

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PS WHOLESALE FLOORS, LLC. 401(K) AND PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2014
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PS WHOLESALE FLOORS, LLC 3049 S SHERWOOD FOREST BLVD 2ND FLOOR BATON ROUGE, LA 70816
2b	Employer Identification Number (EIN) 72-1424913
2c	Plan Sponsor's telephone number 225-424-6732
2d	Business code (see instructions) 423990

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.	08/26/2024	KIFFIN LUCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 214
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 160 6a(2) 171 6b 0 6c 53 6d 224 6e 0 6f 224 6g(1) 173 6g(2) 165 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PS WHOLESALE FLOORS, LLC. 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PS WHOLESALE FLOORS, LLC	D Employer Identification Number (EIN) 72-1424913	

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	432-80030	223	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ **GIC****b** Balance at the end of the previous year**7b****552535****c** Additions: (1) Contributions deposited during the year**7c(1)****54622**

(2) Dividends and credits

7c(2)**0**

(3) Interest credited during the year

7c(3)**6700**

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

7c(4)**6478**

(5) Other (specify below)

7c(5)**2621**▶ **LOAN REPAYMENT - PRINCIPAL**

(6) Total additions.....

7c(6)**70421****d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****622956****e** Deductions:

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

7e(1)**350186**

(2) Administration charge made by carrier

7e(2)**1201**

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

7e(3)**1708**

(4) Other (specify below)

7e(4)**1984**▶ **LOAN WITHDRAWAL**

(5) Total deductions.....

7e(5)**355079****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f****267877**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan PS WHOLESALE FLOORS, LLC. 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PS WHOLESALE FLOORS, LLC	D Employer Identification Number (EIN) 72-1424913

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).....

X

YesNo
- 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

NATIONWIDEONE NATIONWIDE PLAZACOLUMBUS, OH 43215

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 67 37 52 62 64	RECORDKEEPER	12999	Yes ☒ No ☐	Yes ☒ No ☐	3660	Yes ☐ No ☒

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

SECOND LINE CAPITAL

2800 VETERANS MEMORIAL BLVD
METAIRIE, LA 70002

92-3387385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 53	ADVISOR/SERVICE PROVIDER	11501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISOR RESOURCE COUNCIL

17300 DALLAS PKWY
STE 2065
DALLAS, TX 75218

45-5279132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 53	ADVISOR/SERVICE PROVIDER	9501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

THE HASLAUER GROUP

1800 WILLIAMS BLVD
SUITE C
KENNER, LA 70062

72-1396122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	TPA	9117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACTIVE CORE - PASSIVE THROUGH TARGE

5440 W 110TH ST
SHAWNEE MISSION, KS 66211

26-2409128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 53	ADVISOR/SERVICE PROVIDER	3009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE LIFE INSURANCE COMPNAY

10 W NATIONWIDE BLVD
5-05-111V
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 67 37 52 62 64	RECORDKEEPER	1204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PS WHOLESALE FLOORS, LLC. 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PS WHOLESALE FLOORS, LLC	D Employer Identification Number (EIN) 72-1424913	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	298366	301213
(2) Participant contributions	1b(2)	32860	23738
(3) Other	1b(3)	2208	2890
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	222470	219077
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5803557	6304100
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6359461	6851018
Liabilities			
g Benefit claims payable	1g	384	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	596
k Total liabilities (add all amounts in lines 1g through 1j)	1k	384	596
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6359077	6850422

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	301213	
(B) Participants	2a(1)(B)	463948	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		765161
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18688	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18688
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		891364
c Other income	2c		-3234
d Total income. Add all income amounts in column (b) and enter total	2d		1671979

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1097649	
(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)		1097649
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		50124
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	32861	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32861
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1180634

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		491345
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: **THE AMERICAN AUDITOR'S GROUP, LLC**

(2) EIN: **81-4229648**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	☒	☐	712
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PS WHOLESALE FLOORS, LLC. 401(K) AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PS WHOLESALE FLOORS, LLC		D Employer Identification Number (EIN) 72-1424913
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-0937408		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703912A</u> .	

