

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2022
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>EMPLOYEE BENEFIT PLAN OF FACTORY CONNECTION, LLC</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan <u>03/01/1995</u></td> <td></td> </tr> <tr> <td>2b Employer Identification Number (EIN) <u>90-0142088</u></td> <td></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>256-264-9400</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>448140</u></td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1995</u>		2b Employer Identification Number (EIN) <u>90-0142088</u>		2c Plan Sponsor's telephone number <u>256-264-9400</u>		2d Business code (see instructions) <u>448140</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>03/01/1995</u>											
2b Employer Identification Number (EIN) <u>90-0142088</u>											
2c Plan Sponsor's telephone number <u>256-264-9400</u>											
2d Business code (see instructions) <u>448140</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FACTORY CONNECTION, LLC</u> <u>2300 HIGHWAY 79 S</u> <u>GUNTERSVILLE, AL 35976-2220</u>											

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2023</u>	<u>SARAH STANFORD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 327
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 232
a(2) Total number of active participants at the end of the plan year		6a(2) 277
b Retired or separated participants receiving benefits		6b 2
c Other retired or separated participants entitled to future benefits.....		6c 119
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 398
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 398
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 360
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 35
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J 2K 2S 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EMPLOYEE BENEFIT PLAN OF FACTORY CONNECTION, LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FACTORY CONNECTION, LLC	D Employer Identification Number (EIN) 90-0142088	

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

(a) Name of insurance carrier MUTUAL OF AMERICA
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	061564J	398	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	1404

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NASHVILLE REGIONAL OFFICE HIGHLAND RIDGE II 555 MARRIOTT DRIVE SUITE 510 NASHVILLE, TN 37214-5108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1404	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	636617
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	4171182

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

468949

c Additions: (1) Contributions deposited during the year**7c(1)**

83388

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

1462

(4) Transferred from separate account.....

7c(4)

210708

(5) Other (specify below)

7c(5)

2440

▶ **FORFEITURE CREDIT**

(6) Total additions.....

7c(6)

297998

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

766947

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

106864

(2) Administration charge made by carrier.....

7e(2)

157

(3) Transferred to separate account.....

7e(3)

22768

(4) Other (specify below)

7e(4)

0

(5) Total deductions.....

7e(5)

129789

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

637158

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EMPLOYEE BENEFIT PLAN OF FACTORY CONNECTION, LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FACTORY CONNECTION, LLC	D Employer Identification Number (EIN) 90-0142088	

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	417757	0	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 54758**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 787
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 787**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 55545**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3
(2) Administration charge made by carrier **7e(2)** 390
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 55152
▶ **CONTRACT TERM/NOT MATURED**(5) Total deductions **7e(5)** 55545**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EMPLOYEE BENEFIT PLAN OF FACTORY CONNECTION, LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FACTORY CONNECTION, LLC	D Employer Identification Number (EIN) 90-0142088	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

(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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	389	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EMPLOYEE BENEFIT PLAN OF FACTORY CONNECTION, LLC	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FACTORY CONNECTION, LLC	D Employer Identification Number (EIN) 90-0142088	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA1		
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
c EIN-PN 13-1614399-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4127172
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>EMPLOYEE BENEFIT PLAN OF FACTORY CONNECTION, LLC</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FACTORY CONNECTION, LLC</u>	D Employer Identification Number (EIN) <u>90-0142088</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		55152
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5298023	4171182
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	589258	636617
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5887281	4862951

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5887281	4862951
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	51456	
(B) Participants	2a(1)(B)	493167	
(C) Others (including rollovers)	2a(1)(C)	18350	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		562973
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	1463	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1463
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-908919
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-344483
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	678443	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		678443
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1404	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1404
j Total expenses. Add all expense amounts in column (b) and enter total	2j		679847
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1024330
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KELLUM, WILSON & ASSOCIATES, P.C**

(2) EIN: **63-0910369**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

FACTORY CONNECTION, LLC
401(k) PLAN

Financial Statements and
Supplemental Schedule

December 31, 2022 and 2021

KELLUM, WILSON & ASSOCIATES, P.C.
Certified Public Accountants
1799 ELLIOTT BOULEVARD
JASPER, ALABAMA 35501

FACTORY CONNECTION, LLC, 401(k) PLAN

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KELLUM, WILSON & ASSOCIATES, P.C.

