Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FACILITY CONTRACT SERVICES LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2014

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FACILITY CONTRACT SERVICES

8300 SOUTH PALM DRIVE
PEMBROKE PINES, FL 33025

2b Employer Identification Number (EIN)
90-1024461

2c Plan Sponsor's telephone number
904-355-1831

2d Business code (see instructions)
541990

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.	10/04/2019	CHRISTINE M RICHIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name FACILITY CONTRACT SERVICES

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	278
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	242
a(2) Total number of active participants at the end of the plan year	**6a(2)**	256
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	39
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	295
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	295
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	124
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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:

3D 2K 2G 2F 2T 2E 2J

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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) [X] **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) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] 0 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
FACILITY CONTRACT SERVICES LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FACILITY CONTRACT SERVICES

D Employer Identification Number (EIN)
90-1024461

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

(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)

(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 ☐

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: MOSS, KRUSICK & ASSOCIATES LLC
b EIN: 59-3017072
c Position: AUDITOR
d Address: 501 S. NEW YOUR AVE. SUITE 100
WINTER PARK, FL 32789
e Telephone:

Explanation: CHANGE IN RELATIONSHIPS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
FACILITY CONTRACT SERVICES LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FACILITY CONTRACT SERVICES

D Employer Identification Number (EIN)
90-1024461

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	76903
(2) Participant contributions	1b(2)	0	9151
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	78244	0
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	4460	13052
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1428335	1490648
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1511039	1589754
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1511039	1589754

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	72765	
	(B) Participants	2a(1)(B)	340365	
	(C) Others (including rollovers)	2a(1)(C)	72435	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		485565
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	483	
	(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)	364	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		847
	(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)	67864	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		67864
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-144724
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		409552
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	329137	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		329137
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1700	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1700
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		330837
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		78715
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: HANCOCK ASKEW & CO., LLP **(2)** EIN: 58-0662558

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
FACILITY CONTRACT SERVICES LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FACILITY CONTRACT SERVICES

D Employer Identification Number (EIN)
90-1024461

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): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

FACILITY CONTRACT SERVICES 401(K) PROFIT SHARING PLAN & TRUST

Financial Statements
and
Independent Auditor's Report
As of December 31, 2018 and 2017 and
For the Year Ended December 31, 2018

Facility Contract Services 401(k) Profit Sharing Plan and Trust

Contents

Independent Auditor's Report 2 - 3

Financial Statements

Statements of net assets available for benefits 4

Statement of changes in net assets available for benefits 5

Notes to financial statements 6 - 11

Supplemental Schedule

Schedule H, Line 4i - schedule of assets (held at end of year) 13

Independent Auditor's Report

Plan Administrator and Participants
Facility Contract Services 401(k) Profit Sharing Plan and Trust
Jacksonville, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Facility Contract Services 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for the year then ended, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2018 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 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Mid Atlantic Trust Company (MATC), the certifying entity of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that MATC held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from MATC as of December 31, 2018, and for the year then ended, that the information provided to the Plan administrator by MATC 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 the 2018 financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i - schedule of assets (held at end of year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter – 2017 Financial Statements

The financial statements of the Plan as of December 31, 2017, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by MATC. Their report, dated September 28, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by MATC were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by MATC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Hancock Askew & Co., LLP

Norcross, Georgia
September 23, 2019

Facility Contract Services 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits

December 31,	**2018**	2017
ASSETS		
Investments		
Investments, at fair value	**$ 1,490,648**	$ 1,506,579
Receivables		
Participant contributions	**9,151**	-
Employer contributions	**76,903**	57,187
Notes receivable from participants	**13,052**	4,460
Total receivables	**99,106**	61,647
Net assets available for benefits	**$ 1,589,754**	$ 1,568,226

See accompanying notes to the financial statements.

