

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>11/20/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1991</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HUMAN RESOURCES, INC.</u> <u>2127 ESPEY COURT, SUITE 306</u> <u>CROFTON, MD 21114</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1665523</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>410-451-4202</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1665523</u>	2c Sponsor's telephone number <u>410-451-4202</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>52-1665523</u>					
2c Sponsor's telephone number <u>410-451-4202</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2014	TIMOTHY SCHAFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2014	TIMOTHY SCHAFER
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1566
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
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			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **11/20/2013**

A Name of plan HUMAN RESOURCES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 52-1665523	

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

LINCOLN NATIONAL LIFE INSURANCE CO.

(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
35-0472300	65676	VARIOUS	0	01/01/2013	11/20/2013

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
55909	101953

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

PINNACLE FINANCIAL SERVICES
1177 HYPOLUXO ROAD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	58753	TPA SUBSIDY	5

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

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST STE #150
FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55909			4

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

HUMAN RESOURCES INC.

2127 ESPEY CT, STE 306
CROFTON, MD 21114-2491

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	30305	PLAN EXPENSES	0

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

PINNACLE FINANCIAL SERVICES

1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	12895	TPA AWARDS	5

(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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year.....	7b	2912242
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c Additions: (1) Contributions deposited during the year.....	7c(1)	593944	
(2) Dividends and credits	7c(2)	40382	
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account.....	7c(4)	115802	
(5) Other (specify below)	7c(5)	37837	

▶ **LOAN PRINCIPAL & INTEREST**

(6) Total additions.....	7c(6)	787965
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3700207
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	41655	
(3) Transferred to separate account.....	7e(3)	24760	
(4) Other (specify below)	7e(4)	3633792	

▶ **TRANSFER OUT**

(5) Total deductions.....	7e(5)	3700207
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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)	
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)	
(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)	
(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 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 11/20/2013	
A Name of plan HUMAN RESOURCES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 52-1665523

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 PRUDENTIAL 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
22-1211670	68241	72208028	0	01/01/2013	12/31/2013

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ SEE ATTACHED		
b Premiums paid to carrier	6b	1365
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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)	
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)	
(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)	
(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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 11/20/2013

A Name of plan <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUMAN RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>52-1665523</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

35-1140070

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

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

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

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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	154085	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STADION MONEY MANAGEMENT

58-2099805

(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?
26	SERVICE PROVIDER	129483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE FINANCIAL SERVICES INC

59-2438873

(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	SERVICE PROVIDER	48125	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 11/20/2013

A Name of plan <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUMAN RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>52-1665523</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FED GOV ULTRASHORT DURATION</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-1140070-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA ACORN</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-1140070-117</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN HIGH INCOME</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-1140070-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VG LIFE STRATEGY MOD GRW</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-1140070-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP MON INT'L VALUE</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-1140070-122</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP SSGA S&P 500 INDEX</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-1140070-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO VANKMP GRW & INC</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>				
c EIN-PN <u>35-1140070-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: [VG LIFE STRATEGY CONS GRW](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VG LIFESTRATEGY GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP SSGA SMALL-CAP INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERFUNDUS EUROPAC GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [COHEN & STEERS GLOBAL REIT](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP VANGUARD INTL EQUITY](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MFS VIT GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TEMPLE GLOBAL BOND SECURITIES](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP BKRK INFLATION PROTECT](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER DVL PNG MRKTS](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROF 2010](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROFILE 2020](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROFILE 2030](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROFILE 2040](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STADION MANAGED CONSERVATIVE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STADION MANAGED MODERATE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STADION MANAGED GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP SSGA BOND INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP DELAWARE SPECIAL OPP](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA RUSS LC VL IX NON-LN](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC GR IX NON-LN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX NON-LN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC VI IX NON-LN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-714	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC GR IX NON-LN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MANAGED BALANCED**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-722	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION MGD CAP PRES**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-723	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 11/20/2013		
A Name of plan HUMAN RESOURCES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HUMAN RESOURCES, INC.	D Employer Identification Number (EIN) 52-1665523	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	193013	
	(2) Participant contributions.....	1b(2)	133352	
	(3) Other.....	1b(3)	36730	
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)		
	(8) Participant loans.....	1c(8)	1114568	
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	20284811	
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2912242	
	(15) Other.....	1c(15)	19214	

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	24693930	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	22594	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	22594	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24671336	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2619014	
(B) Participants	2a(1)(B)	1758369	
(C) Others (including rollovers)	2a(1)(C)	254459	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4631842

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)	38336	
(F) Other	2b(1)(F)	4986	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43322

(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)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2878110
(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)		
c Other income	2c		2180
d Total income. Add all income amounts in column (b) and enter total	2d		7555454

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2414519	
(2) To insurance carriers for the provision of benefits	2e(2)	1251	
(3) Other	2e(3)	3099	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2418869
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		15474
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	201800	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	129483	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		331283
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2765626

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4789828
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		29461164

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **MAYER HOFFMAN MCCANN, P.C.**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