Audited Financial Statements with
Independent Auditor's Report and
Supplemental Schedules

PS Wholesale Floors, LLC
401(k) and Profit Sharing Plan

For the Years Ended
December 31, 2023 and 2022

The American Auditors Group, LLC
PO Box 48056
Spokane, Washington 99228

**PS Wholesale Floors, LLC
401(k) and Profit Sharing Plan**

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The American Auditors Group, LLC

PO Box 48056, Spokane, Washington 99228

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

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

We have performed an audit of the financial statements of PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2023, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit 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 PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 PS Wholesale Floors, LLC 401(k) and Profit Sharing 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 PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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


The American Auditors Group, LLC
Spokane, Washington
August 14, 2024

FINANCIAL STATEMENTS

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 6,304,100	\$ 5,803,557
Total investments at fair value	<u>6,304,100</u>	<u>5,803,557</u>
Receivables:		
Employer contributions	301,213	298,366
Participant contributions	23,738	32,860
Other receivables	2,890	2,208
Notes receivable from participants	219,077	222,470
Total receivables	<u>546,918</u>	<u>555,904</u>
 Total assets	<u>6,851,018</u>	<u>6,359,461</u>
 LIABILITIES		
Benefits payable	-	12,699
Accrued and other liabilities	<u>596</u>	<u>384</u>
Total liabilities	<u>596</u>	<u>13,083</u>
 NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	6,850,422	6,346,378
 Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,850,422</u>	<u>\$ 6,346,378</u>

See accompanying notes and independent auditor's report

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2023 and 2022

	2023	2022
ADDITIONS		
Investment income		
Interest and dividends	\$ 162,319	\$ 198,870
Net appreciation (depreciation) in fair value of mutual funds	740,664	(1,107,193)
Other investment income	-	(9)
Total investment income	902,983	(908,332)
Contributions		
Employer	301,213	298,366
Participants	463,948	527,227
Rollovers	-	23,610
Total contributions	765,161	849,203
Other additions		
Interest on notes receivable from participants	18,688	9,088
Total other additions	18,688	9,088
Total additions	1,686,832	(50,041)
DEDUCTIONS		
Benefits paid to participants	1,085,334	226,408
Deemed distributions	50,124	8,204
Administrative expenses	47,330	28,664
Total deductions	1,182,788	263,276
Net increase (decrease) in net assets available for benefits	504,044	(313,317)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	6,346,378	6,659,695
End of year	\$ 6,850,422	\$ 6,346,378

See accompanying notes and independent auditor's report

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE A: DESCRIPTION OF PLAN

The following description of PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a "safe-harbor" defined contribution plan qualifying as a tax-exempt salary deferral arrangement as defined in Section 401(k) of the Internal Revenue Code. It covers all employees of PS Wholesale Floors, LLC (the "Company") over the age of 21 who have completed 1,000 hours of service.

Plan Restatement and Subsequent Amendment - The Plan was restated effective January 1, 2021 in accordance with the Pension Protection Act of 2006. Since restatement, the Plan has not been substantially amended.

Contributions - Each year participants may contribute up to 100% of pretax annual compensation up to a maximum of \$22,500 (participants age 50 and over may contribute a maximum of \$30,000), as defined in the Plan and by the Internal Revenue Code. Participants may change their deferral amount at any time. The Plan also allows participants to make Roth contributions and rollovers to and from other qualified plans.

Safe-harbor matching and non-elective contributions may be made at the discretion of the Company. Safe-harbor contributions are allocated based on deferral amounts. Non-elective contribution amounts are allocated based on percentage of compensation. Participants must complete 1,000 hours of service to be eligible.

Investment Options - Upon entry into the Plan, participants may choose from any of the investments open to participants. Because accounts are self-directed, investments may be changed at any time. For those participants who enter the plan but do not make a selection, the Plan has arranged for a default investment choice in compliance with section 404(c).