Facility Contract Services 401(k) Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,		**2018**
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS		
Contributions		
Participant	**$**	**283,178**
Employer		**72,765**
Rollover		**72,435**
Total contributions		**428,378**
Investment income (loss)		
Interest and dividends		**68,228**
Net depreciation in fair value of investments		**(144,605)**
Total investment loss		**(76,377)**
Interest income on notes receivable from participants		**364**
Total additions		**352,365**
OTHER DEDUCTIONS FROM NET ASSETS		
Benefits paid directly to participants		**(329,137)**
Administrative expenses		**(1,700)**
Total other deductions		**(330,837)**
Net increase in net assets available for benefits		**21,528**
Net assets available for benefits, beginning of year		**1,568,226**
Net assets available for benefits, end of year	**$**	**1,589,754**

See accompanying notes to the financial statements.

1. Description of the Plan

The following brief description of the Facility Contract Services 401(k) Profit Sharing Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan and was adopted by Facility Contract Services, LLC (the Company or Employer), to provide deferred tax benefits, savings, and Employer contributions to eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

All employees, excluding those who are: non-resident aliens, covered by a collective bargaining agreement, or become an employee as a result of certain transactions described in 26 CFR 410(b)(6)(C) of the Internal Revenue Code (IRC), are eligible to participate in the Plan as of the first day of the month following their hire date. There are no age or service requirements.

Participant Contributions

Participants may elect to contribute a portion of their eligible compensation, as defined by the Plan, through payroll deductions, not to exceed the limit under the IRC. Contributions may be on a pre-tax basis, an after-tax basis (Roth deferral contributions), or a combination of the two. In addition, eligible participants are permitted to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer Contributions

The Employer may make a discretionary matching contribution (Employer matching contributions) determined and contributed on a Plan year basis. To receive an allocation of Employer matching contributions, a participant generally must be employed on the last day of the Plan year. The Employer may also make a discretionary profit-sharing contribution (Employer profit-sharing contributions) on a Plan year basis. In addition to being employed on the last day of the Plan year, a participant must also complete at least 500 hours of service during the Plan year in order to receive an allocation of Employer profit-sharing contributions. Employer matching contributions made to the Plan for the year ended December 31, 2018 was 50% of participant's deferral percentage up to 6%. No Employer profit-sharing contributions were made for the 2018 Plan year.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, allocations of any Employer matching contributions and any Employer profit-sharing contributions, and his/her share of the Plan's income (loss). The Plan's income, with respect to each investment fund, is allocated based on the proportion that each participant's account balance invested in such fund bears to the total of all participants' account balances invested in such fund.

Investment Options

Participants are solely responsible for directing their accounts in and among various investment options. Participants may change their investment elections and transfer money between investment options on a daily basis.

1. Description of the Plan (cont.)

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of (1) 47.5% of his/her vested account balance, (2) 95% of his/her vested account balance, excluding Roth deferral contributions, or (3) $50,000. Participants may not borrow from Roth deferral contributions. The notes are secured by the balance of the participant's account and bear interest at the prime rate plus 1% over the life of the note. Loans are repaid on a payroll period basis, through or outside of payroll deductions, over a period not to exceed 4½ years with exceptions for the purchase of a primary residence.

Vesting

Participants are always 100% vested in the value of their salary deferral, rollover contributions, and related investment earnings. Any Employer matching contributions and Employer profit-sharing contributions vest according to the following schedule:

Years of Service	Vested Percentage
Less than two	0%
Two	20%
Three	40%
Four	60%
Five	80%
Six or more	100%

Participants must be credited with a minimum of 1,000 hours of service during the Plan year to complete a year of vesting service.

A participant will become fully vested in Employer profit-sharing contributions, regardless of length of service, in the event of death or disability.