	Yes	No	Amount
4a	X		40
4b		X	

	Yes	No	Amount
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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)
ANSWER TITLE ANS ESCROW 401(K) P/S PLAN	30-0261138	001
THE CONVENTION STORE, INC. RETIREMENT PLAN	52-1481168	001
EAST COAST AMBULANCE SERVICE RETIREMENT PLAN	52-2078044	001
TRIBRIDGE PARTNERS, LLC 401(K) PROFIT SHARING PLAN	52-1516452	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

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

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

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)
MONTESSORI LEARNING CENTRE INC 401(K)	51-0295795	001
HUMAN RESOURCES INC RETIREMENT SAVINGS PLAN	52-1665523	002
INTERNET SOCIETY 401(K) SAVINGS PLAN	54-1650477	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 11/20/2013

A Name of plan <u>HUMAN RESOURCES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUMAN RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>52-1665523</u>

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
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): <u>35-0472300</u>	
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
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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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

HUMAN RESOURCES, INC. SAVINGS PLAN

FINANCIAL STATEMENTS

November 20, 2013 and December 31, 2012 and the
Period January 1, 2013 through November 20, 2013 and the
Year Ended December 31, 2012



Mayer Hoffman McCann P.C.

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Human Resources, Inc. Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Human Resources, Inc. Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of November 20, 2013 and December 31, 2012, and the related statements of changes in net assets available for benefits for the period January 1, 2013 through November 20, 2013 and for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Lincoln National Life Insurance Company, the custodian of the Plan (the "Custodian"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the Custodian as of November 20, 2013 and December 31, 2012, and for the period January 1, 2013 through November 20, 2013, and for the year ended December 31, 2012, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of delinquent participant contributions for the period January 1, 2013 through November 20, 2013, which is the responsibility of the Plan's management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
September 12, 2014

HUMAN RESOURCES, INC. SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 20, 2013 and December 31, 2012

	November 20, 2013	December 31, 2012
<u>ASSETS</u>		
Investments at fair value:		
Pooled separate accounts	\$ -	\$ 20,284,811
Guaranteed interest and other accounts	-	2,931,456
	-	23,216,267
Receivables:		
Notes receivable from participants	-	1,114,568
Employers contributions	-	193,013
Participants contributions	-	133,352
Other	-	36,730
	-	1,477,663
TOTAL ASSETS	-	24,693,930
<u>LIABILITIES</u>		
Other liabilities	-	22,594
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 24,671,336

See Notes to Financial Statements

HUMAN RESOURCES, INC. SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Period January 1, 2013 through November 20, 2013 and Year Ended December 31, 2012

	Period January 1, 2013 through November 20, 2013	Year Ended December 31, 2012
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,883,096	\$ 2,289,995
Interest income on notes receivable from participants	38,336	38,448
Other income	2,180	39,509
	40,516	77,957
Contributions:		
Employers	2,619,014	2,897,887
Participants	1,758,369	1,994,368
Rollovers	254,459	141,160
	4,631,842	5,033,415
TOTAL ADDITIONS	7,555,454	7,401,367
DEDUCTIONS:		
Benefits paid to participants	2,418,869	2,013,931
Corrective distributions	-	14,206
Deemed distributions of notes receivable from participants	15,474	6,934
Administrative expenses	331,283	319,366
TOTAL DEDUCTIONS	2,765,626	2,354,437
NET INCREASE BEFORE TRANSFERS	4,789,828	5,046,930
TRANSFERS OUT TO OTHER PLANS	(29,461,164)	(2,930,609)
NET INCREASE (DECREASE)	(24,671,336)	2,116,321
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	24,671,336	22,555,015
Ending	\$ -	\$ 24,671,336

See Notes to Financial Statements

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Human Resources, Inc. Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document or summary plan description, both of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General - The Plan was a defined contribution plan established in 1991 (amended and restated effective January 1, 2007) by Human Resources, Inc. (the "Company"), a professional employer organization ("PEO"). A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits, and workers' compensation to its clients. To reflect the co-employment relationship between the Company, its adopting affiliated companies, if any, and the other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualified as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executed an adoption agreement with terms and conditions specific to such employer. Eligible employees of the Company and its adopting affiliated companies and other employers were permitted to enter the Plan on various entry dates, coinciding with or following the date on which those employees met the eligibility requirements as outlined within their respective employer's adoption agreement. Entry dates were generally on a quarterly basis. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan merger - In June 2013, the Plan's management elected to merge the Plan, effective November 1, 2013, into a recently formed separate defined contribution plan (the "Successor Plan") sponsored by the Company. The Plan's net assets were transferred to the Successor Plan at various dates through November 20, 2013. The Successor Plan has contracted with another service provider to perform custodial and recordkeeping services previously provided to the Plan by Lincoln National Life Insurance Company ("Lincoln") and Pinnacle Financial Services, Inc. ("Pinnacle").

Plan administration - The Plan was administered by the Company pursuant to the terms and conditions of the Plan and trust. The Plan's Administrative Committee (the "Committee") had overall responsibility for the operation and administration of the Plan. The Committee determined the appropriateness of the Plan's investment offerings and monitored investment performance. Under the terms of the Plan, a group of designated officers of the Company acted as trustees.