Participant Accounts - After an account has been established, participants direct the investments of their account balances. Each participant's account is credited with any deferrals made as well as allocations of (a) the Company's matching contributions, (b) investment earnings, (c) allocations of expenses charged to the plan, and (d) allocations of expenses based on investment choices. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Vesting - Participants are immediately vested in their voluntary, safe-harbor and rollover contributions plus actual earnings thereon. In addition, participants vest in non-elective contributions 100% after six years of service based on the following schedule:

<u>Completed years of service</u>	<u>Vesting percentage</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

See accompanying independent auditor's report

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE A: DESCRIPTION OF PLAN (CONTINUED)

Administrative Expenses - Fund management fees and certain other expenses incurred in the course of trading are reported in the statements of changes in net assets available for benefits netted against plan earnings. In addition, irregular charges may be netted against investment earnings including load fees, trade commissions and early sale penalties.

Fees charged for investment supervision, management services and administrative record keeping are paid directly by the Plan and recorded as deductions to net assets available for benefits. Certain transaction fees, such as those related to participant loans and distributions, are paid directly by participants as incurred.

Some expenses for administering the plan are paid by the Company. The Plan does not compensate Company or its employees for these services.

Notes Receivable from Participants - Participants may receive advances from deferrals and rollovers into the plan to be repaid in level installments each pay period via payroll deduction. The minimum amount that may be advanced is \$1,000 secured by the participant's account balance. One loan per participant may be outstanding at any given time. Loans are due in full in the event of termination of employment. Unpaid loans may be recharacterized as deemed distributions in accordance with regulation. Participants should refer to the Plan's loan policy agreement for a more complete description of the Plan's provisions.

The Plan has set the standard interest rate for participant loans at 1.00% above the prime rate. In 2023, advances were charged interest rates 8.50 to 9.50%; advances made in 2022 were charged 4.25 to 8.00%.

Payment of Benefits - Hardship distributions may be made to participants and their beneficiaries from deferral and rollover contributions. In-service distributions may be made at any time after age 59 ½ from fully vested balances. Participants are entitled to full distribution of vested balances after reaching the normal retirement age of 65.

Participants may elect to receive lump-sum distributions only. In the event of involuntary termination, a cash payment will be made or a peer-to-peer rollover into a qualified IRA account for amounts between \$1,000 and \$5,000. The plan's force-out policy is set at \$5,000. Amounts over \$5,000 require the consent of the participant.

Forfeited Accounts - Forfeitures occur when a participant separates from service before becoming 100% vested in discretionary contributions made by the Company. The Plan allows forfeited contributions to be used to reduce administrative fees or as a supplement to future employer contributions.

As of December 31, 2023 and 2022, forfeited non-vested accounts totaled \$4,306 and \$0, respectively. In 2023 and 2022, no forfeitures were allocated to administrative fees or employer contributions. Since employer matching is immediately 100% vested, forfeitures and their use are not material to the Plan.

Plan Termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions and there would be a complete distribution of the assets to the participants.

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE B: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee benefit plans.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires those charged with the governance and administration of the plan to make estimates and assumptions that affect the reported amounts of assets and liabilities, the reported amounts of additions and deductions, and disclosure of conditions during the reporting period. Actual results may differ from those estimates.

Cash - Cash presented in the financial statements includes only noninterest-bearing accounts. All other cash and cash equivalents are included in investments and stated at fair value.

Investment Valuation - Investments are stated at fair value. Quoted market prices are used to value investments. Other valuation methods are used only where no readily available market data is available. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For a detailed explanation of fair value measurements, see Note D.

Contributions Receivable - Contributions receivable consist of deposits made after year-end for deferral and employer contributions. When material, all other types of receivables are disclosed separately.

Notes Receivable from Participants - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus the accrued but unpaid interest.

Benefits Payable - Benefits are accrued in the period in which participants are entitled to collect them.

Excess Contributions - Contributions in excess of annual limitations are refunded when discovered. Those excess contributions paid after year-end are recorded as a liability as of the financial statement date and as a reduction to participant contributions.

Income Recognition - Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments is the unrealized gain or loss on disposition of investments held at year-end. Realized gains and losses are recorded at the time of sale and are reported separately on the statements of changes in net assets.

Administrative Expenses - Expenses paid by the Plan are recorded as accrued or incurred.

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE C: INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The Plan administrator has elected the method of compliance permitted by ERISA section 103(a)(3)(c) pursuant to 29 CFR 2520, 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide, the custodian of the Plan, has certified the completeness and accuracy of all investments held by them as of and for the years ended December 31, 2023 and 2022.