Benefit Payments

Participant accounts may be withdrawn upon termination of employment, death, or disability. The Plan also allows for in-service withdrawals at age $59^1/_2$ (from Employee and Employer contributions), at age 65, or in the event of a financial hardship. Distributions may be made in lump-sum, partial, or installment payments, or in the form of an annuity contract. Account balances of terminated participants that are between $1,000 and $5,000, including rollover accounts, are distributed through a rollover into an individual retirement account. Account balances less than $1,000, including rollover accounts, are distributed as a lump-sum payment if no other form is elected by the participant.

Forfeitures

The Plan allows forfeitures to be used to pay reasonable Plan expenses and to restore participants' individual accounts. Forfeitures may also be used to reduce Employer contributions. Unused forfeitures available for use at December 31, 2018 and 2017, were $2,486 and $4,138, respectively. During the year ended December 31, 2018, $4,138 of forfeitures were used to offset Employer matching contributions.

1. Description of the Plan (cont.)

Plan Expenses

Certain administrative expenses related to distributions and other participant-initiated transactions are charged to the account of the Plan participant. Other administrative expenses and investment management fees may be paid from the Plan's forfeitures and through reductions of investment returns under the Plan's investment options.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) require the Plan's management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management has evaluated subsequent events through September 23, 2019, which is the date the financial statements were available to be issued.

3. Certified Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company (MATC) has provided a certification that the financial information included in the financial statements and supplemental schedule as of December 31, 2018 and 2017, and for the year ended December 31, 2018, provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedule as of December 31, 2018 and 2017, and for the year ended December 31, 2018, is covered by such certification.

The Plan's independent 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 and supplemental schedule.

4. Fair Value Measurements

The Plan follows Accounting Standards Codification (ASC) topic 820, Fair Value Measurement, which establishes 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 ASC 820 are described below.

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2018 and 2017.

Mutual Funds - Valued at the quoted market prices of shares held by the Plan at year-end. The fair values of these investments are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the net asset value (NAV) as of December 31, 2018 and 2017. It is not probable that the mutual funds will be sold at amounts that differ materially from the NAV of shares held.

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

4. Fair Value Measurements (cont.)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

December 31, 2018	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	**$ 1,490,648**	**$ -**	**$ -**	**$ 1,490,648**
Total investments at fair value	**$ 1,490,648**	**$ -**	**$ -**	**$ 1,490,648**

December 31, 2017	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,506,579	$ -	$ -	$ 1,506,579
Total investments at fair value	$ 1,506,579	$ -	$ -	$ 1,506,579

5. Party-In-Interest Transactions

Notes receivable from participants are defined by ERISA as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules.

6. Tax Status

The Plan document is based on a Prototype Non-Standardized Profit Sharing Plan sponsored by Paychex Retirement Services (Paychex), the recordkeeper of the Plan. The Internal Revenue Service (IRS) has issued a favorable opinion letter dated April 10, 2014. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not based on the technical merits not to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2018, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in all contributions.

8. Risks and Uncertainties

The Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks such as interest rate, market, and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Plan's statement of net assets available for benefits.

The American Funds 2020 Target Date Retirement Fund Class R3 and the American Funds 2040 Target Date Retirement Fund Class R3 (mutual funds) represented approximately 38% and 10%, respectively, of the total investments at December 31, 2018. The American Funds 2020 Target Date Retirement Fund Class R3 and the American Funds 2030 Target Date Retirement Fund Class R3 (mutual funds) represented approximately 45% and 10%, respectively, of the total investments at December 31, 2017.

9. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500. The Form 5500 for the year ended December 31, 2018 was prepared on the accrual basis of accounting. The Form 5500 for the year ended December 31, 2017 was prepared on the cash basis of accounting.

