponsor Company common stock has been estimated (with the assistance of an independent valuation specialist) in the absence of readily ascertainable market values. Because of the inherent subjectivity in any valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the securities existed, and the differences could be material.

Sponsor Company common stock was valued at \$44.50 and \$42.93 per share at December 31, 2021 and 2020, respectively.

**Note 4. Fair Value Measurements**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 consists of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 inputs were not available.

(Continued)

**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS  
December 31, 2021**

**Note 4. Fair Value Measurements (Continued)**

|                                 | Fair Value Measurements at<br>Reporting Date Using: |                                                                               |                                                             |
|---------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------|
|                                 | Fair Value                                          | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
| <b><u>December 31, 2021</u></b> |                                                     |                                                                               |                                                             |
| Mutual funds                    | \$ 6,779,533                                        | \$ 6,779,533                                                                  | \$ -                                                        |
| Sponsor Company common stock    | <u>15,365,049</u>                                   | <u>-</u>                                                                      | <u>15,365,049</u>                                           |
| Total                           | <u>\$ 22,144,582</u>                                | <u>\$ 6,779,533</u>                                                           | <u>\$ 15,365,049</u>                                        |
| <b><u>December 31, 2020</u></b> |                                                     |                                                                               |                                                             |
| Mutual funds                    | \$ 6,278,608                                        | \$ 6,278,608                                                                  | \$ -                                                        |
| Sponsor Company common stock    | <u>14,822,956</u>                                   | <u>-</u>                                                                      | <u>14,822,956</u>                                           |
| Total                           | <u>\$ 21,101,564</u>                                | <u>\$ 6,278,608</u>                                                           | <u>\$ 14,822,956</u>                                        |

***Level 1 Fair Value Measurements***

The fair values of mutual funds are based on the closing price reported on the active market on which the individual funds and securities are traded.

***Level 3 Fair Value Measurements***

The Company's common stock is reported at fair value, which is determined by the Plan Committee with the assistance of an independent valuation specialist using available financial data. The common stock was valued using the income approach – discounted cash flow to invested capital. The appraiser took into account historical and projected cash flow and net income, cost of capital, and market comparables, as well as applying a discount for the lack of marketability for non-publicly traded stock. The common stock is classified within Level 3 of the valuation hierarchy. Significant changes to these inputs could have resulted in a significantly higher or lower fair value measurement for the Company common stock.

(Continued)

**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS  
December 31, 2021**

**Note 4. Fair Value Measurements (Continued)**

***Level 3 Fair Value Measurements (Continued)***

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2021 and 2020:

|                                                                           | <b><u>Sponsor<br/>Company<br/>Common Stock</u></b> |
|---------------------------------------------------------------------------|----------------------------------------------------|
| <b><u>December 31, 2021</u></b>                                           |                                                    |
| Balance, beginning of year                                                | \$ 14,822,956                                      |
| Unrealized gains relating to investments still held at the reporting date | <u>542,093</u>                                     |
| Balance, end of year                                                      | <u><u>\$ 15,365,049</u></u>                        |
| <b><u>December 31, 2020</u></b>                                           |                                                    |
| Balance, beginning of year                                                | \$ 14,039,166                                      |
| Unrealized gains relating to investments still held at the reporting date | <u>783,790</u>                                     |
| Balance, end of year                                                      | <u><u>\$ 14,822,956</u></u>                        |

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2021, are reported in net appreciation in fair value of investments.

**Note 5. Nonparticipant-Directed Investments**

The following is information about the net assets relating to the nonparticipant-directed investments as of December 31:

|                                  | <b><u>2021</u></b>          | <b><u>2020</u></b>          |
|----------------------------------|-----------------------------|-----------------------------|
| Net assets                       |                             |                             |
| Sponsor Company common stock     | \$ 15,365,049               | \$ 14,822,956               |
| Mutual funds                     | 5,753,552                   | 5,327,203                   |
| Interest bearing cash            | 1,257,966                   | 801,599                     |
| Employer contribution receivable | <u>1,000,000</u>            | <u>-</u>                    |
|                                  | <u><u>\$ 23,372,305</u></u> | <u><u>\$ 20,951,758</u></u> |