Because this information is presented in conformity with the cash basis of accounting, there may be variances between amounts certified and those presented in the financial statements.

The following information was included in this certification:

	<u>2023</u>	<u>2022</u>
Total plan investments	\$ 6,304,029	\$ 5,803,558
Participant loans	<u>219,077</u>	<u>222,470</u>
Total value	\$ <u>6,523,106</u>	\$ <u>6,026,028</u>

Also included in the certified information were the investment results for the year ended December 31, 2023, including plan earnings of \$924,798, contributions of \$771,989 and a net increase in plan assets for the year of \$497,078.

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount not 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 following tables disclose, by level, the fair value hierarchy of the Plan's assets as of December 31, 2023 and 2022:

Fair Value Measurements at Reporting Date Using				
	Fair Value	Quoted Prices in Active Markets for Identical (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>				
Mutual funds	\$ 6,304,100	\$ 6,304,100		
<u>December 31, 2022</u>				
Mutual funds	\$ 5,803,557	\$ 5,803,557		

FASB ASC 820, Fair Value Measurement and Disclosures, establishes the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes inputs to valuation techniques and gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE E: BENEFITS PAYABLE

As of December 31, 2023 and 2022, \$0 and \$12,699 in plan assets respectively had been set aside for benefit payments to participants electing to withdraw from the plan but had not yet been paid.

NOTE F: PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain other entities and individuals.

Plan investments include shares of registered investment company funds managed by Nationwide and its affiliates. Transactions with these entities qualify as exempt party-in-interest transactions and are paid by the Company.

The Plan has engaged The Haslauer Group, Inc. Fees paid for administration and record keeping totaled \$47,331 and \$28,664 in 2023 and 2022, respectively.

The Company provides certain accounting, recordkeeping, and administrative services to the Plan for which it receives no compensation.

NOTE G: RISKS AND UNCERTAINTIES

The Plan's investments are held primarily in mutual funds. Mutual funds 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 value will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets.

NOTE H: INCOME TAXES

The Plan is qualified with the Internal Revenue Service (IRS) as a tax-exempt plan and as a qualified employee benefit plan under ERISA. The Plan obtained a determination letter in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has since been amended. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan was qualified and related trust was tax-exempt as of the financial statement dates.

During the years ended December 31, 2023 and 2022, the Plan recognized no income-tax related interest or penalties. Management has reviewed the Plan's tax positions and determined there were no uncertain tax positions as of December 31, 2023 and 2022. The Plan is no longer subject to U.S. federal, state, and local examinations by tax authorities for years prior to 2020.

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE I: RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

Certain amounts in the financial statements have been presented in classifications that differ from those reported with form 5500. Changes in classification are the result of applying accounting principles generally accepted in the United States to amounts that are essentially cash basis.

The following is a reconciliation of the amounts presented in the financial statements to those reported with form 5500, schedule H:

	<u>2023</u>	<u>2022</u>
Net assets, Schedule H, Part I, Line L	\$ 6,850,422	\$ 6,359,077
Refunds of excess contributions	0	(384)
Benefits payable at year-end	0	(12,315)
Net assets available for benefits, per the financial statements	<u>\$ 6,850,422</u>	<u>\$ 6,346,378</u>
Total income, Schedule H, Part II, Line D	\$ 1,671,979	\$ (50,041)
Adjustments to appreciation on investments	11,619	0
Reclassify other income	3,234	0
Total additions per the financial statements	<u>\$ 1,686,832</u>	<u>\$ (50,041)</u>
Total expenses, Schedule H, Part II, Line J	\$ 1,180,634	\$ 252,896
Reclassify expenses netted against earnings	14,469	0
Benefits paid to participants	(12,315)	10,380
Total deductions per the financial statements	<u>\$ 1,182,788</u>	<u>\$ 263,276</u>

NOTE J: SUBSEQUENT EVENTS AND DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through August 14, 2024, the date the financial statements were available to be issued.

The plan was amended effective January 1, 2024 to increase the force-out policy to \$7,000. Management does not expect the amendment to have an effect on the financial statements.