December 31,		2017
Net assets available for benefits per financial statements	$	1,568,226
Contributions receivable		(57,187)
Net assets available for benefits per Form 5500	$	1,511,039

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the net income per Form 5500:

Year ended December 31,		**2018**
Net increase in net assets available for benefits per financial statements	**$**	**21,528**
Net increase in contributions receivable		**57,187**
Net income per Form 5500	**$**	**78,715**

SUPPLEMENTAL SCHEDULE

Facility Contract Services 401(k) Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 90-1024461
Plan # 001

December 31, 2018

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
	AllianceBernstein	AB Government Money Market Portfolio Class I	**	$ 21,407
	Invesco	Invesco Equally-Weighted S&P 500 Fund Class R	**	105,015
	American Century Investments	American Century Income and Growth Fund R Class	**	37,734
	Janus Henderson	Janus Henderson Triton Fund Class R	**	39,276
	Janus Henderson	Janus Henderson Enterprise Fund Class R	**	61,363
	Lord Abbett	Lord Abbett Growth Leaders Fund Class R3	**	16,903
	American Funds	American Funds New Perspective Fund Class R3	**	1,946
	Nuveen	Nuveen NWQ Small-Cap Value Fund Class R3	**	783
	Victory Capital	Victory Sycamore Established Value Fund Class R	**	9,243
	Victory Capital	Victory Sycamore Small Company Opportunity Fund Class R	**	11,139
	American Funds	American Funds EuroPacific Growth Fund Class R3	**	7,727
	MFS	MFS International Diversification Fund Class R2	**	5,382
	American Funds	American Funds New World Fund Class R3	**	9,346
	T. Rowe Price	T. Rowe Price International Value Equity Fund Class R	**	5,726
	AllianceBernstein	AB Global Bond Fund Class R	**	6,181
	Lord Abbett	Lord Abbett Total Return Fund Class R3	**	14,500
	Lord Abbett	Lord Abbett Short Duration Income Fund Class R3	**	9,379
	Lord Abbett	Lord Abbett High Yield Fund Class R3	**	4,904
	American Funds	American Funds 2055 Target Date Retirement Fund Class R3	**	2,583
	American Funds	American Funds 2010 Target Date Retirement Fund Class R3	**	86,815
	American Funds	American Funds 2050 Target Date Retirement Fund Class R3	**	87,276
	American Funds	American Funds 2045 Target Date Retirement Fund Class R3	**	6,075
	American Funds	American Funds 2040 Target Date Retirement Fund Class R3	**	150,152
	American Funds	American Funds 2035 Target Date Retirement Fund Class R3	**	93,890
	American Funds	American Funds 2030 Target Date Retirement Fund Class R3	**	80,322
	American Funds	American Funds 2025 Target Date Retirement Fund Class R3	**	37,582
	American Funds	American Funds 2020 Target Date Retirement Fund Class R3	**	577,708
	American Funds	American Funds 2015 Target Date Retirement Fund Class R3	**	89
	American Funds	American Funds 2060 Target Date Retirement Fund Class R3	**	202
				1,490,648
Notes receivable				
*	Participants	Notes receivable with variable maturities and interest rates from 5.25% to 6.00%	-	13,052
Total				$ 1,503,700

** Party-in-interest transactions.*

***The cost of participant-directed accounts is not required to be disclosed.*

FACILITY CONTRACT SERVICES 401(K) PROFIT SHARING PLAN & TRUST

Financial Statements
and
Independent Auditor's Report
As of December 31, 2018 and 2017 and
For the Year Ended December 31, 2018

Facility Contract Services 401(k) Profit Sharing Plan and Trust

Contents

Independent Auditor's Report 2 - 3

Financial Statements

Statements of net assets available for benefits 4

Statement of changes in net assets available for benefits 5

Notes to financial statements 6 - 11

Supplemental Schedule

Schedule H, Line 4i - schedule of assets (held at end of year) 13

Independent Auditor's Report

Plan Administrator and Participants
Facility Contract Services 401(k) Profit Sharing Plan and Trust
Jacksonville, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Facility Contract Services 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for the year then ended, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2018 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 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Mid Atlantic Trust Company (MATC), the certifying entity of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that MATC held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from MATC as of December 31, 2018, and for the year then ended, that the information provided to the Plan administrator by MATC 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 the 2018 financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i - schedule of assets (held at end of year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter – 2017 Financial Statements