Certified Public Accountants

1799 ELLIOTT BOULEVARD

JASPER, ALABAMA 35501

PHILLIP D. EADS, CPA, MANAGER

(205) 221-2935

FAX (205) 221-2985

peads@kwacpa.net

JOHN W. KELLUM, III, CPA
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LINDY B. EICHELBERGER, CPA
JAMES C. BOHANNON, CPA, CFE

BIRMINGHAM OFFICE
JOHN W. KELLUM, III, CPA
3825 LORNA ROAD, SUITE 212
HOOVER, ALABAMA 35244
(205) 942-5424

CHARLES W. HULLETT, CPA
(1927-2005)

INDEPENDENT AUDITORS' REPORT

The Plan Administrators
Factory Connection, LLC, 401(k) Plan
Guntersville, Alabama

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

We have performed an audit of the financial statements of the Factory Connection, LLC, 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date the financial statements are 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 benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise doubt about the Plan's ability to continue as going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets Held at End of Year as of and for the year ended December 31, 2022, is presented for the purpose 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Kellum, Wilson & Associates, P.C.

Kellum, Wilson & Associates, P.C.
October 4, 2023

FACTORY CONNECTION, LLC 401(k) PLAN
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	December 31, 2022	December 31, 2021
ASSETS		
Investments at Fair Value	\$ 4,226,334	\$ 5,298,023
Investments at Contract Value	636,617	589,258
RECEIVABLES		
Employer's Contribution	-	-
Participants' Contributions	-	-
TOTAL ASSETS	<u>4,862,951</u>	<u>5,887,281</u>
LIABILITIES		
Excess Contributions Payable	-	7,725
TOTAL LIABILITIES	<u>-</u>	<u>7,725</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,862,951</u></u>	<u><u>\$ 5,879,556</u></u>

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

FACTORY CONNECTION, LLC, 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits

As of December 31, 2022 and 2021

	For the Year Ended	
	December 31, 2022	December 31, 2021
ADDITIONS (DECREASES) TO NET ASSETS		
ATTRIBUTED TO:		
INVESTMENT INCOME (LOSS)		
Net Investment Gain (Loss) in		
Pooled Separate Accounts and Guaranteed Contracts	\$ (899,812)	\$ 750,011
Interest Income on Guaranteed Contracts	1,462	4,401
	<u>(898,350)</u>	<u>754,412</u>
CONTRIBUTIONS		
Employer's Contributions	49,016	44,101
Participants' Contributions	493,167	443,021
Rollover	12,078	-
	<u>554,261</u>	<u>487,122</u>
TOTAL ADDITIONS (DECREASES)	<u>(344,089)</u>	<u>1,241,534</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	670,718	360,082
Corrective Distributions	-	7,725
Administrative Expenses	1,798	2,111
	<u>672,516</u>	<u>369,918</u>
TOTAL DEDUCTIONS	<u>672,516</u>	<u>369,918</u>
NET INCREASE (DECREASE)	(1,016,605)	871,616
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>5,879,556</u>	<u>5,007,940</u>
End of Year	<u>\$ 4,862,951</u>	<u>\$ 5,879,556</u>

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

FACTORY CONNECTION, LLC, 401(k) PLAN

Notes to Financial Statements

For the Year Ended December 31, 2022

NOTE 1: DESCRIPTION OF PLAN

The following description of the Factory Connection, LLC, 401(K) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL – The Plan is a defined contribution profit sharing 401(K) salary-deferred, thrift plan covering all full-time employees of the Company who make salary reduction contributions to the Plan, have one year of service, worked at least 1,000 hours and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a Principal Financial Group and Mutual of America prototype, standardized plan.

CASH EQUIVALENT – The money market account is a cash equivalent and is not insured by the Federal Deposit Insurance Corporation.

CONTRIBUTIONS – Participants may contribute up to the maximum legally allowed portion of their annual compensation (\$20,500 for 2022) plus the over age 50 catch-up amount (\$6,500 for 2022) to the Plan. Participants may also rollover amounts representing distributions from other qualified defined benefit or contribution plans. The Company makes discretionary contributions up to the amount of the employee deferral not to exceed 20% of an employee's compensation.

