

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                               |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><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.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                               |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                               |

|         |                                                                                                                                                                                                                                                                                                                                        |    |                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                 |    |                                                    |
| 1a      | Name of plan<br>BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN                                                                                                                                                                                                                                                                | 1b | Three-digit plan number (PN) ▶ 003                 |
|         |                                                                                                                                                                                                                                                                                                                                        | 1c | Effective date of plan<br>08/01/2002               |
| 2a      | 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>BIG SANDY FURNITURE, INC.<br><br>8375 GALLIA PIKE<br>FRANKLIN FURNACE, OH 45629 | 2b | Employer Identification Number (EIN)<br>61-0523463 |
|         |                                                                                                                                                                                                                                                                                                                                        | 2c | Plan Sponsor's telephone number<br>740-574-2113    |
|         |                                                                                                                                                                                                                                                                                                                                        | 2d | Business code (see instructions)<br>442110         |
|         |                                                                                                                                                                                                                                                                                                                                        |    |                                                    |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.                                                                                                                                                                                                    |                                                   |            |                                                              |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |                                                   |            |                                                              |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 04/03/2024 | JULIE HUDSON                                                 |
|                                                                                                                                                                                                                                                                                                                                        | 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                      |

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                           |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <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                                                                                                                                                                                                                                             |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>548</span> </div>     |
| <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 .....                                                                                                                                                                                                                             |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>397</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                   |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>387</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>74</span> </div>     |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>90</span> </div>     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                         |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>551</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                          |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>2</span> </div>      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                             |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>553</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                      |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>551</span> </div>    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                           |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>25</span> </div>     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                |                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                      |
| <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><div style="display: flex; justify-content: space-between;"> <span>2I</span> <span>2O</span> <span>2Q</span> <span>3I</span> <span>3D</span> </div> |                                                                                                                                                                                                           |                                                                                                                |
| <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)                                                                                                                                                                                                                                                           |                                                                                                                                                                                                           | <b>9b</b> Plan benefit arrangement (check all that apply)                                                      |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(1)</div> <div><input type="checkbox"/></div> <div>Insurance</div> </div>                                                                                                                                                    | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(1)</div> <div><input type="checkbox"/></div> <div>Insurance</div> </div>                                          |                                                                                                                |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(2)</div> <div><input type="checkbox"/></div> <div>Code section 412(e)(3) insurance contracts</div> </div>                                                                                                                   | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(2)</div> <div><input type="checkbox"/></div> <div>Code section 412(e)(3) insurance contracts</div> </div>         |                                                                                                                |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(3)</div> <div><input checked="" type="checkbox"/></div> <div>Trust</div> </div>                                                                                                                                             | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(3)</div> <div><input checked="" type="checkbox"/></div> <div>Trust</div> </div>                                   |                                                                                                                |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(4)</div> <div><input type="checkbox"/></div> <div>General assets of the sponsor</div> </div>                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(4)</div> <div><input type="checkbox"/></div> <div>General assets of the sponsor</div> </div>                      |                                                                                                                |
| <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>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                           | <b>b General Schedules</b>                                                                                     |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(1)</div> <div><input checked="" type="checkbox"/></div> <div><b>R</b> (Retirement Plan Information)</div> </div>                                                                                                            | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(1)</div> <div><input checked="" type="checkbox"/></div> <div><b>H</b> (Financial Information)</div> </div>        |                                                                                                                |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(2)</div> <div><input type="checkbox"/></div> <div><b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</div> </div>                            | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(2)</div> <div><input type="checkbox"/></div> <div><b>I</b> (Financial Information – Small Plan)</div> </div>      |                                                                                                                |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(3)</div> <div><input type="checkbox"/></div> <div><b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</div> </div>                                                          | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(3)</div> <div><input type="checkbox"/></div> <div><b>0 A</b> (Insurance Information)</div> </div>                 |                                                                                                                |
|                                                                                                                                                                                                                                                                                                                     | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(4)</div> <div><input checked="" type="checkbox"/></div> <div><b>C</b> (Service Provider Information)</div> </div> |                                                                                                                |
|                                                                                                                                                                                                                                                                                                                     | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(5)</div> <div><input type="checkbox"/></div> <div><b>D</b> (DFE/Participating Plan Information)</div> </div>      |                                                                                                                |
|                                                                                                                                                                                                                                                                                                                     | <div style="display: flex; justify-content: space-between;"> <div style="width: 30px;">(6)</div> <div><input type="checkbox"/></div> <div><b>G</b> (Financial Transaction Schedules)</div> </div>         |                                                                                                                |

**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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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     |                                                                 |     |
| <div>A</div> Name of plan<br>BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN           | <div>B</div> Three-digit plan number (PN) ▶                     | 003 |
|                                                                                                |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>BIG SANDY FURNITURE, INC. | <div>D</div> Employer Identification Number (EIN)<br>61-0523463 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

 Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b

 If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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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**(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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**(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)

COMMUNITY TRUST BANCORP

61-1251178

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 53861                                                                  | 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)

| (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> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>                                                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>003</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BIG SANDY FURNITURE, INC.</u>                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br><u>61-0523463</u>                                                                                                                                                                                                           |                                                                                           |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | (a) Beginning of Year | (b) End of Year |
| <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>                         |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                         |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                         | 1134364               | 7657253         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                         | 290629                | 1237676         |
| <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>                      | 744146                | 1146844         |
| <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>                      | 2145956               | 2991449         |
| <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>                         |                       |                 |
| <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>                        | 1000408               | 539348          |
| <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>                        |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 58500000              | 76680000        |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 63815503              | 90252570        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 30109 | 36459 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 30109 | 36459 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 63785394 | 90216111 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4340000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4340000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 179051     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 179051    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 18180000   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 18180000  |

|                                                                                                 |        | (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) |            | -829492   |
| c Other income .....                                                                            | 2c     |            | 9000000   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 30869559  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 4378566    |           |
| (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)  |            | 4378566   |
| 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)  | 6350       |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 53926      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 60276     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 4438842   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 26430717  |
| 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: KELLEY GALLOWAY SMITH GOOLSBY