The Company had contracted with Lincoln under a group variable annuity contract to act as the Plan's custodian. Lincoln invested each participant's account balance in pooled separate accounts, or its general account in the case of the guaranteed interest accounts, as instructed by each participant. The Company had also contracted with Pinnacle to serve as the Plan's third party administrator.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions - Participants were allowed to contribute up to 100% of pretax annual compensation, as defined in the plan document, not to exceed annual limitations specified in the Internal Revenue Code (the "Code"). Participants were also able to make Roth 401(k) deferrals if the participating employer had elected this option in the employer's adoption agreement with the Plan. Participants were permitted to change their contribution rate on January 1, April 1, July 1, and October 1 of each year, and to contribute amounts representing distributions from other tax qualified plans. Additionally, participants age 50 or older, who were making contributions to the Plan, were allowed to make catch-up contributions, as defined in the plan document. Participants directed the investment of all contributions into various investment options offered by the Plan.

Each employer elected whether or not to make discretionary matching and/or non-elective contributions, and the manner in which such contributions were determined, if applicable. Employer contributions, if any, were recorded in the year for which the contribution applied. Employer contributions aggregated \$2,619,014 and \$2,897,887 applicable to the period January 1, 2013 through November 20, 2013, and to the year ended December 31, 2012, respectively. Employer contributions were invested in funds in accordance with the participant's direction and the Plan's provisions, and were subject to certain limitations as prescribed by the Code.

Participant investment account options - The Plan offered various pooled separate accounts and guaranteed interest and other accounts as investment options for participants.

Participant accounts - Each participant's account was credited with the participant's contributions and allocations of (a) their employer's contributions, if any, and, (b) plan earnings. Allocations were based on participant earnings or account balances, as defined in the plan document. Additionally, participant accounts were charged with certain Plan related fees. The benefit to which a participant was entitled was the benefit that was provided from the participant's vested account.

Notes receivable from participants - Participants were permitted to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the vested portion of their account balance. The notes were secured by the balance in the participant's account and bore interest at rates which were commensurate with local prevailing rates as determined by the plan administrator. Principal and interest were paid ratably through payroll deductions.

Vesting - Participants were immediately vested in their own contributions and their employer's qualified non-elective contributions, plus actual earnings thereon. Vesting in their employer's matching contributions was based on years of continuous service.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Vesting (continued)

A participant became vested in their employer's matching contributions in accordance with one of the following three vesting schedules, as elected by each adopting employer:

1)	<u>Years of Service</u>	<u>Vesting %</u>
	1	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%
2)	0-2	0%
	3	100%

3) Immediate vesting for all contributions to the Plan.

Forfeited accounts - The Plan allowed for forfeitures of non-vested terminated participant account balances attributable to discretionary employer matching contributions. At November 20, 2013 and December 31, 2012, forfeited nonvested accounts totaled \$0 and \$62,931, respectively. Under the provisions of the plan document, these accounts were available to be used to reduce future discretionary employer contributions. For the period January 1, 2013 through November 20, 2013 and for the year ended December 31, 2012, \$0 and \$2,250, respectively, were used to reduce employer contributions. Forfeitures during the period January 1, 2013 through November 20, 2013 aggregating \$67,661 were transferred to the Successor Plan as part of the merger of the two plans.

Payment of benefits - On termination of service due to death, disability, retirement, termination of employment, or qualifying under certain "hardship" rules, as prescribed by the Internal Revenue Service ("IRS"), a participant was entitled to receive either a lump sum amount or rollover amount equal to the value of the participant's vested interest in his or her account. Additionally, there were provisions in the plan document to allow in-service withdrawals of benefits in compliance with the Code.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan were prepared under the accrual method of accounting.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Basis of accounting (continued)

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presented fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value, if applicable. The statements of changes in net assets available for benefits were prepared on a contract value basis.

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

Investment valuation and income recognition - Investments were reported at fair value. Fair value was 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. The plan administrator determined the Plan's valuation policies utilizing information provided by the investment custodian. See Note 5 for discussions of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants - Notes receivable from participants were measured at their unpaid principal balance plus accrued but unpaid interest. Interest income on notes receivable from participants was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when incurred. If a participant ceased to make note repayments and the plan administrator deemed the note to be in default, the remaining note balance was reduced and a benefit payment was recorded. No allowance for credit losses was recorded as of November 20, 2013 or December 31, 2012.

Unit values - Individual participant accounts for the pooled separate accounts were maintained on a unit value basis. Participants did not have beneficial ownership in the specific underlying securities or other assets in the funds, but did have an interest therein represented by units valued daily. The funds earned dividends and interest which were automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund were converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts were charged or credited with the number of units properly attributable to each participant.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Payment of benefits - Benefits were recorded when paid.

Administrative expenses - Certain expenses of the Plan were paid by the Company and were not included in the statements of changes in net assets available for benefits. Various other Plan related expenses aggregating \$331,283 and \$319,366 for the period January 1, 2013 through November 20, 2013 and the year ended December 31, 2012, respectively, have been paid for by the Plan and were recorded as administrative expenses on the statements of changes in net assets available for benefits. Additionally, certain investment related expenses were included in net appreciation in fair value of investments.