SUPPLEMENTAL INFORMATION

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2023

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

Employer Identification Number 72-1424913

Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of investment	Cost	Current value
	Alliance Bernstein	AB Gbl Bd I	**	\$ 2,931
	American Funds	AmFds New Wld R6	**	505,428
	Artisan	Artisan Intl Val Inst	**	568,508
	Avantis	Avnts US LgCap Val Inst	**	12,681
	Avantis	Avnts US SmCap Val Inst	**	3,833
	Baird	Baird Cor Pls Bd Inst	**	303,818
	BlackRock	BlkRk Hi Yld Bd Port K	**	4,285
	BlackRock	BlkRk Strat Inc Oppr I	**	77,590
	BlackRock	BlkRk Ttl Rtn K	**	912
	Brown Advisory	BrwnAdv Sustnbl Gr Inst	**	370
	Calvert	Clvrt Intl Eq I	**	27
	Cohen & Steers	CohenStrs RealEst Sec Inst	**	127,435
	DFA	DFA Emrg Mkt Cor Eq Inst	**	11,227
	Diamond Hill	Diamond Hill MdCap I	**	7,037
	Dodge & Cox	DodgeCox Intl Stk	**	14,225
	Federated	Fed Hrms Gov Oblgtns Prmr	**	2,306
	Federated	Fed Hrms Inst HiYldBd Inst	**	91,681
	Federated	Fed Hrms ShIntdTLRtBd Inst	**	17
	Fidelity	Fid 500 Indx	**	227,858
	Fidelity	Fid Infl Prtct Bd Indx	**	335
	Fidelity	Fid Intl Indx	**	13,538
	Fidelity	Fid US Bd Indx	**	7,916
	Goldman Sachs	GdmnScs InSmCpInsight Inst	**	14,466
	Impax	Impax Sustnbl Alloc Inst	**	27
	JP Morgan	JPM Eq Inc R5	**	842,854
	JP Morgan	JPM LgCap Gr R6	**	11,208
	Franklin	LeggM ClrBrdg LgCap Gr I	**	189
	MFS	MFS MdCap Gr R6	**	6,814
*	Nationwide	NW FXD SEL OPTN	**	269,581
*	Nationwide	NW Geneva SmCapGr Inst Svc	**	208,690

See independent auditor's report

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of investment	Cost	Current value
*	Nationwide	NW Loomis AllCap Gr R6	**	\$ 12,522
	PGIM	PGIM Ttl Rtn Bd R6	**	5,146
	PIMCO	PIMCO Intl BdUSDlrHdgInst	**	82,492
	PIMCO	PIMCO Real Rtn Inst	**	3,718
	PIMCO	PIMCOComdyRealRtn StratInst	**	6,316
	Principal	Prncpl Gbl RealEst R6	**	7,765
	Principal	Prncpl MdCap R6	**	6,897
	Putnam	Ptnm Gr Oppr Y	**	748,909
	TIAA CREF	TIAACRF LfCycInd 2015 Inst	**	562
	TIAA CREF	TIAACRF LfCycInd 2020 Inst	**	3,414
	TIAA CREF	TIAACRF LfCycInd 2025 Inst	**	21,471
	TIAA CREF	TIAACRF LfCycInd 2030 Inst	**	105,269
	TIAA CREF	TIAACRF LfCycInd 2035 Inst	**	330,035
	TIAA CREF	TIAACRF LfCycInd 2040 Inst	**	181,732
	TIAA CREF	TIAACRF LfCycInd 2045 Inst	**	297,661
	TIAA CREF	TIAACRF LfCycInd 2050 Inst	**	81,691
	TIAA CREF	TIAACRF LfCycInd 2055 Inst	**	63,332
	TIAA CREF	TIAACRF LfCycInd 2060 Inst	**	78,075
	TIAA CREF	TIAACRF LfCycInd 2065 Inst	**	4,695
	TIAA CREF	TIAACRF LfCycIndRtInc Inst	**	30
	Vanguard	Vanguard St Fed Adml	**	9
	Victory	Vic Syc Estblshd Val I	**	520,896
	Vanguard	Vngrd Bal Indx Adml	**	5,081
	Vanguard	Vngrd Explr Adml	**	3,840
	Vanguard	Vngrd GNMA Adml	**	144,248
	Vanguard	Vngrd Intl Gr Adml	**	157,716
	Vanguard	Vngrd Ttl Intl Bd Idx Adml	**	354
	Vanguard	Vngrd Ttl IntlStkIndx Adml	**	129
	Vanguard	Vngrd Ttl StMkt Indx Fd AS	**	56,550
	Vanguard	Vngrd Wlsly Inc Adml	**	35,763
				<u>\$ 6,304,100</u>
*	Participant loans	Qualified advances to participants at interest rates of 4.25 to 9.50%, with terms of 1 to 5 years, and maturity dates between 2024 and 2028, secured by participant accounts	0	219,077
				<u><u>\$ 6,523,177</u></u>