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2021**

**Note 5. Nonparticipant-Directed Investments (Continued)**

The following is information about the significant components of the changes in net assets relating to the nonparticipant-directed investments for the year ended December 31, 2021:

|                                                |                           |
|------------------------------------------------|---------------------------|
| Changes in net assets                          |                           |
| Net appreciation in fair value of investments  | \$ 822,062                |
| Interest and dividend income                   | 123,788                   |
| Sponsor Company S corporation distributions    | 1,378,693                 |
| Employer contributions                         | 1,000,000                 |
| Benefits paid to participants                  | (809,498)                 |
| Administrative expenses                        | (94,498)                  |
|                                                | <hr/>                     |
|                                                | 2,420,547                 |
| Non-participant directed net assets, beginning | <hr/> 20,951,758          |
| Non-participant directed net assets, ending    | <hr/> <hr/> \$ 23,372,305 |

**Note 6. Sponsor Company Distributions**

The Company paid distributions to the ESOP of \$1,378,693 during the year ended December 31, 2021.

**Note 7. Income Tax Status**

The Plan received a favorable determination letter on September 21, 2017, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the *IRC*.

Accounting principles generally accepted in the United States of America require the 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 Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 8. Related Parties and Parties-In-Interest**

At December 31, 2021 and 2020, the Plan owned approximately 61% of the Sponsor Company's outstanding common stock; therefore, these transactions qualify as party-in-interest transactions under ERISA.

Certain of the Plan's investments are held and managed by a third-party trustee. These transactions qualify as party-in-interest transactions under ERISA.

Certain officers of the Company are members of the Plan Committee and are also participants in the Plan. No such officer receives compensation from the Plan.

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2021**

**Note 9. Administrative Expenses**

Substantially all administrative expenses including investment manager fees, broker commissions, third-party administrative fees, appraisal fees, and audit fees are paid out of Plan assets as allowed by the Plan document.

**Note 10. Plan Termination**

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time subject to Plan provisions. Upon such termination of the Plan, the participants will become 100% vested in their accounts and the interest of each participant in the Plan will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the *IRC*. Upon termination of the Plan, the Company will pay all liabilities and expenses of the Plan.

**Note 11. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2021 and 2020:

|                                                                              | <u>2021</u>          | <u>2020</u>          |
|------------------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits as reported in the<br>Financial statements | \$ 24,402,548        | \$ 21,898,003        |
| Less: Other receivables                                                      | (4,262)              | (4,255)              |
| Less: Amounts allocated to withdrawing participants                          | <u>(422)</u>         | <u>(25,867)</u>      |
|                                                                              | <u>\$ 24,397,864</u> | <u>\$ 21,867,881</u> |

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

|                                                                                   |                     |
|-----------------------------------------------------------------------------------|---------------------|
| Net increase in net assets available for benefits per the<br>financial statements | \$ 2,504,545        |
| Less: Change in other receivables                                                 | (7)                 |
| Add: Amounts allocated to withdrawing participants in prior<br>year               | 25,867              |
| Less: Amounts allocated to withdrawing participants<br>in the current year        | <u>(422)</u>        |
| Net income per the Form 5500                                                      | <u>\$ 2,529,983</u> |

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date.

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2021**

**Note 12. COVID-19**

In March of 2020, the World Health Organization classified the COVID-19 outbreak as a global pandemic, adversely affecting global economic activity and financial markets. As the COVID-19 outbreak continues to evolve, the extent of the impact on Plan Sponsor's operations, Plan activity, and Plan investments is uncertain and cannot be predicted.

**Note 13. Subsequent Events**

Plan management has evaluated subsequent events through October 11, 2022, which is the date the financial statements were available to be issued.