(3) Investments

The following investments represented 5% or more of the Plan's net assets at the applicable measurement date:

	<u>November 20, 2013</u>	<u>December 31, 2012</u>
Stadion Managed Growth SATG	\$ -	\$ 7,209,280
Stadion Managed Moderate SATM	-	4,180,980
Mgd Prin Protect Portfolio	-	2,119,778
Fed Gov Ultrashort Dur SA14	-	1,469,166

During the period January 1, 2013 through November 20, 2013 and the year ended December 31, 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	<u>Period January 1, 2013 through November 20, 2013</u>	<u>Year Ended December 31, 2012</u>
Pooled separate accounts	\$ 2,842,713	\$ 2,274,406
Guaranteed interest and other accounts	40,383	15,589
	<u>\$ 2,883,096</u>	<u>\$ 2,289,995</u>

(4) Information prepared and certified by the custodian

The plan administrator elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) **Information prepared and certified by the custodian (continued)**

Accordingly, Lincoln has certified that the following data included in the accompanying financial statements are complete and accurate with respect to investments:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Interest income on notes receivable from participants

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

(5) **Fair value measurements**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- 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 and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; 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 the fair value measurement.

The fair value measurement level of the Plan's assets or liabilities within the fair value hierarchy was based on the lowest level of any input that was significant to the fair value measurement. Valuation techniques used needed to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the period January 1, 2013 through November 20, 2013 and during the year ended December 31, 2012.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

Pooled separate accounts: Valued at the net asset value ("NAV") of units of the separate account. The NAV, as provided by the custodian, was used as a practical expedient to estimating fair value. The NAV was based on the fair value of the underlying investments held by the account less its liabilities. This practical expedient was not used when it was determined to be probable that the fund would sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may have occurred daily. Were the Plan to have initiated a full redemption of the separate account, the investment advisor reserved the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations were carried out in an orderly business manner.

Guaranteed interest and other accounts: Valued at the ratio of the fair value to the amortized cost of the investments in the insurance company's general account as reported in the insurance company's audited financial statements. The fair value of these accounts equaled contract value at November 20, 2013 and December 31, 2012.

The preceding methods described may have produced a fair value calculation that may not have been indicative of the net realizable value. Furthermore, although the Plan's management believed that these valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could have resulted in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012:

Investments at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Fixed income	\$ -	\$ 2,860,033	\$ -	\$ 2,860,033
Large cap blend	-	664,282	-	664,282
Small cap blend	-	491,817	-	491,817
Large cap blend - international	-	408,713	-	408,713
Mid cap blend	-	387,756	-	387,756
Risk based	-	333,683	-	333,683
Large cap value	-	317,586	-	317,586
Large cap growth	-	294,395	-	294,395
Mid cap value - international	-	222,409	-	222,409
Mid cap growth	-	216,527	-	216,527
Mixed asset target	-	165,331	-	165,331
Mid cap value	-	96,523	-	96,523
Small cap value	-	64,935	-	64,935
Balanced	-	54,118	-	54,118
Small cap growth	-	50,295	-	50,295
Target date funds:				
Growth	-	7,209,280	-	7,209,280
Moderate	-	4,180,980	-	4,180,980
Balanced	-	1,174,905	-	1,174,905
Conservative	-	833,772	-	833,772
Capital preservation	-	257,471	-	257,471
Total pooled separate accounts	-	20,284,811	-	20,284,811
Guaranteed interest and other accounts	-	-	2,931,456	2,931,456
Total investments at fair value	\$ -	\$ 20,284,811	\$ 2,931,456	\$ 23,216,267

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

The fair value of the investments in the pooled separate accounts were estimated using the NAV of the investments. The pooled separate accounts included in the chart above were redeemed on a daily basis and did not have any redemption restrictions. Additionally, there were no unfunded commitments.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments (guaranteed interest and other accounts) for the period January 1, 2013 through November 20, 2013 and for the year ended December 31, 2012:

	Level 3 Investments	
	Period January 1, 2013 through November 20, 2013	Year Ended December 31, 2012
Balance, beginning of year	\$ 2,931,456	\$ 598,397
Net appreciation relating to instruments held at the reporting date	40,383	15,589
Purchases	747,582	2,433,522
Settlements	(3,719,421)	(116,052)
Balance, end of year	<u>\$ -</u>	<u>\$ 2,931,456</u>

Net appreciation relating to instruments held at the reporting date, as shown above, were included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

(6) Guaranteed interest and other accounts

The Plan had fully benefit-responsive guaranteed interest and other accounts with Lincoln. Lincoln maintained the contributions in a general account. The guaranteed interest and other accounts were credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan.

Because these accounts were fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the accounts. Contract value, as reported to the Plan by Lincoln, represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may have ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate was based on a formula agreed upon with the issuer. Such interest rates were reviewed daily for resetting.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Guaranteed interest and other accounts (continued)

Certain events may have limited the ability of the Plan to transact at contract value with the issuer. Such events may have included, but were not limited to, the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that caused a significant withdrawal from the Plan, or (3) the failure of the trust to have qualified for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator did not believe that any such event, which would have limited the Plan's ability to transact at contract value with participants, had occurred.