Notes: (*) indicates party-in-interest.

(**) Cost information has not been recorded since all investments are participant directed.

See independent auditor's report

PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2023

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

Employer Identification Number 72-1424913

Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of investment	Cost	Current value
	Alliance Bernstein	AB Gbl Bd I	**	\$ 2,931
	American Funds	AmFds New Wld R6	**	505,428
	Artisan	Artisan Intl Val Inst	**	568,508
	Avantis	Avnts US LgCap Val Inst	**	12,681
	Avantis	Avnts US SmCap Val Inst	**	3,833
	Baird	Baird Cor Pls Bd Inst	**	303,818
	BlackRock	BlkRk Hi Yld Bd Port K	**	4,285
	BlackRock	BlkRk Strat Inc Oppr I	**	77,590
	BlackRock	BlkRk Ttl Rtn K	**	912
	Brown Advisory	BrwnAdv Sustnbl Gr Inst	**	370
	Calvert	Clvrt Intl Eq I	**	27
	Cohen & Steers	CohenStrs RealEst Sec Inst	**	127,435
	DFA	DFA Emrg Mkt Cor Eq Inst	**	11,227
	Diamond Hill	Diamond Hill MdCap I	**	7,037
	Dodge & Cox	DodgeCox Intl Stk	**	14,225
	Federated	Fed Hrms Gov Oblgtns Prmr	**	2,306
	Federated	Fed Hrms Inst HiYldBd Inst	**	91,681
	Federated	Fed Hrms ShIntdTLRtBd Inst	**	17
	Fidelity	Fid 500 Indx	**	227,858
	Fidelity	Fid Infl Prtct Bd Indx	**	335
	Fidelity	Fid Intl Indx	**	13,538
	Fidelity	Fid US Bd Indx	**	7,916
	Goldman Sachs	GdmnScs InSmCpInsight Inst	**	14,466
	Impax	Impax Sustnbl Alloc Inst	**	27
	JP Morgan	JPM Eq Inc R5	**	842,854
	JP Morgan	JPM LgCap Gr R6	**	11,208
	Franklin	LeggM ClrBrdg LgCap Gr I	**	189
	MFS	MFS MdCap Gr R6	**	6,814
*	Nationwide	NW FXD SEL OPTN	**	269,581
*	Nationwide	NW Geneva SmCapGr Inst Svc	**	208,690