PARTICIPANTS ACCOUNTS – Each participant's account is credited with the participant's contribution, the Company's matching contribution, and the allocation of Plan earnings. Each participant's account is charged with the allocation of administrative expenses. Allocations are based on participants' account balances. The benefit upon retirement or separation from service, to which a participant is entitled, is the benefit that can be provided from the participant's vested account.

VESTING – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts plus actual earnings thereon is based on years of service. A participant is 20% vested for each year of credited service and is 100% vested after five years of credited service.

PARTICIPANT-DIRECTED INVESTMENT OPTIONS – Upon enrollment in the Plan, a participant may direct employee and employer contributions to any combination of the investment funds offered by The Principal Financial Group and Mutual of America. Participants may change their investment options quarterly.

PAYMENT OF BENEFITS – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Vested interests of under \$1,000 are subject to mandatory lump-sum distributions.

FORFEITED ACCOUNTS – At December 31, 2022 and 2021, there were no unallocated, forfeited, nonvested accounts. Forfeitures of nonvested accounts are used to reduce the Plan's administrative expenses. Amounts used to reduce the Plan's administrative expenses for the years ending December 31, 2022 and 2021, were \$1,078 and \$181, respectively.

FACTORY CONNECTION, LLC, 401(k) PLAN

Notes to Financial Statements

For the Year Ended December 31, 2022

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

ADMINISTRATIVE EXPENSES – Certain expenses incurred in the administration of the Plan are paid directly by the Company. Investment-related expenses are included in net appreciation in fair value of investments.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING – The financial statements of the Plan are prepared using the accrual method of accounting. However, investments are reported in the financial statements at fair value as required by generally accepted accounting principles of the United States of America.

USE OF ESTIMATES – The preparation of financial statements in conformity with generally accepted accounting principles of the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION – The Plan's investments are stated at fair value except for fully benefit-responsive investments contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan. Shares of The Principal Financial Group and Mutual of America are valued at quoted market prices which represent the net asset value of shares (See Note 4).

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are principally recorded on the cash basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

PAYMENT OF BENEFITS – Payment of benefits to participants are recorded upon distribution.

COSTS OF THE PLAN ABSORBED BY EMPLOYER – Auditing, fidelity bond coverage, office supplies, and any Company employee costs associated with the administration of the Plan except for record-keeping fees, etc. of the third-party plan administrator (The Principal Financial Group and Mutual of America) are absorbed by the Company.

RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by The Principal Financial Group and Mutual of America. The Principal Financial Group and Mutual of America are the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

SUBSEQUENT EVENTS – Subsequent events were evaluated through October 4, 2023, which is the date the financial statements were available to be issued.

FACTORY CONNECTION, LLC, 401(k) PLAN

Notes to Financial Statements

For the Year Ended December 31, 2022

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE AND RELATED PARTY

The investments, at fair value (See Note 4), and the investment contract (See Note 5), at fair value, listed on the Statements of Net Assets Available for Benefits, Statements of Changes in Net Assets Available for Benefits (net investment activity and interest and dividend income), and IRS Form 5500 Supplemental Schedule were obtained from data that has been prepared and certified to as complete and accurate by The Principal Financial Group and Mutual of America, the Trustees of the Plan. The Principal Financial Group and Mutual of America qualify as a party-in-interest. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA. The plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 4: FAIR VALUE MEASUREMENTS

The Plan's assets are reported at fair value in the accompanying Statement of Net Assets Available for Benefits.

Fair Value Measurements Using:

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
December 31, 2022				
Cash	\$ 55,152	\$ 55,152	\$ -	\$ -
Mutual Funds	<u>4,807,799</u>	<u>4,807,799</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 4,862,951</u>	<u>\$ 4,862,951</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2021				
Mutual Funds	<u>\$ 5,298,023</u>	<u>\$ 5,298,023</u>	<u>\$ -</u>	<u>\$ -</u>
Total	<u>\$ 5,298,023</u>	<u>\$ 5,298,023</u>	<u>\$ -</u>	<u>\$ -</u>

Fair Value Measurements establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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 other than quoted prices within Level 1 that are observable for the assets, either directly or indirectly. Level 3 inputs have the lowest priority and consist of at least one unobservable input for the asset. 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. When all the underlying components of an investment cannot be measured using Level 1 inputs, Level 2 inputs are used. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

FACTORY CONNECTION, LLC, 401(k) PLAN

Notes to Financial Statements

For the Year Ended December 31, 2022

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)**Level 1 Fair Value Measurements**

None of the investments are solely valued using Level 1 inputs. Therefore, if Level 2 inputs are used to determine any of the components of the money market account, mutual funds, or common stock, the investments are classified in the Level 2 category.