The fair value at December 31, 2012, and the average yield and crediting interest rates for the year then ended were as follows:

Fair value	\$	2,931,456
Average yield		3.11%
Crediting interest rate		3.11%

(7) Parties-in-interest transactions

The Plan's investments during the period January 1, 2013 through November 20, 2013, and at December 31, 2012, were in pooled separate accounts and guaranteed interest and other accounts managed by Lincoln. Lincoln was the custodian, as defined by the plan document, and therefore, these transactions qualified as party-in-interest transactions. Such transactions were permitted under the provisions of the Plan and were exempt from the prohibition of related party transactions under ERISA and applicable exemptions promulgated there under.

Additionally, certain recordkeeping and other services to the Plan were provided by Pinnacle and Stadion Money Management (an entity affiliated with Lincoln).

Aggregate fees paid to these parties for the period January 1, 2013 through November 20, 2013 and for the year ended December 31, 2012, amounted to \$331,283 and \$319,366, respectively. These amounts have been included in administrative expenses on the statements of changes in net assets available for benefits.

(8) Transfers out to other plans and Plan merger

Prior to the merger of the Plan's net assets with the Successor Plan, several employers had terminated their relationship with the Company and therefore separated from the Plan. Accordingly, net assets associated with these terminations, aggregating \$124,343 and \$2,930,609, had been transferred out of the Plan during the period January 1, 2013 through November 20, 2013 and for the year ended December 31, 2012, respectively.

During November 2013, all remaining net assets of the Plan were transferred to the Successor Plan. Aggregate transfers to the Successor Plan amounted to \$29,336,821 and were executed at various dates through November 20, 2013.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(9) **Reconciliation of financial statements to Schedule H of Form 5500**

Certain line items reported on Schedule H of Form 5500 for the period January 1, 2013 through November 20, 2013, and as of and for the year ended December 31, 2012 have been reclassified in the financial statements. These reclassifications had no impact on net assets available for benefits or changes in net assets available for benefits as reported in the financial statements or on Schedule H of Form 5500.

(10) **Tax status**

The IRS determined and informed the Company by a letter dated January 8, 2009, that the Plan and related trust were designed in accordance with applicable sections of the Code. Although the Plan had been amended since the date of this letter, the Plan's management believed that the Plan and related trust continued to operate and remained designed in accordance with all applicable sections of the Code through November 20, 2013, the date the Plan's assets were transferred to the Successor Plan.

Accounting principles generally accepted in the United States of America required the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan had taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator analyzed the tax positions taken by the Plan, and concluded that as of November 20, 2013, there were no uncertain positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

(11) **Nonexempt transactions**

Plan sponsors are required to remit participant contributions and note repayments to the Plan as soon as they can be reasonably segregated from the employer's general assets. While the Company remitted all participant contributions and note repayments to the Plan, one participant's note repayments aggregating \$40 during the period January 1, 2013 through November 20, 2013 were not remitted within the required time period. The Company remitted lost earnings associated with the delinquent note repayments on behalf of the affected participant.

(12) **Plan fees**

Certain administrative fees of the Plan were paid for by the Company. Other administrative fees, as described below, were paid for by the Plan.

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(12) **Plan fees (continued)**

ERISA and related DOL regulations authorized the payment from the Plan's assets of Plan related expenses including, but not limited to, investment management or trustee fees, recordkeeping fees, and reporting and disclosure expenses. Asset based fees were reported as "basis points." 100 basis points equaled 1%, 50 basis points equaled ½ of 1%, etc. Additional non-recurring Plan related expenses may have also been billed to the Plan. The list below provides information on the various expenses that were billed to the assets of the Plan:

Lincoln asset fees

Lincoln's quarterly account asset charge of 7.25 basis points and a \$15 annual participant fee were deducted from participant account balances to cover the costs of providing an individual's investment account in the Lincoln contract. Lincoln's services included trust accounting for numerous investment options, daily account investment transfers, quarterly account statements with a newsletter, an internet service center to monitor and control investments, a customer service center, and a 24 hour toll free telephone voice response system.

Investment management and underlying mutual fund fees

Investment management and underlying mutual fund fees were charges against the variable assets in the contract to cover investment management expenses. A portion of these fees were paid to Lincoln for services provided to track and trade the funds. These fees varied by type of fund and were based upon the complexity, research, and trading cost associated with each fund. The fees were assessed daily in the unit value calculations and were not shown as a specific deduction on the quarterly statements.

Plan expense reimbursement account

A plan expense reimbursement account of 3 basis points per quarter was credited to the trustees of the Plan. This fund was used to pay expenses such as legal and audit fees.

Pinnacle administrative fees

Pinnacle provided annual record keeping, tax reporting, and testing services to assist the Plan in maintaining compliance with the IRS' and the DOL's laws and regulations.

Pinnacle's fees were billed directly to participant accounts as follows (as applicable):

- Quarterly asset based fees of \$5, plus basis points ranging from 1.75 to 10.75 as determined by the quantification of assets in a participant's account.
- Loan set up fee - \$100
- Annual loan maintenance fee - \$50
- Standard distribution fee - \$75
- Hardship distribution fee - \$100
- Qualified domestic relations order review - \$250

HUMAN RESOURCES, INC. SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(13) Subsequent events

The Plan's management has evaluated subsequent events through September 12, 2014, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

HUMAN RESOURCES, INC. SAVINGS PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Period January 1, 2013 through November 20, 2013

EIN: 52-1665523
Plan number: 001

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under the VFCP and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside the Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in the VFCP	
\$ 40 *	X	\$ 40	\$ -	\$ -	\$ -

* The Company has remitted lost earnings to the Plan on behalf of the affected participant.