(2) EIN: 61-1129886

**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?                                                                                                                                       |     |    |         |
| <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?                                                                                                                             |     |    |         |
| <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.)                                                                                     |     |    |         |
| <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?                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |         |
| <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.)                                                                                                                                                                                     |     |    |         |
| <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>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BIG SANDY FURNITURE, INC.                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>61-0523463                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 74-3104744                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 12 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) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**BIG SANDY FURNITURE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE  
DECEMBER 31, 2022 AND 2021**

**TOGETHER WITH INDEPENDENT AUDITOR'S REPORT**

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\*\*\*\*\*



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## **INDEPENDENT AUDITOR'S REPORT**

To the Participants and Plan Administrator  
Big Sandy Furniture, Inc. Employee Stock Ownership Plan  
Franklin Furnace, Ohio

### **Opinion**

We have audited the accompanying financial statements of Big Sandy Furniture, Inc. Employee Stock Ownership Plan (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, 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) referred to as "supplemental information" 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 generally accepted auditing standards.

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.

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 are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Kelley Galloway Smith Goolsby PSC*

Ashland, Kentucky  
October 13, 2023

**BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

|                                              | <u>2022</u>                     | <u>2021</u>                     |
|----------------------------------------------|---------------------------------|---------------------------------|
| <b>ASSETS</b>                                |                                 |                                 |
| Investments:                                 |                                 |                                 |
| Interest-bearing cash                        | \$ 7,657,253                    | \$ 1,134,364                    |
| Common stocks                                | 2,991,449                       | 2,145,956                       |
| Mutual funds                                 | 539,348                         | 1,000,408                       |
| U.S. Treasury bonds                          | 1,237,676                       | 290,629                         |
| Corporate bonds                              | 1,146,844                       | 744,146                         |
| Sponsor Company common stock                 | 76,680,000                      | 58,500,000                      |
| Accrued dividend receivable                  | -                               | 9,000,000                       |
| <b>TOTAL ASSETS</b>                          | <u>90,252,570</u>               | <u>72,815,503</u>               |
| <br><b>LIABILITIES</b>                       |                                 |                                 |
| Accrued expenses                             | 36,459                          | 30,109                          |
| <b>TOTAL LIABILITIES</b>                     | <u>36,459</u>                   | <u>30,109</u>                   |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <br><u><u>\$ 90,216,111</u></u> | <br><u><u>\$ 72,785,394</u></u> |

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

**BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**

|                                                         |                             |
|---------------------------------------------------------|-----------------------------|
| Investment income (loss):                               |                             |
| Net appreciation in fair value of Sponsor Company stock | \$ 18,180,000               |
| Net depreciation in fair value of investments           | (829,492)                   |
| Interest and dividend income                            | 179,051                     |
|                                                         | <u>17,529,559</u>           |
| Employer contributions                                  | 4,340,000                   |
| Administrative expense                                  | (60,276)                    |
| Distributions to participants                           | <u>(4,378,566)</u>          |
| Net increase                                            | 17,430,717                  |
| Net assets available for benefits, beginning of year    | <u>72,785,394</u>           |
| Net assets available for benefits, end of year          | <u><u>\$ 90,216,111</u></u> |

The accompanying notes to financial statements are  
an integral part of this statement.

**BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**(1) DESCRIPTION OF THE PLAN**

The following description of the Big Sandy Furniture, Inc. Employee Stock Ownership Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

Big Sandy Furniture, Inc. (the “Company”) established the Plan effective as of January 1, 2005. Effective January 1, 2013, the Plan was amended and restated and operated, in relevant part, as a leveraged employee stock ownership plan (ESOP). The Plan is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (Code), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by the officers of Big Sandy Furniture, Inc. An independent third-party is the Plan’s trustee and an independent third-party service organization provides administration services for the Plan.

The Plan purchased 90,000 shares of common stock of the Company by entering into stock purchase agreements with the former shareholders of the Company, and holds the stock in a trust established under the Plan. As the Plan made each payment of principal on the original purchase loan, an appropriate percentage of stock was allocated to eligible employees’ accounts in accordance with applicable regulations under the Code. On May 31, 2015, the Plan paid off the principal and interest on the borrowings from the former shareholders. Therefore, as of December 31, 2022 and 2021, the former shareholders have no rights against the shares since they are fully allocated to participant accounts under the ESOP.

Eligibility

Employees of the Company are generally eligible to participate in the Plan after one year of service, providing they worked at least 1,000 hours during such Plan year and are age twenty-one or older. Participants who do not have at least 1,000 hours of service during such Plan year or are not employed on the last working day of a Plan year are generally not eligible for an allocation of Company contributions for such year.

Contributions

Contributions may be made at the discretion of the Company’s Board of Directors. Employee contributions are not permitted.

Payment of Benefits

No distributions from the Plan will be made until a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with the Company. The amount distributed is based upon the immediately preceding valuation date. For accounts exceeding \$10,000, distributions will generally be made in five equal annual installments. For accounts of \$10,000 or less, distributions will generally be made in one lump sum payment. Distributions are made in cash.

Under the provisions of the Plan, the Company is obligated to repurchase participant shares which have been distributed under the terms of the Plan as long as the shares are not publicly traded or if the shares are subject to trading limitations.