## **SUPPLEMENTARY INFORMATION**

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**  
**(EIN: 54-0806176) (PLAN: 001)**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2021**

| (a) | Identity of Issuer, Borrower,<br>Lessor, or Similar Party<br>(b) | Description of<br>Investment Including<br>Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value<br>(c) | Cost<br>(d)      | Current<br>Value<br>(e) |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
|     | <b>Sponsor Company Common Stock:</b>                             |                                                                                                                            |                  |                         |
| *   | Sonny Merryman, Inc.                                             | 345,282 shares                                                                                                             | \$ 8,856,483     | \$ 15,365,049           |
|     | <b>Interest Bearing Cash</b>                                     |                                                                                                                            |                  |                         |
|     | Dreyfus Ins Deposit Program I                                    | 768,558 shares                                                                                                             | 768,558          | 768,558                 |
|     | Dreyfus Ins Deposit Program I                                    | 485,146 shares                                                                                                             | 485,146          | 485,146                 |
|     |                                                                  |                                                                                                                            | <u>1,253,704</u> | <u>1,253,704</u>        |
|     | <b>Mutual Funds:</b>                                             |                                                                                                                            |                  |                         |
|     | Blackrock Advantage Large                                        | 2,301 shares                                                                                                               | **               | 52,207                  |
|     | Blackrock US Government                                          | 14,078 shares                                                                                                              | **               | 151,902                 |
|     | Davis NY Venture FD CL A                                         | 7,014 shares                                                                                                               | **               | 202,691                 |
|     | Franklin SM-MID Cap GR                                           | 2,375 shares                                                                                                               | **               | 105,499                 |
|     | Invesco International Growth Fund                                | 3,812 shares                                                                                                               | **               | 103,314                 |
|     | Massachusetts Investors Growth Stock                             | 4,867 shares                                                                                                               | **               | 207,573                 |
|     | PIMCO Total Return Fund Cl A                                     | 19,746 shares                                                                                                              | **               | 202,795                 |
|     | iShares 0-5 Yr TIPS Bond                                         | 3,204 shares                                                                                                               | 329,997          | 339,239                 |
|     | Schwab Short-Term US Treasury                                    | 8,430 shares                                                                                                               | 425,901          | 428,665                 |
|     | iShares Core U.S. Aggregate Bond                                 | 2,960 shares                                                                                                               | 337,310          | 337,677                 |
|     | SPDR SER TR Bloomberg Barclays<br>Aggregate Bond ETF             | 17,082 shares                                                                                                              | 42,029           | 505,969                 |
|     | SSGA Active ETF TR Ultra Short Term<br>Bond                      | 4,096 shares                                                                                                               | 165,913          | 165,151                 |
|     | Vanguard Short Term Bond ETF                                     | 2,094 shares                                                                                                               | 173,160          | 169,258                 |
|     | Invesco Exchange-Traded Self-Indexed<br>Funds Bulletshares 2024  | 3,875 shares                                                                                                               | 83,787           | 84,591                  |
|     | Invesco Exchange-Traded Self-Indexed<br>Funds Bulletshares 2023  | 3,962 shares                                                                                                               | 83,628           | 85,024                  |
|     | Invesco Exchange-Traded Self-Indexed<br>Funds Bulletshares 2022  | 3,986 shares                                                                                                               | 84,281           | 85,260                  |
|     | Vanguard Mortgage Backed Securities                              | 8,011 shares                                                                                                               | 420,713          | 423,301                 |
|     | ALPS ETF TR Alerian MLP New                                      | 5,730 shares                                                                                                               | 167,193          | 187,600                 |
|     | Catalyst Energy Infrastructure Fund I                            | 9,867 shares                                                                                                               | 166,050          | 162,702                 |
|     | SPDR Portfolio S&P 500 High                                      | 3,255 shares                                                                                                               | 131,273          | 136,873                 |
|     | Vanguard High Dividend Yield Index                               | 1,351 shares                                                                                                               | 95,336           | 151,461                 |
|     | Vanguard Large Cap                                               | 2,833 shares                                                                                                               | 361,325          | 626,150                 |
|     | iShares S&P Small-Cap 600 Value                                  | 1,168 shares                                                                                                               | 85,015           | 122,044                 |
|     | Vanguard Mid Cap ETF                                             | 830 shares                                                                                                                 | 128,752          | 211,459                 |
|     | Vanguard Small Cap ETF                                           | 1,862 shares                                                                                                               | 246,421          | 420,831                 |
|     | Vanguard FTSE Developed Mkts ETF                                 | 9,860 shares                                                                                                               | 389,277          | 503,452                 |