SUMMARY FOR LINKED PLANS:**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 521665523 IRS Plan # 333

As of Plan Year End 11/20/2013

Contract #: 66399

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
*	LNL-DIRECTOR	NeubergerBerman MidCap Gr SA37	0.00	0.00
*	LNL-DIRECTOR	LVIP Mid-Cap Value SA38	0.00	0.00
*	LNL-DIRECTOR	LVIP Vanguard Domestic Eq SA19	0.00	0.00
*	LNL-DIRECTOR	LVIP T.Rowe Growth Stock SA29	0.00	0.00
*	LNL-DIRECTOR	AB Global Thematic SA31	0.00	0.00
*	LNL-DIRECTOR	LVIP Del Growth & Income SA11	0.00	0.00
*	LNL-DIRECTOR	LVIP Delaware Bond SA12	0.00	0.00
*	LNL-DIRECTOR	Fed Gov Ultrashort Dur SA14	0.00	0.00
*	LNL-DIRECTOR	Columbia Acorn SA17	0.00	0.00
*	LNL-DIRECTOR	Franklin High Income SA20	0.00	0.00
*	LNL-DIRECTOR	VG LifeStrategy Mod Grw SA21	0.00	0.00
*	LNL-DIRECTOR	LVIP Mon Int'l Value SA22	0.00	0.00
*	LNL-DIRECTOR	SSgA Rusl All Cap Idx SA23	0.00	0.00
*	LNL-DIRECTOR	SSgA Rusl Sml Md Cp Idx SA24	0.00	0.00
*	LNL-DIRECTOR	Invesco Growth & Income SA28	0.00	0.00
*	LNL-DIRECTOR	VG LifeStrategy Cons Grw SA30	0.00	0.00
*	LNL-DIRECTOR	VG LifeStrategy Growth SA32	0.00	0.00
*	LNL-DIRECTOR	Delaware VIP Value SA61	0.00	0.00
*	LNL-DIRECTOR	Guaranteed Account	0.00	0.00
*	LNL-DIRECTOR	LVIP Del Social Awareness SA33	0.00	0.00
*	LNL-DIRECTOR	AmerFunds New Perspective SA34	0.00	0.00
*	LNL-DIRECTOR	Fidelity VIP ContraFund SA35	0.00	0.00
*	LNL-DIRECTOR	AB Small Mid Cap Value SA39	0.00	0.00
*	LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	0.00	0.00
*	LNL-DIRECTOR	AmerFunds Growth America SA48	0.00	0.00
*	LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	0.00
*	LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	0.00	0.00
*	LNL-DIRECTOR	Delaware VIP SmCap Value SA56	0.00	0.00
*	LNL-DIRECTOR	LVIP Dimensionl US Eq RPM SA57	0.00	0.00
*	LNL-DIRECTOR	Franklin Growth SA58	0.00	0.00
*	LNL-DIRECTOR	LVIP Vanguard Intl Equity SA59	0.00	0.00
*	LNL-DIRECTOR	Templeton Growth Secur. SA62	0.00	0.00
*	LNL-DIRECTOR	WF Advantage Discovery SA63	0.00	0.00
*	LNL-DIRECTOR	Janus Aspen Enterprise SA64	0.00	0.00