### Administrative Expenses

As provided in the Plan agreement, administrative expenses may be paid either by the Plan or by the Company. The Company has historically paid the operating expenses for the Plan, except fees charged for participant distributions.

### Voting Rights

Each participant or participant's beneficiary is entitled to exercise voting rights attributable to shares allocated to his or her account on issues involving any corporate matter which involves the voting of such shares with respect to the approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all assets of a trade or business, or such similar transaction, and is to be notified by the Trustee prior to the time such rights are to be exercised. The trustee is not permitted to vote any allocated shares for which instructions have not been given by a participant. The Trustee is required, however, to vote any unallocated shares on behalf of the collective best interest of plan participants and beneficiaries.

### Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's common stock and any forfeiture of terminated participants' non-vested accounts not allocated to Plan expenses. Additionally, accounts are credited with an allocation of any discretionary Company contributions. Allocations are based on a participant's eligible compensation, relative to total eligible compensation. Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance.

Terminated participants' account balances are segregated and accounted for separately within the trust and invested in assets other than the Company's common stock.

### Vesting

If a participant's employment with the Company ends for any reason other than retirement, permanent disability or death, he or she will vest in the balances in his or her account based on total years of service with the Company. Those with six or more years of service are 100% vested, where a year of service is defined as 1,000 hours worked during the year. Participants become vested as follows:

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

### Put Option

Under Federal income tax regulations, the employer 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, includes 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 representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

### Diversification

Diversification is offered to participants close to retirement so that 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 percent 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 percent. Participants who elect to diversify receive a cash distribution.

### Forfeitures

If a participant terminates employment before being fully vested, then the non-vested portion of the terminated participant's account balance remains in the Plan and is called a forfeiture. Forfeitures are added to the employer's contributions and allocated to participants eligible to share in such contributions. Plan forfeitures are allocated to each participant's account based upon the relation of the participant's eligible compensation to total eligible compensation for the Plan year.

During 2022, forfeitures of terminated non-vested account balances allocated to remaining participants totaled \$856.

## **(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### Basis of Accounting

The financial statements of the Plan are prepared using U.S. generally accepted accounting principles and the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### Investment Valuation and Income Recognition

Investments are reported at fair value. See Note (4) for a discussion of the fair value measurements. Interest income is recorded on the accrual basis. Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

For the year ending December 31 2021, Big Sandy Furniture, Inc. declared a \$100 per share dividend. Therefore, an accrued dividend receivable in the amount of \$9,000,000 is included on the Statement of Net Assets Available for Benefits as of December 31, 2021.

### Payment of Benefits

Benefits are recorded when paid or when requested by participants by year-end, but not yet paid.

### Subsequent Events

Subsequent events were evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

### (3) INVESTMENT IN SPONSOR COMPANY STOCK

The estimated fair value of the Plan's investment in Big Sandy Furniture, Inc. common stock at December 31, 2022 and 2021 are as follows:

|                      | December 31,<br>2022 | December 31,<br>2021 |
|----------------------|----------------------|----------------------|
| Number of shares     | 90,000.000           | 90,000.000           |
| Cost                 | \$ 8,640,000         | \$ 8,640,000         |
| Estimated fair value | \$76,680,000         | \$58,500,000         |

### (4) FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under *FASB ASC 820* are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as: a) quoted prices for similar assets or liabilities in active markets, b) quoted prices for identical or similar assets or liabilities in inactive markets, c) inputs other than quoted prices that are observable for the asset or liability, d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs that are unobservable for the asset or liability.

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

*Big Sandy Furniture, Inc. common stock* - The estimated fair value of the Big Sandy Furniture, Inc. common stock held by the Plan is determined by an independent appraisal. This appraisal is based upon a combination of the income and market valuation techniques consistent with prior years. The valuation specialist took into account historical and projected cash flows and earnings, average adjusted earnings, and average gross revenues. Multipliers and capitalization rates were derived from an analysis of transactions involving sales of comparable closely held companies or public stock prices, or both. This methodology to estimate fair value is considered to use Level 3 inputs.

*Common stocks* - Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual Funds* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net

asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*U.S. Treasury bonds* - Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate bonds* - Valued primarily using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

The Plan's assets measured at fair value on a recurring basis and the related fair value measurement category as of December 31, 2022 and 2021 are as follows:

| <u>December 31, 2022</u>                  | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u>       | <u>Total</u>         |
|-------------------------------------------|---------------------|---------------------|----------------------|----------------------|
| Common stocks                             | \$ 2,991,449        | \$ -                | \$ -                 | \$ 2,991,449         |
| Mutual funds                              | 414,869             | 124,479             | -                    | 539,348              |
| U.S Treasury bonds                        | -                   | 1,237,676           | -                    | 1,237,676            |
| Corporate bonds                           | -                   | 1,146,844           | -                    | 1,146,844            |
| Big Sandy Furniture, Inc.<br>common stock | -                   | -                   | 76,680,000           | 76,680,000           |
| Investment at fair value                  | <u>\$ 3,406,318</u> | <u>\$ 2,508,999</u> | <u>\$ 76,680,000</u> | <u>\$ 82,595,317</u> |

| <u>December 31, 2021</u>                  | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u>       | <u>Total</u>         |
|-------------------------------------------|---------------------|---------------------|----------------------|----------------------|
| Common stocks                             | \$ 2,145,956        | \$ -                | \$ -                 | \$ 2,145,956         |
| Mutual funds                              | 1,000,408           | -                   | -                    | 1,000,408            |
| U.S Treasury bonds                        | -                   | 290,629             | -                    | 290,629              |
| Corporate bonds                           | -                   | 744,146             | -                    | 744,146              |
| Big Sandy Furniture, Inc.<br>common stock | -                   | -                   | 58,500,000           | 58,500,000           |
| Investment at fair value                  | <u>\$ 3,146,364</u> | <u>\$ 1,034,775</u> | <u>\$ 58,500,000</u> | <u>\$ 62,681,139</u> |