The financial statements of the Plan as of December 31, 2017, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by MATC. Their report, dated September 28, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by MATC were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by MATC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Hancock Askew & Co., LLP

Norcross, Georgia
September 23, 2019

Facility Contract Services 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits

December 31,	**2018**	2017
ASSETS		
Investments		
Investments, at fair value	**$ 1,490,648**	$ 1,506,579
Receivables		
Participant contributions	**9,151**	-
Employer contributions	**76,903**	57,187
Notes receivable from participants	**13,052**	4,460
Total receivables	**99,106**	61,647
Net assets available for benefits	**$ 1,589,754**	$ 1,568,226

See accompanying notes to the financial statements.

Facility Contract Services 401(k) Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,		**2018**
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS		
Contributions		
Participant	**$**	**283,178**
Employer		**72,765**
Rollover		**72,435**
Total contributions		**428,378**
Investment income (loss)		
Interest and dividends		**68,228**
Net depreciation in fair value of investments		**(144,605)**
Total investment loss		**(76,377)**
Interest income on notes receivable from participants		**364**
Total additions		**352,365**
OTHER DEDUCTIONS FROM NET ASSETS		
Benefits paid directly to participants		**(329,137)**
Administrative expenses		**(1,700)**
Total other deductions		**(330,837)**
Net increase in net assets available for benefits		**21,528**
Net assets available for benefits, beginning of year		**1,568,226**
Net assets available for benefits, end of year	**$**	**1,589,754**

See accompanying notes to the financial statements.

1. Description of the Plan

The following brief description of the Facility Contract Services 401(k) Profit Sharing Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan and was adopted by Facility Contract Services, LLC (the Company or Employer), to provide deferred tax benefits, savings, and Employer contributions to eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

All employees, excluding those who are: non-resident aliens, covered by a collective bargaining agreement, or become an employee as a result of certain transactions described in 26 CFR 410(b)(6)(C) of the Internal Revenue Code (IRC), are eligible to participate in the Plan as of the first day of the month following their hire date. There are no age or service requirements.

Participant Contributions

Participants may elect to contribute a portion of their eligible compensation, as defined by the Plan, through payroll deductions, not to exceed the limit under the IRC. Contributions may be on a pre-tax basis, an after-tax basis (Roth deferral contributions), or a combination of the two. In addition, eligible participants are permitted to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer Contributions

The Employer may make a discretionary matching contribution (Employer matching contributions) determined and contributed on a Plan year basis. To receive an allocation of Employer matching contributions, a participant generally must be employed on the last day of the Plan year. The Employer may also make a discretionary profit-sharing contribution (Employer profit-sharing contributions) on a Plan year basis. In addition to being employed on the last day of the Plan year, a participant must also complete at least 500 hours of service during the Plan year in order to receive an allocation of Employer profit-sharing contributions. Employer matching contributions made to the Plan for the year ended December 31, 2018 was 50% of participant's deferral percentage up to 6%. No Employer profit-sharing contributions were made for the 2018 Plan year.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, allocations of any Employer matching contributions and any Employer profit-sharing contributions, and his/her share of the Plan's income (loss). The Plan's income, with respect to each investment fund, is allocated based on the proportion that each participant's account balance invested in such fund bears to the total of all participants' account balances invested in such fund.

Investment Options

Participants are solely responsible for directing their accounts in and among various investment options. Participants may change their investment elections and transfer money between investment options on a daily basis.

1. Description of the Plan (cont.)

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of (1) 47.5% of his/her vested account balance, (2) 95% of his/her vested account balance, excluding Roth deferral contributions, or (3) $50,000. Participants may not borrow from Roth deferral contributions. The notes are secured by the balance of the participant's account and bear interest at the prime rate plus 1% over the life of the note. Loans are repaid on a payroll period basis, through or outside of payroll deductions, over a period not to exceed 4½ years with exceptions for the purchase of a primary residence.