*	LNL-DIRECTOR	Janus Aspen Janus SA70	0.00	0.00
*	LNL-DIRECTOR	MFS VIT Growth SA65	0.00	0.00
*	LNL-DIRECTOR	MFS VIT Cap Opportunities SA66	0.00	0.00
*	LNL-DIRECTOR	MFS VIT Utilities Series SA67	0.00	0.00
*	LNL-DIRECTOR	BlackRock Aurora SA75	0.00	0.00
*	LNL-DIRECTOR	Invesco Sml Cap Discovery SA76	0.00	0.00
*	LNL-DIRECTOR	BlackRock Enrgy&Resources SA77	0.00	0.00
*	LNL-DIRECTOR	BlackRock Flexible Equity SA83	0.00	0.00
*	LNL-DIRECTOR	BlackRock Large Cap Value SA80	0.00	0.00
*	LNL-DIRECTOR	BlackRock Capital App SA81	0.00	0.00
*	LNL-DIRECTOR	Mgd Prin Protect Portfolio	0.00	0.00
*	LNL-DIRECTOR	LVIP SSgA S&P 500 Index SA27	0.00	0.00
*	LNL-DIRECTOR	LVIP SSgA Small-Cap Index SA36	0.00	0.00
*	LNL-DIRECTOR	LVIP Clarion Gbl Real Est SA55	0.00	0.00
*	LNL-DIRECTOR	Fidelity VIP Mid Cap SA84	0.00	0.00
*	LNL-DIRECTOR	Temp Glbal Bnd Securities SA86	0.00	0.00
*	LNL-DIRECTOR	LVIPBkRk Infltn Protected SA92	0.00	0.00
*	LNL-DIRECTOR	Del VIP DiversifiedIncome SA93	0.00	0.00
*	LNL-DIRECTOR	Oppenheimer Dvlping Mrkts SA94	0.00	0.00
*	LNL-DIRECTOR	LVIP Managed Risk Pr 2010 SAL1	0.00	0.00
*	LNL-DIRECTOR	LVIP Managed Risk Pr 2020 SAL2	0.00	0.00
*	LNL-DIRECTOR	LVIP Managed Risk Pr 2030 SAL3	0.00	0.00
*	LNL-DIRECTOR	LVIP Managed Risk Pr 2040 SAL4	0.00	0.00
*	LNL-DIRECTOR	LVIP SSgA Bond Index SAL6	0.00	0.00
*	LNL-DIRECTOR	LVIP Delaware Special Opp SAL7	0.00	0.00
*	LNL-DIRECTOR	SSgA Russ LC VI Ix Non-Ln SAL8	0.00	0.00
*	LNL-DIRECTOR	SSgA Russ LC Gr Ix Non-Ln SAL9	0.00	0.00
*	LNL-DIRECTOR	SSgA S&P MidCp Idx Non-Ln SALA	0.00	0.00
*	LNL-DIRECTOR	SSgA Russ SC VI Ix Non-Ln SALB	0.00	0.00
*	LNL-DIRECTOR	SSgA Russ SC Gr Ix Non-Ln SALC	0.00	0.00
*	LNL-DIRECTOR	PIMCO Total Return SALM	0.00	0.00
*	LNL-DIRECTOR	Stadion Managed Balanced SATB	0.00	0.00
*	LNL-DIRECTOR	Stadion Mgd Conservative SATC	0.00	0.00
*	LNL-DIRECTOR	Stadion Managed Growth SATG	0.00	0.00
*	LNL-DIRECTOR	Stadion Managed Moderate SATM	0.00	0.00
*	LNL-DIRECTOR	Stadion Mgd Cap Pres SATP	0.00	0.00
Total			0.00	0.00

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

BASIS OF PREMIUM RATES PRODUCTS WITH GUARANTEED VALUES

Premiums and purchase payments are established using assumptions of future mortality and interest earnings. They also contain margins for sales, administrative expenses and taxes at all levels of government. These assumptions must be conservative enough to provide for possible adverse experience in the future. Dividends where applicable, arise in general from experience more favorable than that assumed. They represent a return to the policyholder of amounts not needed to provide the various benefits.

The mortality and interest assumptions used to determine the rates for The Prudential and its subsidiaries' individual policies sold to fund qualified pension programs are shown below by type of contract and dates of issue. The current bases are noted by an asterisk.

- A. Single Payment Retirement Annuity**
- B. To 9 Year Retirement Annuity**
- C. Regular Retirement Annuity**

Dates of Issue: 1/63 - 12/69

Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: A-49 ultimate table rated back 3 years (male ++, age last birthday)

Assumed interest - before retirement: 2 ¼%
Assumed interest - after retirement: 3%

Date of Issue: 1/70 - 5/71

Mortality basis - before retirement: Not Applicable
Mortality basis - after retirement: A-49 ultimate table rated back 3 years (male ++, age last birthday)

Assumed interest - before retirement: 3% for the first 20 years, 2 ½% thereafter
Assumed interest - after retirement: 3%

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: A-49 ultimate table rated back 3 years (male ++, age

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last birthday)

Assumed interest - before retirement: 3%

Assumed interest - after retirement: 3 ½%

Dates of issue: 1/75+ - 5/76

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1971 IAM table rated back 1 year (male ++, age last birthday)

Assumed interest - before retirement: 3 ½% for the first 20 years, 3% thereafter

Assumed interest - after retirement: 3 ½%

D. Single Payment Deferred Annuity

E. Flexible Purchase Payment Annuity

Dates of Issue: 8/75 - 7/83

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1971 IAM table rated back 1 year (male ++, age last birthday)

Assumed interest - before retirement: 4% until contract anniversary in 1997, 3% thereafter ++)

Assumed interest - after retirement: 3 ½%

Dates of Issue: 8/83 - 12/83

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1971 IAM table rated back 1 year, (female, after last birthday)

Assumed interest - before retirement: 4% until contract anniversary in 1997, 3% thereafter

Assumed interest - after retirement: 3 ½%

F. Retirement Income Endowment at 72

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Dates of Issue: 1/63 - 5/71

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: A-49 ultimate table rated back 3 years (male ++, age last birthday)

Assumed interest - before retirement: 2 ½%
Assumed interest - after retirement: 3%

Dates of Issue: 1/81 - 12/83

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year (male ++, age last birthday)

Assumed interest - before retirement: 3 ½% for first 20 years, 3% thereafter
Assumed interest - after retirement: 3 ½%

G. Retirement Income Endowment at 72

H. Year Retirement Income Endowment

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: A-49 ultimate table rated back 3 years (male ++, age last birthday)

Assumed interest - before retirement: 3%
Assumed interest - after retirement: 3 ½%

Dates of Issue: 1/75 - 12/80

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year (male ++, age last birthday)

Assumed interest - before retirement: 3 ½% for the first 20 years, 3% thereafter

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Assumed interest - after retirement: 3 ½%