Level 2 Fair Value Measurements

Pooled Separate Accounts (Mutual Funds) – Underlying securities are in stocks, corporate bonds, mortgage-backed securities, and other investments. These include securities that have Level 1 pricing inputs based on quoted market prices and Level 2 pricing inputs based on quoted prices for similar assets in active or non-active markets.

NOTE 5: GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into traditional benefit-responsive guaranteed investment contracts with Principal Life Insurance Company (Principal). Principal maintains the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract values are the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statements of net assets available for benefits at contract value. Contract values, as reported to the Plan by Principal, represent contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract values for credit risk of the contract's issuer or otherwise. The contract value of the investment contracts at December 31, 2022 and 2021, was \$0 and \$120,309, respectively. The crediting interest rates are based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract values with Principal. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity dates.

FACTORY CONNECTION, LLC, 401(k) PLAN

Notes to Financial Statements

For the Year Ended December 31, 2022

NOTE 5: GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

The investment in the Mutual of America General Account is comparable to a cash equivalent and therefore exempt from classification as Level 1, 2, or 3 assets under ASU820-10. The fair value and contract value at December 31, 2022 and 2021, was \$636,617 and \$468,949, respectively.

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	<u>2022</u>	<u>2021</u>
Net Assets Available for Benefits per Form 5500	\$ 4,862,951	\$ 5,887,281
Increase to Contract Value	-	-
Excess Contributions Payable	<u>-</u>	<u>(7,725)</u>
Net Assets Available for Benefits per Financial Statement	<u>\$ 4,862,951</u>	<u>\$ 5,879,556</u>
Net Increase (Decrease) in Changes to Net Assets per Form 5500	\$(1,024,330)	\$ 870,749
Change in Contract Value	-	-
Excess Contributions Payable	<u>7,725</u>	<u>867</u>
Net Increase (Decrease) in Changes to Net Assets per Financial Statement	<u>\$(1,016,605)</u>	<u>\$ 871,616</u>

NOTE 8: TAX STATUS

The Internal Revenue Service has determined and informed the benefit group sponsoring the prototype standardized plan by letter dated August 7, 2001, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC and therefore believe the Plan is qualified and the related trust tax-exempt.

The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

FACTORY CONNECTION, LLC, 401(k) PLAN

Notes to Financial Statements

For the Year Ended December 31, 2022

NOTE 9: RISKS AND UNCERTAINTIES

The Plan invests in various pooled separate accounts, including a money market account and an investment contract, and such investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participant-directed account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Supplemental Schedule