Vesting

Participants are always 100% vested in the value of their salary deferral, rollover contributions, and related investment earnings. Any Employer matching contributions and Employer profit-sharing contributions vest according to the following schedule:

Years of Service	Vested Percentage
Less than two	0%
Two	20%
Three	40%
Four	60%
Five	80%
Six or more	100%

Participants must be credited with a minimum of 1,000 hours of service during the Plan year to complete a year of vesting service.

A participant will become fully vested in Employer profit-sharing contributions, regardless of length of service, in the event of death or disability.

Benefit Payments

Participant accounts may be withdrawn upon termination of employment, death, or disability. The Plan also allows for in-service withdrawals at age $59^1/_2$ (from Employee and Employer contributions), at age 65, or in the event of a financial hardship. Distributions may be made in lump-sum, partial, or installment payments, or in the form of an annuity contract. Account balances of terminated participants that are between $1,000 and $5,000, including rollover accounts, are distributed through a rollover into an individual retirement account. Account balances less than $1,000, including rollover accounts, are distributed as a lump-sum payment if no other form is elected by the participant.

Forfeitures

The Plan allows forfeitures to be used to pay reasonable Plan expenses and to restore participants' individual accounts. Forfeitures may also be used to reduce Employer contributions. Unused forfeitures available for use at December 31, 2018 and 2017, were $2,486 and $4,138, respectively. During the year ended December 31, 2018, $4,138 of forfeitures were used to offset Employer matching contributions.

1. Description of the Plan (cont.)

Plan Expenses

Certain administrative expenses related to distributions and other participant-initiated transactions are charged to the account of the Plan participant. Other administrative expenses and investment management fees may be paid from the Plan's forfeitures and through reductions of investment returns under the Plan's investment options.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) require the Plan's management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management has evaluated subsequent events through September 23, 2019, which is the date the financial statements were available to be issued.

3. Certified Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company (MATC) has provided a certification that the financial information included in the financial statements and supplemental schedule as of December 31, 2018 and 2017, and for the year ended December 31, 2018, provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedule as of December 31, 2018 and 2017, and for the year ended December 31, 2018, is covered by such certification.

The Plan's independent 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 and supplemental schedule.

4. Fair Value Measurements

The Plan follows Accounting Standards Codification (ASC) topic 820, Fair Value Measurement, which establishes 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 ASC 820 are described below.

Basis of Fair Value Measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2018 and 2017.

Mutual Funds - Valued at the quoted market prices of shares held by the Plan at year-end. The fair values of these investments are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the net asset value (NAV) as of December 31, 2018 and 2017. It is not probable that the mutual funds will be sold at amounts that differ materially from the NAV of shares held.

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

4. Fair Value Measurements (cont.)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

December 31, 2018	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	**$ 1,490,648**	**$ -**	**$ -**	**$ 1,490,648**
Total investments at fair value	**$ 1,490,648**	**$ -**	**$ -**	**$ 1,490,648**

December 31, 2017	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,506,579	$ -	$ -	$ 1,506,579
Total investments at fair value	$ 1,506,579	$ -	$ -	$ 1,506,579

5. Party-In-Interest Transactions

Notes receivable from participants are defined by ERISA as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules.

6. Tax Status

The Plan document is based on a Prototype Non-Standardized Profit Sharing Plan sponsored by Paychex Retirement Services (Paychex), the recordkeeper of the Plan. The Internal Revenue Service (IRS) has issued a favorable opinion letter dated April 10, 2014. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not based on the technical merits not to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2018, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in all contributions.

8. Risks and Uncertainties

The Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks such as interest rate, market, and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Plan's statement of net assets available for benefits.