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**  
**(EIN: 54-0806176) (PLAN: 001)**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2021**

| (a) | Identity of Issuer, Borrower,<br>Lessor, or Similar Party<br>(b) | Description of<br>Investment Including<br>Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value<br>(c) | Cost<br>(d)   | Current<br>Value<br>(e) |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|     | <b>Mutual Funds (Continued):</b>                                 |                                                                                                                            |               |                         |
|     | Vanguard Victory Trivalent Intl<br>Small-Cap Fund Y              | 4,850 shares                                                                                                               | \$ 81,281     | \$ 81,287               |
|     | Baron Emerging Markets Fund Inst                                 | 3,814 shares                                                                                                               | 76,038        | 67,053                  |
|     | Schwab Strategic TR Emerging Markets<br>Equity EF                | 9,630 shares                                                                                                               | 193,909       | 285,241                 |
|     | ETFMG Prime Junior Silver ETF                                    | 3,055 shares                                                                                                               | 40,113        | 38,126                  |
|     | Vaneck TR Gold Minders ETF                                       | 1,953 shares                                                                                                               | 62,502        | 62,554                  |
|     | Neuberger Berman Real Estate Inst                                | 3,756 shares                                                                                                               | 52,761        | 72,584                  |
|     |                                                                  |                                                                                                                            | 4,423,965     | 6,779,533               |
|     | Total Assets Held at End of Year                                 |                                                                                                                            | \$ 14,534,152 | \$ 23,398,286           |

\* Party-in-interest.

\*\* Cost omitted for participant-directed investments.

**SONNY MERRYMAN, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST  
(EIN: 54-0806176) (PLAN: 001)**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2021**