See independent auditor's report

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of investment	Cost	Current value
*	Nationwide	NW Loomis AllCap Gr R6	**	\$ 12,522
	PGIM	PGIM Ttl Rtn Bd R6	**	5,146
	PIMCO	PIMCO Intl BdUSDlrHdgInst	**	82,492
	PIMCO	PIMCO Real Rtn Inst	**	3,718
	PIMCO	PIMCOComdyRealRtn StratInst	**	6,316
	Principal	Prncpl Gbl RealEst R6	**	7,765
	Principal	Prncpl MdCap R6	**	6,897
	Putnam	Ptnm Gr Oppr Y	**	748,909
	TIAA CREF	TIAACRF LfCycInd 2015 Inst	**	562
	TIAA CREF	TIAACRF LfCycInd 2020 Inst	**	3,414
	TIAA CREF	TIAACRF LfCycInd 2025 Inst	**	21,471
	TIAA CREF	TIAACRF LfCycInd 2030 Inst	**	105,269
	TIAA CREF	TIAACRF LfCycInd 2035 Inst	**	330,035
	TIAA CREF	TIAACRF LfCycInd 2040 Inst	**	181,732
	TIAA CREF	TIAACRF LfCycInd 2045 Inst	**	297,661
	TIAA CREF	TIAACRF LfCycInd 2050 Inst	**	81,691
	TIAA CREF	TIAACRF LfCycInd 2055 Inst	**	63,332
	TIAA CREF	TIAACRF LfCycInd 2060 Inst	**	78,075
	TIAA CREF	TIAACRF LfCycInd 2065 Inst	**	4,695
	TIAA CREF	TIAACRF LfCycIndRtInc Inst	**	30
	Vanguard	Vanguard St Fed Adml	**	9
	Victory	Vic Syc Estblshd Val I	**	520,896
	Vanguard	Vngrd Bal Indx Adml	**	5,081
	Vanguard	Vngrd Explr Adml	**	3,840
	Vanguard	Vngrd GNMA Adml	**	144,248
	Vanguard	Vngrd Intl Gr Adml	**	157,716
	Vanguard	Vngrd Ttl Intl Bd Idx Adml	**	354
	Vanguard	Vngrd Ttl IntlStkIndx Adml	**	129
	Vanguard	Vngrd Ttl StMkt Indx Fd AS	**	56,550
	Vanguard	Vngrd Wlsly Inc Adml	**	35,763
				<u>\$ 6,304,100</u>
*	Participant loans	Qualified advances to participants at interest rates		
		of 4.25 to 9.50%, with terms of 1 to 5 years,		
		and maturity dates between 2024 and 2028,		
		secured by participant accounts	0	219,077
				<u>\$ 6,523,177</u>

Notes: (*) indicates party-in-interest.

(**) Cost information has not been recorded since all investments are participant directed.

See independent auditor's report

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)☒ a single-employer plan☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report☐ the final return/report☐ an amended return/report☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PS WHOLESALE FLOORS, LLC. 401(K) AND PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2014
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PS WHOLESALE FLOORS, LLC 3049 S SHERWOOD FOREST BLVD 2ND FLOOR BATON ROUGE LA 70816
2b	Employer Identification Number (EIN) 72-1424913
2c	Plan Sponsor's telephone number 225-424-6732
2d	Business code (see instructions) 423990

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	<i>WM Kiffin Luce</i>	8/26/2024	KIFFIN LUCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 214
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 160 6a(2) 171 6b 0 6c 53 6d 224 6e 0 6f 224 6g(1) 173 6g(2) 165 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u> 1 </u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

Name of Plan:

► PS Wholesale Floors, LLC 401(k) and Profit Sharing Plan

Employer Identification Number: ► 72-1424913

For plan year (beginning/ending): ► 01/01/2023 - 12/31/2023

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Nationwide Insurance Company	BlkRk MdCap Gr Eq Inst		-
*	Nationwide Insurance Company	Ptnm LgCap Gr Y		748,909.34
*	Nationwide Insurance Company	LeggM ClrBrdg LgCap Gr I		188.92
*	Nationwide Insurance Company	Vic Syc Estblshd Val I		520,895.66
*	Nationwide Insurance Company	BlkRk Hi Yld Bd Port K		4,284.80
*	Nationwide Insurance Company	BlkRk Ttl Rtn K		912.34
*	Nationwide Insurance Company	PIMCO Intl BdUSDlrHdgInst		82,492.00
*	Nationwide Insurance Company	DFA Emrg Mkt Cor Eq Inst		11,226.98
*	Nationwide Insurance Company	JPM LgCap Gr R6		11,208.11
*	Nationwide Insurance Company	NW Geneva SmCapGr Inst Svc		208,690.40
*	Nationwide Insurance Company	BlkRk Strat Inc Oppr I		77,590.46
*	Nationwide Insurance Company	AB Glbl Bd I		2,930.71
*	Nationwide Insurance Company	Diamond Hill MdCap I		7,037.03
*	Nationwide Insurance Company	Vngrd Bal Indx Adml		5,081.38
*	Nationwide Insurance Company	Vngrd Ttl IntlStkIndx Adml		129.25
*	Nationwide Insurance Company	Vngrd Ttl StMkt Indx Fd AS		56,550.05
*	Nationwide Insurance Company	Vngrd Explr Adml		3,840.36
*	Nationwide Insurance Company	Vngrd GNMA Adml		144,248.40
*	Nationwide Insurance Company	Vngrd Intl Gr Adml		157,715.67
*	Nationwide Insurance Company	Vngrd ST Fed Adml		8.57
*	Nationwide Insurance Company	Clvrt Intl Eq I		26.69
*	Nationwide Insurance Company	Vngrd Wlsly Inc Adml		35,763.42
*	Nationwide Insurance Company	Vngrd Ttl Intl Bd Idx Adml		353.67
*	Nationwide Insurance Company	DodgeCox Intl Stk I		14,225.28
*	Nationwide Insurance Company	CohenStrs RealEst Sec Inst		127,434.75
*	Nationwide Insurance Company	Fed Hrms Gov Oblgtns Prmr		2,305.54
*	Nationwide Insurance Company	Baird Cor Pls Bd Inst		303,817.85
*	Nationwide Insurance Company	TIAACRF LfCycInd 2015 Inst		561.57
*	Nationwide Insurance Company	TIAACRF LfCycInd 2020 Inst		3,413.59
*	Nationwide Insurance Company	TIAACRF LfCycInd 2025 Inst		21,471.49
*	Nationwide Insurance Company	TIAACRF LfCycInd 2030 Inst		105,268.62
*	Nationwide Insurance Company	TIAACRF LfCycInd 2035 Inst		330,034.86
*	Nationwide Insurance Company	TIAACRF LfCycInd 2040 Inst		181,731.55
*	Nationwide Insurance Company	TIAACRF LfCycInd 2045 Inst		297,660.73
*	Nationwide Insurance Company	TIAACRF LfCycInd 2050 Inst		81,691.00
*	Nationwide Insurance Company	TIAACRF LfCycInd 2055 Inst		63,331.58
*	Nationwide Insurance Company	TIAACRF LfCycInd 2060 Inst		78,074.57
*	Nationwide Insurance Company	TIAACRF LfCycIndRtInc Inst		30.24
*	Nationwide Insurance Company	Artisan Intl Val Inst		568,507.72
*	Nationwide Insurance Company	Fid NSDQ Cmpst Indx		-
*	Nationwide Insurance Company	OTCKX		6,813.67
*	Nationwide Insurance Company	PGIM Ttl Rtn Bd R6		5,145.51
*	Nationwide Insurance Company	JPM Eq Inc R5		842,853.56
*	Nationwide Insurance Company	NW Loomis AllCap Gr R6		12,521.97
*	Nationwide Insurance Company	PMAQX		6,896.77
*	Nationwide Insurance Company	Fid 500 Indx		227,858.44
*	Nationwide Insurance Company	Fid Infl Prtct Bd Indx		335.04
*	Nationwide Insurance Company	Fid Intl Indx		13,537.65
*	Nationwide Insurance Company	Fid US Bd Indx		7,916.18
*	Nationwide Insurance Company	Fed Hrms ShIntdTlRtBd		17.12
*	Nationwide Insurance Company	Fed Hrms Inst HiYldBd Inst		91,680.78
*	Nationwide Insurance Company	GdmnScs GQGPtrIntlOppr R6		14,465.51
*	Nationwide Insurance Company	Prncpl Glbl RealEst R6		7,765.30
*	Nationwide Insurance Company	BAFWX		369.99

*	Nationwide Insurance Company	TIAACRF LfCycInd 2065 Inst		4,694.68
*	Nationwide Insurance Company	Avnts US SmCap Val Inst		3,833.07
*	Nationwide Insurance Company	Avnts US LgCap Val Inst		12,681.26
*	Nationwide Insurance Company	Invsco Disc MdCapGr Y		-
*	Nationwide Insurance Company	PAXIX		26.75
*	Nationwide Insurance Company	PIMCOComdyRealRtnStratInst		6,315.96
*	Nationwide Insurance Company	NW FXD SEL OPTN		269,580.70
*	Nationwide Insurance Company	PIMCO Real Rtn Inst		3,717.60
*	Nationwide Insurance Company	AmFds New Wld R6		505,427.65
*	Nationwide Insurance Company	Participant Loans		219,076.60