FACTORY CONNECTION, LLC, 401(k) PLAN

Schedule H, Line 4i - Schedule of Assets Held at End of Year

As of December 31, 2022

(A) Party in Interest	(B) Identity of Issue, Borrower, Lesser, or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Non-Interest Bearing Cash	\$ -	\$ 55,152
*	Mutual of America	Group Annuity Contract General Account	-	636,617
*	Mutual of America	Group Annuity Contract Aggressive Allocation Fund	-	4,474
*	Mutual of America	Group Annuity Contract Conservative Allocation Fund	-	60,222
*	Mutual of America	Group Annuity Contract Moderate Allocation Fund	-	161,504
*	Mutual of America	Group Annuity Contract Bond Fund	-	3,300
*	Mutual of America	Group Annuity Contract T. Rowe Price Blue Chip Growth	-	184,796
*	Mutual of America	Group Annuity Contract Composite Fund	-	1,049
*	Mutual of America	Group Annuity Contract Calvert VP SRI Balanced Port.	-	13,800
*	Mutual of America	Group Annuity Contract Delaware VIP SRI Balanced Portfolio	-	1,969
*	Mutual of America	Group Annuity Contract Equity Index Fund	-	198,279
*	Mutual of America	Group Annuity Contract Fidelity VIP Mid-Cap	-	20,551
*	Mutual of America	Group Annuity Contract Fidelity VIP Asset Manager	-	4,607
*	Mutual of America	Group Annuity Contract Fidelity VIP Contrafund	-	14,604
*	Mutual of America	Group Annuity Contract Fidelity VIP Equity-Income Port	-	4,685
*	Mutual of America	Group Annuity Contract Goldman Sachs VIT US Equity	-	831
*	Mutual of America	Group Annuity Contract Goldman Sachs Small Cap Equity	-	33
*	Mutual of America	American Funds Insurance SNWF	-	5
*	Mutual of America	Group Annuity Contract Money Market Fund	-	682
*	Mutual of America	Group Annuity Contract Mid-Term Bond Fund	-	7,223
*	Mutual of America	Group Annuity Contract Mid-Cap Equity Index Fund	-	70,328
*	Mutual of America	Group Annuity Contract MFS VIT III Mid Cap Value Port	-	289
*	Mutual of America	Group Annuity Contract Mid Cap Value Fund	-	5,679
*	Mutual of America	Neuberger Berman AMT Sustainable Equity Portfolio	-	1,190
*	Mutual of America	Mutual of America International	-	5
*	Mutual of America	Group Annuity Contract Invesco Oppenheimer VI Main St	-	15,740
*	Mutual of America	Mutual of America 2015 Retirement	-	5
*	Mutual of America	Group Annuity Contract Retirement Income Fund	-	197,477
*	Mutual of America	Group Annuity Contract Vanguard VIF Real Estate Index	-	18,715
*	Mutual of America	Group Annuity Contract PIMCO VIT Real Return Port.	-	15,475
*	Mutual of America	Group Annuity Contract Victory RS Small Cap Growth	-	4,825
*	Mutual of America	Group Annuity Contract 2020 Retirement Fund	-	95,934
*	Mutual of America	Group Annuity Contract 2025 Retirement Fund	-	689,458
*	Mutual of America	Group Annuity Contract 2030 Retirement Fund	-	885,299
*	Mutual of America	Group Annuity Contract 2035 Retirement Fund	-	550,166
*	Mutual of America	Group Annuity Contract 2040 Retirement Fund	-	183,835
*	Mutual of America	Group Annuity Contract 2045 Retirement Fund	-	364,971
*	Mutual of America	Group Annuity Contract 2050 Retirement Fund	-	40,488
*	Mutual of America	Group Annuity Contract 2055 Retirement Fund	-	102,225
*	Mutual of America	Group Annuity Contract 2060 Retirement Fund	-	32,557
*	Mutual of America	Group Annuity Contract 2065 Retirement Fund	-	2,808
*	Mutual of America	Group Annuity Contract All America Fund	-	59,371
*	Mutual of America	Group Annuity Contract Small Cap Equity Index Fund	-	33,433
*	Mutual of America	Group Annuity Contract DWS Capital Growth VIP	-	58,416
*	Mutual of America	Group Annuity Contract Small Cap Growth Fund	-	5,096
*	Mutual of America	Group Annuity Contract Small Cap Value Fund	-	2,994
*	Mutual of America	Group Annuity Contract American Century VP Cap Apprec	-	7,142
*	Mutual of America	Group Annuity Contract Vanguard VIF Diversified Value	-	18,789
*	Mutual of America	Group Annuity Contract Vanguard VIF International	-	13,958
*	Mutual of America	Group Annuity Contract Vanguard Total Bond Mkt 1 Prt	-	11,900
TOTAL			<u>\$ -</u>	<u>\$ 4,862,951</u>

See accompanying independent auditors' report.