I. Optional Purchase Payment Annuity

Dates of Issue: 1/82 - 9/82

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1971 IAM table rated back 1 year (male ++, age last birthday)

Assumed interest - before retirement: 11% for the first contract year, 8% each of the next 4 contract years, and 3 ½% thereafter

Assumed interest - after retirement: 3 ½%

Dates of Issue: 9/82 - 12/82

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1971 IAM table rated back 1 year (male ++, age last birthday)

Assumed interest - before retirement: 8% for the first contract year, 6% each of the next 3 contract years, and 3 ½% thereafter

Assumed interest - after retirement: 3 ½%

Dates of Issue: 1/83 - 7/83

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1971 IAM table rated back 1 year (male ++, age last birthday)

Assumed interest - before retirement: 6% each of the first 4 contract years and 3 ½% thereafter

Assumed interest - after retirement: 3 ½%

Dates of Issue: 8/83 - 12/83

Mortality basis - before retirement: Not applicable

Mortality basis - after retirement: 1971 IAM table rated back 1 year (female, age last birthday)

Assumed interest - before retirement: 6% each of the first 4 contract years and 3 ½% thereafter

Assumed interest - after retirement: 3 ½%

Dates of Issue: 1/84 - present

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Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: 1983 table a rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 6% each of the first 4 contract years and 3 ½% thereafter
Assumed interest - after retirement: 3 ½%

Dates of Issue: 7/86 - 7/87

Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: 1983 table a rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 5% first contract year and 3 ½% thereafter
Assumed interest - after retirement: 3 ½%

J. Split Funded Endowment at 85

K. Split Funded Endowment at 88

Dates of Issue: 1/63 - 5/71

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: A-49 ultimate table rated back 3 years

Assumed interest - before retirement: 2 ½%
Assumed interest - after retirement: 3%

L. Special Pension Policy - Whole Life

Dates of Issue: 5/71 - 12/74

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: A-49 ultimate table rated back 3 years

Assumed interest - before retirement: 3%
Assumed interest - after retirement: 3 ½%

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Dates Of Issue: 1/75+ - 12/80

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year.

Assumed interest - before retirement: 3 ½% for the first 20 years, 3% thereafter
Assumed interest - after retirement: 3 ½%

Dates of Issue: 1/81 - 7/83

Mortality basis - before retirement: 1958 CSO (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year

Assumed interest - before retirement: 4%
Assumed interest - after retirement: 3 ½%

Dates of Issue: 8/83 - 12/83**

Mortality basis - before retirement: 1958 CSO (male, age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1971 IAM table rated back 1 year (female, age last birthday)

Assumed interest - before retirement: 4%
Assumed interest - after retirement: 3 ½%

Dates of Issue: 1/84 - 12/84

Mortality basis - before retirement: 1980 CSO (male, age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1983 table a rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 5 ½% for first 20 years, 3 ½% thereafter
Assumed interest - after retirement: 3 ½%

*Dates of Issue: 1/85 - present

Mortality basis - before retirement: 1980 CSO table 8 (age last birthday; immediate payment of death benefits)
Mortality basis - after retirement: 1983 table a rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 5 ½% for first 20 years, 4% thereafter
Assumed interest - after retirement: 3 ½%

M. Prudential Income Annuities

(formerly Single payment Non-Participating Immediate Annuities, or Immediate Income Annuity)

*Dates of Issue: 1/81 - Present

Purchase payments are established using assumptions of future mortality and interest earnings. These assumptions are:

A mortality table developed from actual Prudential annuitant experience with adjustment for improving mortality.

The interest rates at the time purchase payments are received, which are available for Prudential funds received under these contracts. They are adjusted for investment turnover.

N. Appreciable Life

O. Variable Appreciable Life

*Dates of Issue: 9/86 - present

Mortality basis - before retirement: 1980 CSO Table B (age last birthday; immediate payment of death benefits)

Mortality basis - after retirement: 1983 Table a rated back 3 years (female age last birthday)

Assumed interest - before retirement: 4%

Assumed interest - after retirement: 3 ½%

P. Variable Investment Plan (VIP)

Q. Fixed Interest Plan (FIP)

*Dates of Issue: 9/86 - Present

Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: 1983 Table A rated back 3 years (female, age last birthday)

Assumed interest - before retirement: 3%
Assumed interest - after retirement: 3 1/2%

R. Flexible Discover

S. Flexible Discovery Plus

*Dates of Issue: 2/89 - Present

Mortality basis - before retirement: Not applicable
Mortality basis - after retirement: 1983 Table a rated back 3 years female, age last birthday)

Assumed interest - before retirement: 4%
Assumed interest - after retirement: 3 1/2%

Footnotes:

*Current Basis

**This basis applies for issues to 6/84 in Mississippi and Alaska and to 7/85 in District of Columbia.

+This basis also applies to contracts issued from 11/74 to 12/74 in the following states: Iowa, Michigan, Minnesota, Nebraska, North Dakota, South Dakota, Wisconsin.

+--This reflects a board concession granted to early issues.

Attachment to 2013 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name HUMAN RESOURCES, INC. SAVINGS PLAN

EIN: 52-1665523

Plan Sponsor's Name HUMAN RESOURCES, INC.

PN: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒	0	40	0	0