The following provides additional details of the Plan's Level 3 assets for the year ended December 31, 2022:

|                                    | <u>Sponsor<br/>Company Stock</u> |
|------------------------------------|----------------------------------|
| Ending balance, December 31, 2021  | \$ 58,500,000                    |
| Interest credited                  | -                                |
| Realized gains (losses)            | -                                |
| Unrealized gains (losses)          | 18,180,000                       |
| Purchases                          | -                                |
| Sales                              | -                                |
| Transfers in and/or out of Level 3 | -                                |
| Ending balance, December 31, 2022  | <u>\$ 76,680,000</u>             |

The unrealized gain of \$18,180,000 for the year ended December 31, 2022 is reported in net unrealized appreciation (depreciation) in estimated fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

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

The Big Sandy Furniture, Inc. common stock held by the Plan is valued at fair value based upon an independent appraisal. The appraisal was based upon a combination of three valuation techniques as illustrated in the following table.

| <u>Asset</u>                 | <u>Fair Value</u> | <u>Valuation Technique</u>      | <u>Unobservable Inputs</u>                                               |
|------------------------------|-------------------|---------------------------------|--------------------------------------------------------------------------|
| Sponsor Company common stock | \$ 76,680,000     | Guideline Public Company Method | Public company comparables EBITDA multiple                               |
|                              |                   | Capitalized Cash Flows Method   | Present value of future projected cash flows<br>Discount rate            |
|                              |                   | Guideline Transaction Method    | Similar line of business companies<br>Acquired companies EBITDA and EBIT |

The valuation process involves plan management's selection of an independent appraiser. Management accumulates the data for the appraiser from audited financial statements of the Company. The appraiser prepares a report which management, along with the ESOP trustee, reviews, discusses, and approves.

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

## **(5) TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST**

The Plan invests in Company common stock, which is a related party and party-in-interest transaction.

Certain administrative functions are performed by officers or employees of Big Sandy Furniture, Inc., the Plan sponsor. No such officer or employee receives compensation from the Plan.

The Plan's assets, which primarily consist of Big Sandy Furniture, Inc. common shares, are held by Prudent Fiduciary Services, LLC, the Trustee of the Plan. The Trustee manages employer contributions, invests any cash received, interest, or dividend income, and makes distributions to participants through a custodial agreement with Community Trust and Investment Company. Administrative expenses for the Trustee and his designated custodian are usually paid directly by the Company. However, the Plan paid fees associated with distributions totaling \$53,926 to Community Trust and Investment Company for the year ended December 31, 2022.

FuturePlan, the Plan's third-party administrator provides administrative services and prepares the Form 5500 for the Plan. The Company paid professional fees to FuturePlan on-behalf of the Plan. Fees paid by the Plan to FuturePlan totaled \$6,350 for the year ended December 31, 2022.

## **(6) RISKS AND UNCERTANTIES**

The Plan investments consist primarily of the Company's common stock, which is exposed to various risks such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in the valuation process, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

## **(7) PLAN TERMINATION**

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the Code. Upon termination of the Plan, the officers of Big Sandy Furniture, Inc. shall direct the Trustee to pay all liabilities and expenses of the trust fund.

## **(8) TAX STATUS**

The Plan is a prototype plan provided by Stevens & Lee, P.C.. The Plan is intended to qualify as a tax-exempt stock bonus plan under section 401(a) of the internal revenue code. The Plan provider obtained its latest opinion letter on June 30, 2020 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## **(9) PLAN AMENDMENT**

During 2021, the Plan was amended to allow for the account balances of terminated participants to be segregated from active participants and accounted for separately. The accounts are invested in assets other than the company stock of Big Sandy Furniture, Inc.

## **(10) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

|                                                                | <u>2021</u>          |
|----------------------------------------------------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 72,785,394        |
| Less: accrued dividend receivable                              | <u>(9,000,000)</u>   |
| Net assets per the Form 5500                                   | <u>\$ 63,785,394</u> |

The following is a reconciliation of Other Income per the financial statements for the year ended December 31, 2022 to Form 5500:

|                                                                            |                     |
|----------------------------------------------------------------------------|---------------------|
| Dividends on Sponsor Company stock                                         | \$ -                |
| Plus: accrued dividend receivable at December 31, 2021<br>received in 2022 | <u>9,000,000</u>    |
| Common stock dividends per Form 5500                                       | <u>\$ 9,000,000</u> |