FACTORY CONNECTION, LLC, 401(k) PLAN

Schedule H, Line 4i - Schedule of Assets Held at End of Year

As of December 31, 2022

Attachment to January 2022 Form 5500

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

Family Connection, LLC EIN 90-0142088

Plan Number: 001

(A) Party in Inter	(B) Identity of Issue, Borrower, Lesser, or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Non-Interest Bearing Cash	\$ - \$	55,152
*	Mutual of America	Group Annuity Contract General Account	-	636,617
*	Mutual of America	Group Annuity Contract Aggressive Allocation Fund	-	4,474
*	Mutual of America	Group Annuity Contract Conservative Allocation Fund	-	60,222
*	Mutual of America	Group Annuity Contract Moderate Allocation Fund	-	161,504
*	Mutual of America	Group Annuity Contract Bond Fund	-	3,300
*	Mutual of America	Group Annuity Contract T. Rowe Price Blue Chip Growth	-	184,796
*	Mutual of America	Group Annuity Contract Composite Fund	-	1,049
*	Mutual of America	Group Annuity Contract Calvert VP SRI Balanced Port.	-	13,800
*	Mutual of America	Group Annuity Contract Delaware VIP SRI Balanced Portfolio	-	1,969
*	Mutual of America	Group Annuity Contract Equity Index Fund	-	198,279
*	Mutual of America	Group Annuity Contract Fidelity VIP Mid-Cap	-	20,551
*	Mutual of America	Group Annuity Contract Fidelity VIP Asset Manager	-	4,607
*	Mutual of America	Group Annuity Contract Fidelity VIP Contrafund	-	14,604
*	Mutual of America	Group Annuity Contract Fidelity VIP Equity-Income Port	-	4,685
*	Mutual of America	Group Annuity Contract Goldman Sachs VIT US Equity	-	831
*	Mutual of America	Group Annuity Contract Goldman Sachs Small Cap	-	33
*	Mutual of America	American Funds Insurance SNWF	-	5
*	Mutual of America	Group Annuity Contract Money Market Fund	-	682
*	Mutual of America	Group Annuity Contract Mid-Term Bond Fund	-	7,223
*	Mutual of America	Group Annuity Contract Mid-Cap Equity Index Fund	-	70,328
*	Mutual of America	Group Annuity Contract MFS VIT III Mid Cap Value Port	-	289
*	Mutual of America	Group Annuity Contract Mid Cap Value Fund	-	5,679
*	Mutual of America	Neuberger Berman AMT Sustainable Equity Portfolio	-	1,190
*	Mutual of America	Mutual of America International	-	5
*	Mutual of America	Group Annuity Contract Invesco Oppenheimer VI Main St	-	15,740
*	Mutual of America	Mutual of America 2015 Retirement	-	5
*	Mutual of America	Group Annuity Contract Retirement Income Fund	-	197,477
*	Mutual of America	Group Annuity Contract Vanguard VIF Real Estate Index	-	18,715
*	Mutual of America	Group Annuity Contract PIMCO VIT Real Return Port.	-	15,475
*	Mutual of America	Group Annuity Contract Victory RS Small Cap Growth	-	4,825
*	Mutual of America	Group Annuity Contract 2020 Retirement Fund	-	95,934
*	Mutual of America	Group Annuity Contract 2025 Retirement Fund	-	689,458
*	Mutual of America	Group Annuity Contract 2030 Retirement Fund	-	885,299
*	Mutual of America	Group Annuity Contract 2035 Retirement Fund	-	550,166
*	Mutual of America	Group Annuity Contract 2040 Retirement Fund	-	183,835
*	Mutual of America	Group Annuity Contract 2045 Retirement Fund	-	364,971
*	Mutual of America	Group Annuity Contract 2050 Retirement Fund	-	40,488
*	Mutual of America	Group Annuity Contract 2055 Retirement Fund	-	102,225
*	Mutual of America	Group Annuity Contract 2060 Retirement Fund	-	32,557
*	Mutual of America	Group Annuity Contract 2065 Retirement Fund	-	2,808
*	Mutual of America	Group Annuity Contract All America Fund	-	59,371
*	Mutual of America	Group Annuity Contract Small Cap Equity Index Fund	-	33,433
*	Mutual of America	Group Annuity Contract DWS Capital Growth VIP	-	58,416
*	Mutual of America	Group Annuity Contract Small Cap Growth Fund	-	5,096
*	Mutual of America	Group Annuity Contract Small Cap Value Fund	-	2,994
*	Mutual of America	Group Annuity Contract American Century VP Cap	-	7,142
*	Mutual of America	Group Annuity Contract Vanguard VIF Diversified Value	-	18,789
*	Mutual of America	Group Annuity Contract Vanguard VIF International	-	13,958
*	Mutual of America	Group Annuity Contract Vanguard Total Bond Mkt 1 Prt	-	11,900
TOTAL			<u>\$ -</u>	<u>\$ 4,862,951</u>

See accompanying independent auditors' report.