The American Funds 2020 Target Date Retirement Fund Class R3 and the American Funds 2040 Target Date Retirement Fund Class R3 (mutual funds) represented approximately 38% and 10%, respectively, of the total investments at December 31, 2018. The American Funds 2020 Target Date Retirement Fund Class R3 and the American Funds 2030 Target Date Retirement Fund Class R3 (mutual funds) represented approximately 45% and 10%, respectively, of the total investments at December 31, 2017.

9. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500. The Form 5500 for the year ended December 31, 2018 was prepared on the accrual basis of accounting. The Form 5500 for the year ended December 31, 2017 was prepared on the cash basis of accounting.

December 31,		2017
Net assets available for benefits per financial statements	$	1,568,226
Contributions receivable		(57,187)
Net assets available for benefits per Form 5500	$	1,511,039

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the net income per Form 5500:

Year ended December 31,		**2018**
Net increase in net assets available for benefits per financial statements	**$**	**21,528**
Net increase in contributions receivable		**57,187**
Net income per Form 5500	**$**	**78,715**

SUPPLEMENTAL SCHEDULE

Facility Contract Services 401(k) Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 90-1024461
Plan # 001

December 31, 2018

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
	AllianceBernstein	AB Government Money Market Portfolio Class I	**	$ 21,407
	Invesco	Invesco Equally-Weighted S&P 500 Fund Class R	**	105,015
	American Century Investments	American Century Income and Growth Fund R Class	**	37,734
	Janus Henderson	Janus Henderson Triton Fund Class R	**	39,276
	Janus Henderson	Janus Henderson Enterprise Fund Class R	**	61,363
	Lord Abbett	Lord Abbett Growth Leaders Fund Class R3	**	16,903
	American Funds	American Funds New Perspective Fund Class R3	**	1,946
	Nuveen	Nuveen NWQ Small-Cap Value Fund Class R3	**	783
	Victory Capital	Victory Sycamore Established Value Fund Class R	**	9,243
	Victory Capital	Victory Sycamore Small Company Opportunity Fund Class R	**	11,139
	American Funds	American Funds EuroPacific Growth Fund Class R3	**	7,727
	MFS	MFS International Diversification Fund Class R2	**	5,382
	American Funds	American Funds New World Fund Class R3	**	9,346
	T. Rowe Price	T. Rowe Price International Value Equity Fund Class R	**	5,726
	AllianceBernstein	AB Global Bond Fund Class R	**	6,181
	Lord Abbett	Lord Abbett Total Return Fund Class R3	**	14,500
	Lord Abbett	Lord Abbett Short Duration Income Fund Class R3	**	9,379
	Lord Abbett	Lord Abbett High Yield Fund Class R3	**	4,904
	American Funds	American Funds 2055 Target Date Retirement Fund Class R3	**	2,583
	American Funds	American Funds 2010 Target Date Retirement Fund Class R3	**	86,815
	American Funds	American Funds 2050 Target Date Retirement Fund Class R3	**	87,276
	American Funds	American Funds 2045 Target Date Retirement Fund Class R3	**	6,075
	American Funds	American Funds 2040 Target Date Retirement Fund Class R3	**	150,152
	American Funds	American Funds 2035 Target Date Retirement Fund Class R3	**	93,890
	American Funds	American Funds 2030 Target Date Retirement Fund Class R3	**	80,322
	American Funds	American Funds 2025 Target Date Retirement Fund Class R3	**	37,582
	American Funds	American Funds 2020 Target Date Retirement Fund Class R3	**	577,708
	American Funds	American Funds 2015 Target Date Retirement Fund Class R3	**	89
	American Funds	American Funds 2060 Target Date Retirement Fund Class R3	**	202
				1,490,648
Notes receivable				
*	Participants	Notes receivable with variable maturities and interest rates from 5.25% to 6.00%	-	13,052
Total				$ 1,503,700

** Party-in-interest transactions.*

***The cost of participant-directed accounts is not required to be disclosed.*