## **SUPPLEMENTAL INFORMATION**

**BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**  
**EIN #61-0523463, PLAN #003**

| (a) (b) Identity of issuer, borrower,<br>lessor, or similar party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (c) Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (d) Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (e) Current<br>Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * Community Trust Bank<br>AT&T Inc<br>Abbvie Inc<br>Activision Blizzard Ind<br>Amazon Com Inc<br>American Wtr Cap Corp<br>Bank Of America Corp<br>BP Cap Markets America<br>Citigroup Inc<br>Energy Transfer Operating Sr Nt<br>Goldman Sachs Group Inc<br>JP Morgan Chase Bank NA<br>Morgan Stanley<br>Nvidia Corp<br>PNC Financial Services Group Sr<br>Public Service Electric & Gas Co<br>Salesforce<br>Verizon Communications Inc<br>Wells Fargo & Co<br>US Treasury<br>US Treasury<br>US Treasury<br>US Treasury<br>US Treasury<br>US Treasury<br>BlackRock<br>Diamond Hill<br>Federated Hermes<br>BlackRock<br>StateStreet<br>Vanguard<br>Activision Blizzard Inc<br>Alphabet Inc<br>Disney Walt Co<br>Meta Platforms Inc<br>Amazon Com<br>Churchill Downs<br>Dr Horton Inc<br>Lowes Companies Inc<br>Nike Inc<br>Tjx Cos Inc New<br>Costco Wholesale Corp<br>Darling Ingredients, Inc<br>Mondelez Intl Inc<br>Pepsico Inc<br>Procter & Gamble Co<br>Walmart Inc<br>Cheniere Energy Inc<br>Chevron Corp<br>Pioneer Natural Resources Co<br>Intercontinental Exchange Inc<br>Lpl Finl Hldgs Inc<br>Berkshire Hathaway Inc<br>Citigroup Inc<br>Equitable Hldgs Inc<br>Jp Morgan Chase & Co<br>Paypal Hldgs Inc Com<br>Signature Bank New York NY | Interest-bearing cash - 4.16%<br>\$65,000 bond Dtd: 08/15/2018 Mat: 02/15/2028 4.1%<br>\$65,000 bond Dtd: 05/12/2016 Mat: 05/14/2026 3.2%<br>\$80,000 bond Dtd: 08/10/200 Mat: 09/15/2030 1.35%<br>\$65,000 bond Dtd: 02/22/2018 Mat: 08/22/2027 3.15%<br>\$70,000 bond Dtd: 08/09/2018 Mat: 09/01/2028 3.75%<br>\$70,000 bond Dtd: 10/21/2016 Mat: 10/21/2027 3.248%<br>\$65,000 bond Dtd: 11/06/2018 Mat: 11/06/2028 4.234%<br>\$70,000 bond Dtd: 05/14/2020 Mat: 05/15/2024 1.678%<br>\$65,000 bond Dtd: 01/15/2019 Mat: 01/15/2024 5.875%<br>\$65,000 bond Dtd: 03/30/2020 Mat: 04/01/2025 3.5%<br>\$65,000 bond Dtd: 01/29/2019 Mat: 01/29/2027 3.96%<br>\$70,000 bond Dtd: 07/20/2021 Mat: 01/22/2025 0.791%<br>\$70,000 bond Dtd: 03/31/2020 Mat: 04/01/2030 2.85%<br>\$70,000 bond Dtd: 05/19/2017 Mat: 05/19/2027 3.15%<br>\$65,000 bond Dtd: 09/07/2018 Mat: 09/01/2028 3.65%<br>\$65,000 bond Dtd: 04/11/2018 Mat: 04/11/2028 3.7%<br>\$70,000 bond Dtd: 03/20/2020 Mat: 03/22/2027 3%<br>\$70,000 bond Dtd: 04/30/2020 Mat: 04/30/2026 2.188%<br>\$61,000 bond Dtd: 06/30/2018 Mat: 06/30/2023 2.625%<br>\$227,000 bond Dtd: 02/28/2019 Mat: 02/28/2026 2.5%<br>\$234,000 bond Dtd: 01/31/2020 Mat: 01/31/2027 1.5%<br>\$163,000 bond Dtd: 11/30/2020 Mat: 11/30/2027 0.625%<br>\$183,000 bond Dtd: 05/15/2021 Mat: 05/15/2024 0.25%<br>\$162,000 bond Dtd: 07/31/2021 Mat: 07/31/2028 1.0%<br>\$339,000 bond Dtd 02/28/2022 Mat: 02/28/2029 1.875%<br>5,135.422 shares of BlackRock High Yield Bond Portfolio Institutional Shares<br>14,985.666 shares of Diamond Hill Short Duration Total Return Fund<br>4,013.614 shares of Federated Hermes Institutional High Yield Bond Fund<br>23,508.261 shares of BlackRock U.S. Mortgage Fund<br>935 shares of The Utilities Select Sector SPDR® Fund<br>710 shares of Vanguard Real Estate ETF<br>914 shares of common stock<br>1,480 shares of common stock<br>642 shares of common stock<br>403 shares of common stock<br>1,280 shares of common stock<br>219 shares of common stock<br>361 shares of common stock<br>210 shares of common stock<br>361 shares of common stock<br>910 shares of common stock<br>68 shares of common stock<br>401 shares of common stock<br>573 shares of common stock<br>194 shares of common stock<br>356 shares of common stock<br>396 shares of common stock<br>363 shares of common stock<br>285 shares of common stock<br>293 shares of common stock<br>510 shares of common stock<br>131 shares of common stock<br>195 shares of common stock<br>503 shares of common stock<br>996 shares of common stock<br>673 shares of common stock<br>531 shares of common stock<br>226 shares of common stock | \$ 7,657,253<br>70,226<br>67,583<br>64,716<br>68,851<br>73,311<br>71,902<br>70,986<br>68,568<br>67,192<br>67,497<br>69,279<br>67,424<br>68,157<br>72,249<br>69,622<br>68,467<br>72,332<br>70,384<br>60,311<br>224,301<br>227,223<br>155,366<br>173,846<br>148,346<br>310,839<br>36,498<br>148,289<br>35,960<br>237,153<br>60,880<br>67,604<br>81,162<br>169,827<br>91,625<br>103,626<br>174,394<br>44,036<br>27,447<br>38,463<br>45,874<br>59,318<br>31,389<br>24,609<br>33,013<br>28,386<br>48,483<br>51,595<br>42,568<br>34,300<br>55,376<br>54,508<br>18,625<br>53,409<br>31,902<br>29,521<br>96,445<br>83,262<br>54,587 | \$ 7,657,253<br>62,055<br>61,422<br>62,601<br>61,218<br>66,321<br>64,695<br>63,103<br>69,015<br>65,177<br>62,540<br>62,027<br>66,193<br>61,128<br>65,475<br>61,098<br>62,466<br>65,114<br>65,196<br>60,416<br>215,836<br>211,559<br>138,664<br>172,313<br>137,985<br>300,903<br>34,099<br>141,015<br>33,353<br>206,403<br>65,917<br>58,561<br>69,967<br>131,320<br>55,777<br>48,497<br>107,520<br>46,303<br>32,180<br>41,840<br>42,241<br>72,436<br>31,042<br>25,099<br>38,190<br>35,048<br>53,955<br>56,149<br>54,435<br>51,155<br>66,918<br>52,321<br>28,318<br>60,236<br>22,751<br>28,585<br>90,249<br>37,818<br>26,040 |

**BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**  
**EIN #61-0523463, PLAN #003**

| (a) | (b) Identity of issuer, borrower,<br>lessor, or similar party | (c) Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | (d) Cost             | (e) Current<br>Value |
|-----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Synchrony Finl                                                | 839 shares of common stock                                                                                          | 34,035               | 27,569               |
|     | Visa Inc Class A Shares                                       | 453 shares of common stock                                                                                          | 95,106               | 94,115               |
|     | Astrazeneca Plc Sponsored Adr                                 | 665 shares of common stock                                                                                          | 39,486               | 45,087               |
|     | Boston Scientific Corp                                        | 815 shares of common stock                                                                                          | 33,642               | 37,710               |
|     | Cvs Health Corporation                                        | 734 shares of common stock                                                                                          | 61,289               | 68,401               |
|     | Hca Healthcare Inc                                            | 191 shares of common stock                                                                                          | 37,851               | 45,832               |
|     | Johnson & Johnson                                             | 307 shares of common stock                                                                                          | 50,929               | 54,232               |
|     | Thermo Fisher Scientific Inc                                  | 109 shares of common stock                                                                                          | 54,667               | 60,025               |
|     | Unitedhealth Group Inc                                        | 175 shares of common stock                                                                                          | 68,071               | 92,782               |
|     | Zoetis Inc Cl A                                               | 253 shares of common stock                                                                                          | 39,487               | 37,077               |
|     | Honeywell International Inc                                   | 309 shares of common stock                                                                                          | 63,719               | 66,219               |
|     | Mastec Inc                                                    | 497 shares of common stock                                                                                          | 44,086               | 42,409               |
|     | Parker Hannifin Corp                                          | 183 shares of common stock                                                                                          | 52,078               | 53,253               |
|     | Apple Inc                                                     | 1,455 shares of common stock                                                                                        | 195,727              | 189,048              |
|     | Keysight Technologies Inc                                     | 297 shares of common stock                                                                                          | 42,154               | 50,808               |
|     | Microsoft Corp                                                | 764 shares of common stock                                                                                          | 197,051              | 183,223              |
|     | Nvidia Corp                                                   | 199 shares of common stock                                                                                          | 43,033               | 29,082               |
|     | Palo Alto Networks Inc                                        | 274 shares of common stock                                                                                          | 44,783               | 38,234               |
|     | Salesforce Com Inc                                            | 209 shares of common stock                                                                                          | 43,383               | 27,711               |
|     | Broadcom Inc                                                  | 134 shares of common stock                                                                                          | 63,569               | 74,923               |
|     | Iqvia Holding Inc                                             | 253 shares of common stock                                                                                          | 50,303               | 51,837               |
|     | Levi Strauss & Co Cl A                                        | 2,372 shares of common stock                                                                                        | 47,658               | 36,813               |
|     | Lumentum Hlds Inc                                             | 450 shares of common stock                                                                                          | 38,029               | 23,477               |
|     | Raytheon Technologies Corp                                    | 347 shares of common stock                                                                                          | 29,695               | 35,019               |
|     | Stanley Black & Decker Inc                                    | 288 shares of common stock                                                                                          | 38,555               | 21,635               |
|     | Crown Holdings Inc                                            | 353 shares of common stock                                                                                          | 30,930               | 29,020               |
|     | Linde Plc                                                     | 157 shares of common stock                                                                                          | 44,576               | 51,210               |
|     | Nextera Energy Inc                                            | 219 shares of common stock                                                                                          | 16,006               | 18,308               |
| *   | Big Sandy Furniture, Inc.                                     | 90,000 shares of common stock, no par value                                                                         | 8,640,000            | 76,680,000           |
|     |                                                               |                                                                                                                     | <u>\$ 22,640,263</u> | <u>\$ 90,252,570</u> |
| *   | Party in interest                                             |                                                                                                                     |                      |                      |

**BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**  
**EIN #61-0523463, PLAN #003**

| (a) (b) Identity of issuer, borrower,<br>lessor, or similar party | (c) Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | (d) Cost     | (e) Current<br>Value |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------|----------------------|
| * Community Trust Bank                                            | Interest-bearing cash - 4.16%                                                                                       | \$ 7,657,253 | \$ 7,657,253         |
| AT&T Inc                                                          | \$65,000 bond Dtd: 08/15/2018 Mat: 02/15/2028 4.1%                                                                  | 70,226       | 62,055               |
| Abbvie Inc                                                        | \$65,000 bond Dtd: 05/12/2016 Mat: 05/14/2026 3.2%                                                                  | 67,583       | 61,422               |
| Activision Blizzard Inc                                           | \$80,000 bond Dtd: 08/10/200 Mat: 09/15/2030 1.35%                                                                  | 64,716       | 62,601               |
| Amazon Com Inc                                                    | \$65,000 bond Dtd: 02/22/2018 Mat: 08/22/2027 3.15%                                                                 | 68,851       | 61,218               |
| American Wtr Cap Corp                                             | \$70,000 bond Dtd: 08/09/2018 Mat: 09/01/2028 3.75%                                                                 | 73,311       | 66,321               |
| Bank Of America Corp                                              | \$70,000 bond Dtd: 10/21/2016 Mat: 10/21/2027 3.248%                                                                | 71,902       | 64,695               |
| BP Cap Markets America                                            | \$65,000 bond Dtd: 11/06/2018 Mat: 11/06/2028 4.234%                                                                | 70,986       | 63,103               |
| Citigroup Inc                                                     | \$70,000 bond Dtd: 05/14/2020 Mat: 05/15/2024 1.678%                                                                | 68,568       | 69,015               |
| Energy Transfer Operating Sr Nt                                   | \$65,000 bond Dtd: 01/15/2019 Mat: 01/15/2024 5.875%                                                                | 67,192       | 65,177               |
| Goldman Sachs Group Inc                                           | \$65,000 bond Dtd: 03/30/2020 Mat: 04/01/2025 3.5%                                                                  | 67,497       | 62,540               |
| JP Morgan Chase Bank NA                                           | \$65,000 bond Dtd: 01/29/2019 Mat: 01/29/2027 3.96%                                                                 | 69,279       | 62,027               |
| Morgan Stanley                                                    | \$70,000 bond Dtd: 07/20/2021 Mat: 01/22/2025 0.791%                                                                | 67,424       | 66,193               |
| Nvidia Corp                                                       | \$70,000 bond Dtd: 03/31/2020 Mat: 04/01/2030 2.85%                                                                 | 68,157       | 61,128               |
| PNC Financial Services Group Sr                                   | \$70,000 bond Dtd: 05/19/2017 Mat: 05/19/2027 3.15%                                                                 | 72,249       | 65,475               |
| Public Service Electric & Gas Co                                  | \$65,000 bond Dtd: 09/07/2018 Mat: 09/01/2028 3.65%                                                                 | 69,622       | 61,098               |
| Salesforce                                                        | \$65,000 bond Dtd: 04/11/2018 Mat: 04/11/2028 3.7%                                                                  | 68,467       | 62,466               |
| Verizon Communications Inc                                        | \$70,000 bond Dtd: 03/20/2020 Mat: 03/22/2027 3%                                                                    | 72,332       | 65,114               |
| Wells Fargo & Co                                                  | \$70,000 bond Dtd: 04/30/2020 Mat: 04/30/2026 2.188%                                                                | 70,384       | 65,196               |
| US Treasury                                                       | \$61,000 bond Dtd: 06/30/2018 Mat: 06/30/2023 2.625%                                                                | 60,311       | 60,416               |
| US Treasury                                                       | \$227,000 bond Dtd: 02/28/2019 Mat: 02/28/2026 2.5%                                                                 | 224,301      | 215,836              |
| US Treasury                                                       | \$234,000 bond Dtd: 01/31/2020 Mat: 01/31/2027 1.5%                                                                 | 227,223      | 211,559              |
| US Treasury                                                       | \$163,000 bond Dtd: 11/30/2020 Mat: 11/30/2027 0.625%                                                               | 155,366      | 138,664              |
| US Treasury                                                       | \$183,000 bond Dtd: 05/15/2021 Mat: 05/15/2024 0.25%                                                                | 173,846      | 172,313              |
| US Treasury                                                       | \$162,000 bond Dtd: 07/31/2021 Mat: 07/31/2028 1.0%                                                                 | 148,346      | 137,985              |
| US Treasury                                                       | \$339,000 bond Dtd 02/28/2022 Mat: 02/28/2029 1.875%                                                                | 310,839      | 300,903              |
| BlackRock                                                         | 5,135.422 shares of BlackRock High Yield Bond Portfolio Institutional Shares                                        | 36,498       | 34,099               |
| Diamond Hill                                                      | 14,985.666 shares of Diamond Hill Short Duration Total Return Fund                                                  | 148,289      | 141,015              |
| Federated Hermes                                                  | 4,013.614 shares of Federated Hermes Institutional High Yield Bond Fund                                             | 35,960       | 33,353               |
| BlackRock                                                         | 23,508.261 shares of BlackRock U.S. Mortgage Fund                                                                   | 237,153      | 206,403              |
| StateStreet                                                       | 935 shares of The Utilities Select Sector SPDR® Fund                                                                | 60,880       | 65,917               |
| Vanguard                                                          | 710 shares of Vanguard Real Estate ETF                                                                              | 67,604       | 58,561               |
| Activision Blizzard Inc                                           | 914 shares of common stock                                                                                          | 81,162       | 69,967               |
| Alphabet Inc                                                      | 1,480 shares of common stock                                                                                        | 169,827      | 131,320              |
| Disney Walt Co                                                    | 642 shares of common stock                                                                                          | 91,625       | 55,777               |
| Meta Platforms Inc                                                | 403 shares of common stock                                                                                          | 103,626      | 48,497               |
| Amazon Com                                                        | 1,280 shares of common stock                                                                                        | 174,394      | 107,520              |
| Churchill Downs                                                   | 219 shares of common stock                                                                                          | 44,036       | 46,303               |
| Dr Horton Inc                                                     | 361 shares of common stock                                                                                          | 27,447       | 32,180               |
| Lowes Companies Inc                                               | 210 shares of common stock                                                                                          | 38,463       | 41,840               |
| Nike Inc                                                          | 361 shares of common stock                                                                                          | 45,874       | 42,241               |
| Tjx Cos Inc New                                                   | 910 shares of common stock                                                                                          | 59,318       | 72,436               |
| Costco Wholesale Corp                                             | 68 shares of common stock                                                                                           | 31,389       | 31,042               |
| Darling Ingredients, Inc                                          | 401 shares of common stock                                                                                          | 24,609       | 25,099               |
| Mondelez Intl Inc                                                 | 573 shares of common stock                                                                                          | 33,013       | 38,190               |
| Pepsico Inc                                                       | 194 shares of common stock                                                                                          | 28,386       | 35,048               |
| Procter & Gamble Co                                               | 356 shares of common stock                                                                                          | 48,483       | 53,955               |
| Walmart Inc                                                       | 396 shares of common stock                                                                                          | 51,595       | 56,149               |
| Cheniere Energy Inc                                               | 363 shares of common stock                                                                                          | 42,568       | 54,435               |
| Chevron Corp                                                      | 285 shares of common stock                                                                                          | 34,300       | 51,155               |
| Pioneer Natural Resources Co                                      | 293 shares of common stock                                                                                          | 55,376       | 66,918               |
| Intercontinental Exchange Inc                                     | 510 shares of common stock                                                                                          | 54,508       | 52,321               |
| Lpl Finl Hldgs Inc                                                | 131 shares of common stock                                                                                          | 18,625       | 28,318               |
| Berkshire Hathaway Inc                                            | 195 shares of common stock                                                                                          | 53,409       | 60,236               |
| Citigroup Inc                                                     | 503 shares of common stock                                                                                          | 31,902       | 22,751               |
| Equitable Hldgs Inc                                               | 996 shares of common stock                                                                                          | 29,521       | 28,585               |
| Jp Morgan Chase & Co                                              | 673 shares of common stock                                                                                          | 96,445       | 90,249               |
| Paypal Hldgs Inc Com                                              | 531 shares of common stock                                                                                          | 83,262       | 37,818               |
| Signature Bank New York NY                                        | 226 shares of common stock                                                                                          | 54,587       | 26,040               |