| (a) | Identity of Issuer, Borrower,<br>Lessor, or Similar Party<br>(b) | Description of<br>Investment Including<br>Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value<br>(c) | Cost<br>(d)  | Current<br>Value<br>(e) |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
|     | <b>Sponsor Company Common Stock:</b>                             |                                                                                                                            |              |                         |
| *   | Sonny Merryman, Inc.                                             | 345,282 shares                                                                                                             | \$ 8,856,483 | \$ 15,365,049           |
|     | <b>Interest Bearing Cash</b>                                     |                                                                                                                            |              |                         |
|     | Dreyfus Ins Deposit Program I                                    | 768,558 shares                                                                                                             | 768,558      | 768,558                 |
|     | Dreyfus Ins Deposit Program I                                    | 485,146 shares                                                                                                             | 485,146      | 485,146                 |
|     |                                                                  |                                                                                                                            | 1,253,704    | 1,253,704               |
|     | <b>Mutual Funds:</b>                                             |                                                                                                                            |              |                         |
|     | Blackrock Advantage Large                                        | 2,301 shares                                                                                                               | **           | 52,207                  |
|     | Blackrock US Government                                          | 14,078 shares                                                                                                              | **           | 151,902                 |
|     | Davis NY Venture FD CL A                                         | 7,014 shares                                                                                                               | **           | 202,691                 |
|     | Franklin SM-MID Cap GR                                           | 2,375 shares                                                                                                               | **           | 105,499                 |
|     | Invesco International Growth Fund                                | 3,812 shares                                                                                                               | **           | 103,314                 |
|     | Massachusetts Investors Growth Stock                             | 4,867 shares                                                                                                               | **           | 207,573                 |
|     | PIMCO Total Return Fund CI A                                     | 19,746 shares                                                                                                              | **           | 202,795                 |
|     | iShares 0-5 Yr TIPS Bond                                         | 3,204 shares                                                                                                               | 329,997      | 339,239                 |
|     | Schwab Short-Term US Treasury                                    | 8,430 shares                                                                                                               | 425,901      | 428,665                 |
|     | iShares Core U.S. Aggregate Bond                                 | 2,960 shares                                                                                                               | 337,310      | 337,677                 |
|     | SPDR SER TR Bloomberg Barclays<br>Aggregate Bond ETF             | 17,082 shares                                                                                                              | 42,029       | 505,969                 |
|     | SSGA Active ETF TR Ultra Short Term<br>Bond                      | 4,096 shares                                                                                                               | 165,913      | 165,151                 |
|     | Vanguard Short Term Bond ETF                                     | 2,094 shares                                                                                                               | 173,160      | 169,258                 |
|     | Invesco Exchange-Traded Self-Indexed<br>Funds Bulletshares 2024  | 3,875 shares                                                                                                               | 83,787       | 84,591                  |
|     | Invesco Exchange-Traded Self-Indexed<br>Funds Bulletshares 2023  | 3,962 shares                                                                                                               | 83,628       | 85,024                  |
|     | Invesco Exchange-Traded Self-Indexed<br>Funds Bulletshares 2022  | 3,986 shares                                                                                                               | 84,281       | 85,260                  |
|     | Vanguard Mortgage Backed Securities                              | 8,011 shares                                                                                                               | 420,713      | 423,301                 |
|     | ALPS ETF TR Alerian MLP New                                      | 5,730 shares                                                                                                               | 167,193      | 187,600                 |
|     | Catalyst Energy Infrastructure Fund I                            | 9,867 shares                                                                                                               | 166,050      | 162,702                 |
|     | SPDR Portfolio S&P 500 High                                      | 3,255 shares                                                                                                               | 131,273      | 136,873                 |
|     | Vanguard High Dividend Yield Index                               | 1,351 shares                                                                                                               | 95,336       | 151,461                 |
|     | Vanguard Large Cap                                               | 2,833 shares                                                                                                               | 361,325      | 626,150                 |
|     | iShares S&P Small-Cap 600 Value                                  | 1,168 shares                                                                                                               | 85,015       | 122,044                 |
|     | Vanguard Mid Cap ETF                                             | 830 shares                                                                                                                 | 128,752      | 211,459                 |
|     | Vanguard Small Cap ETF                                           | 1,862 shares                                                                                                               | 246,421      | 420,831                 |
|     | Vanguard FTSE Developed Mkts ETF                                 | 9,860 shares                                                                                                               | 389,277      | 503,452                 |

(Continued)

**SONNY MERRYMAN, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST**  
**(EIN: 54-0806176) (PLAN: 001)**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2021**

| (a)                              | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of<br>Investment Including<br>Maturity Date, Rate of<br>Interest, Collateral, Par,<br>or Maturity Value | Cost<br>(d)          | Current<br>Value<br>(e) |
|----------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|                                  | (b)                                                       | (c)                                                                                                                 |                      |                         |
| <b>Mutual Funds (Continued):</b> |                                                           |                                                                                                                     |                      |                         |
|                                  | Vanguard Victory Trivalent Intl<br>Small-Cap Fund Y       | 4,850 shares                                                                                                        | \$ 81,281            | \$ 81,287               |
|                                  | Baron Emerging Markets Fund Inst                          | 3,814 shares                                                                                                        | 76,038               | 67,053                  |
|                                  | Schwab Strategic TR Emerging Markets<br>Equity EF         | 9,630 shares                                                                                                        | 193,909              | 285,241                 |
|                                  | ETFMG Prime Junior Silver ETF                             | 3,055 shares                                                                                                        | 40,113               | 38,126                  |
|                                  | Vaneck TR Gold Minders ETF                                | 1,953 shares                                                                                                        | 62,502               | 62,554                  |
|                                  | Neuberger Berman Real Estate Inst                         | 3,756 shares                                                                                                        | 52,761               | 72,584                  |
|                                  |                                                           |                                                                                                                     | <u>4,423,965</u>     | <u>6,779,533</u>        |
|                                  | Total Assets Held at End of Year                          |                                                                                                                     | <u>\$ 14,534,152</u> | <u>\$ 23,398,286</u>    |

\* Party-in-interest.

\*\* Cost omitted for participant-directed investments.