**BIG SANDY FURNITURE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**  
**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**  
**EIN #61-0523463, PLAN #003**

| (a) | (b) Identity of issuer, borrower,<br>lessor, or similar party | (c) Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | (d) Cost             | (e) Current<br>Value |
|-----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Synchrony Finl                                                | 839 shares of common stock                                                                                          | 34,035               | 27,569               |
|     | Visa Inc Class A Shares                                       | 453 shares of common stock                                                                                          | 95,106               | 94,115               |
|     | Astrazeneca Plc Sponsored Adr                                 | 665 shares of common stock                                                                                          | 39,486               | 45,087               |
|     | Boston Scientific Corp                                        | 815 shares of common stock                                                                                          | 33,642               | 37,710               |
|     | Cvs Health Corporation                                        | 734 shares of common stock                                                                                          | 61,289               | 68,401               |
|     | Hca Healthcare Inc                                            | 191 shares of common stock                                                                                          | 37,851               | 45,832               |
|     | Johnson & Johnson                                             | 307 shares of common stock                                                                                          | 50,929               | 54,232               |
|     | Thermo Fisher Scientific Inc                                  | 109 shares of common stock                                                                                          | 54,667               | 60,025               |
|     | Unitedhealth Group Inc                                        | 175 shares of common stock                                                                                          | 68,071               | 92,782               |
|     | Zoetis Inc Cl A                                               | 253 shares of common stock                                                                                          | 39,487               | 37,077               |
|     | Honeywell International Inc                                   | 309 shares of common stock                                                                                          | 63,719               | 66,219               |
|     | Mastec Inc                                                    | 497 shares of common stock                                                                                          | 44,086               | 42,409               |
|     | Parker Hannifin Corp                                          | 183 shares of common stock                                                                                          | 52,078               | 53,253               |
|     | Apple Inc                                                     | 1,455 shares of common stock                                                                                        | 195,727              | 189,048              |
|     | Keysight Technologies Inc                                     | 297 shares of common stock                                                                                          | 42,154               | 50,808               |
|     | Microsoft Corp                                                | 764 shares of common stock                                                                                          | 197,051              | 183,223              |
|     | Nvidia Corp                                                   | 199 shares of common stock                                                                                          | 43,033               | 29,082               |
|     | Palo Alto Networks Inc                                        | 274 shares of common stock                                                                                          | 44,783               | 38,234               |
|     | Salesforce Com Inc                                            | 209 shares of common stock                                                                                          | 43,383               | 27,711               |
|     | Broadcom Inc                                                  | 134 shares of common stock                                                                                          | 63,569               | 74,923               |
|     | Iqvia Holding Inc                                             | 253 shares of common stock                                                                                          | 50,303               | 51,837               |
|     | Levi Strauss & Co Cl A                                        | 2,372 shares of common stock                                                                                        | 47,658               | 36,813               |
|     | Lumentum Hlds Inc                                             | 450 shares of common stock                                                                                          | 38,029               | 23,477               |
|     | Raytheon Technologies Corp                                    | 347 shares of common stock                                                                                          | 29,695               | 35,019               |
|     | Stanley Black & Decker Inc                                    | 288 shares of common stock                                                                                          | 38,555               | 21,635               |
|     | Crown Holdings Inc                                            | 353 shares of common stock                                                                                          | 30,930               | 29,020               |
|     | Linde Plc                                                     | 157 shares of common stock                                                                                          | 44,576               | 51,210               |
|     | Nextera Energy Inc                                            | 219 shares of common stock                                                                                          | 16,006               | 18,308               |
| *   | Big Sandy Furniture, Inc.                                     | 90,000 shares of common stock, no par value                                                                         | 8,640,000            | 76,680,000           |
|     |                                                               |                                                                                                                     | <u>\$ 22,640,263</u> | <u>\$ 90,252,570</u> |
| *   | Party in interest                                             |                                                                                                                     |                      |                      |