

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>TOTAL HR 401K PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>09/01/2002</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TOTAL HR 401K PROFIT SHARING PLAN</u> <u>420 H THE PARKWAY</u> <u>GREER, SC 29650</u>	2b	Employer Identification Number (EIN) <u>57-1088358</u>
		2c	Plan Sponsor's telephone number <u>864-879-0500</u>
		2d	Business code (see instructions) <u>541214</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	JASON L. THOMAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	JASON L. THOMAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 777
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 668 6a(2) 665 6b 0 6c 129 6d 794 6e 0 6f 794 6g 543 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan TOTAL HR 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TOTAL HR 401K PROFIT SHARING PLAN	D Employer Identification Number (EIN) 57-1088358

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	VARIOUS	0	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 12501	(b) Total amount of fees paid 4013

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
KESTRA INVESTMENT SERVICES LLC BLDG 2 STE 400 5707 SOUTHWEST PKWY AUSTIN, TX 78735	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12501			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			
PINNACLE FINANCIAL SERVICES INC 220 CONGRESS PARK DR STE 210 DELRAY BEACH, FL 33445			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4013	TPA ONGOING ADMIN REIMBURSEMENT PAY	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED ACCOUNT****b** Balance at the end of the previous year **7b** 1608578**c** Additions: (1) Contributions deposited during the year **7c(1)** 46361
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** -131110
(4) Transferred from separate account **7c(4)** 26791
(5) Other (specify below) **7c(5)** 3645▶ **LOAN/TAKEOVER**(6) Total additions **7c(6)** -54313**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1554265**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1624904(2) Administration charge made by carrier **7e(2)** 1826(3) Transferred to separate account **7e(3)** 1549(4) Other (specify below) **7e(4)** 16007▶ **FORFEITURES**(5) Total deductions **7e(5)** 1644286**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** -90021

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan TOTAL HR 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TOTAL HR 401K PROFIT SHARING PLAN	D Employer Identification Number (EIN) 57-1088358	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN NATIONAL CORPORATION
35-1140070

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	61685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE FINANCIAL SERVICES

59-2438373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SERVICE PROVIDER	42306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28 51	PORTFOLIO MGMT	32821	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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	25285	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STADION MONEY MANAGEMENT

58-2099805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	21581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>TOTAL HR 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TOTAL HR 401K PROFIT SHARING PLAN</u>	D Employer Identification Number (EIN) <u>57-1088358</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN LIFE SEPARATE ACCOUNT

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN <u>35-0472300-402</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>931289</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2020 CONSERVATIVE

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0995254-027</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11708</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2050 CONSERVATIVE

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0995254-030</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT INCOME CONSERVATI

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0995254-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12550</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2030 GROWTH STRAT

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0995254-073</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>819</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2060 MODERATE STR

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>43-0995254-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>145472</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2060 CONSERVATIVE

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 298
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2050 GROWTH STRAT

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-075	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3111
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT INCOME MODERATE S

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-070	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 839227
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2020 MODERATE STR

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2284959
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2040 MODERATE STR

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1790803
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2030 MODERATE STR

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-039	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2149930
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2060 GROWTH STRAT

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2050 MODERATE STR

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 742197
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2020 GROWTH STRAT

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-072	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11972
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION TARGETFIT 2040 GROWTH STRAT

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 43-0995254-074	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43455
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT CORE BOND FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 82-1986152-325	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308401
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT INT'L STOCK

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 82-2436292-342	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286803
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT LARGE CAP GROW

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 82-4435820-375	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1139320
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT LARGE CAP VALU

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254163
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan TOTAL HR 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TOTAL HR 401K PROFIT SHARING PLAN	D Employer Identification Number (EIN) 57-1088358	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	53653	27098
(2) Participant contributions.....	1b(2)	50326	51560
(3) Other.....	1b(3)	11577	8623
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	372030	455684
(9) Value of interest in common/collective trusts	1c(9)		10956710
(10) Value of interest in pooled separate accounts	1c(10)	11004238	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		2979415
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1608578	
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	13100402 14479090
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	37047 2483
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	37047 2483
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13063355 14476607

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	669390
	(B) Participants	2a(1)(B)	1317354
	(C) Others (including rollovers)	2a(1)(C)	158161
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2144905
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21475
	(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)	
	(F) Other	2b(1)(F)	18895
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	40370
(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)	58377
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	58377
(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)		1197906
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		856374
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4297932

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1485489	
(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)		1485489
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	197213	
(3) Investment advisory and management fees	2i(3)	32821	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		230034
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1715523

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2582409
l Transfers of assets:			
(1) To this plan	2l(1)		4253087
(2) From this plan	2l(2)		5422244

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ELLIOTT DAVIS LLC

(2) EIN: 57-0381582

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
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?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		

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)
ADVANTAGE TRUCK CENTER 401(K) PLAN	56-1928725	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan TOTAL HR 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TOTAL HR 401K PROFIT SHARING PLAN	D Employer Identification Number (EIN) 57-1088358

Part I	Distributions
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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): 35-0472300 58-1428634		
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.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.				
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Total HR 401(k) Profit Sharing Plan

Report on Financial Statements

For the year ended December 31, 2019

Total HR 401(k) Profit Sharing Plan

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Independent Auditor's Report

Plan Administrator
Total HR 401(k) Profit Sharing Plan
Greer, South Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Total HR 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 these financial statements based on conducting the audits 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's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Personal Trust Company, FSB, the current custodian of the Plan and Lincoln National Life Insurance Company, the former custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's assets and executes transactions. The plan administrator has obtained certifications from the current custodian as of December 31, 2019 and for the period from April 4, 2019 to December 31, 2019, and the former custodian as of December 31, 2018 and for the period from January 1, 2019 to April 30, 2019, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Report on Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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 the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Elliott Davis, LLC". The signature is written in a cursive, flowing style.

Greenville, South Carolina
October 12, 2020

Total HR 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

As of December 31, 2019 and 2018

	2019	2018
Assets		
Investments at fair value (see Note 4)	\$ 13,936,125	\$ 11,004,238
Fully benefit-responsive investment contracts at contract value (see Note 5)	-	1,608,578
Total investments	13,936,125	12,612,816
Receivables		
Employer contributions	27,098	53,653
Participant contributions	51,560	50,326
Notes receivable from participants	455,684	372,030
Other contributions	8,623	11,577
Total receivables	542,965	487,586
Total assets	14,479,090	13,100,402
Liabilities		
Excess contributions payable	2,483	37,047
Total liabilities	2,483	37,047
Net assets available for benefits	\$ 14,476,607	\$ 13,063,355

See Notes to Financial Statements

Total HR 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2019

Additions

Investment income	
Net appreciation in fair value of investments	\$ 2,054,280
Interest and dividends	77,272
Total investment income	<u>2,131,552</u>
Interest income on notes receivable from participants	<u>21,475</u>
Contributions	
Participants	1,317,354
Employer	669,390
Rollovers	158,161
Total contributions	<u>2,144,905</u>
Total additions	<u>4,297,932</u>

Deductions

Benefits paid to participants	1,485,489
Administrative expenses	230,034
Total deductions	<u>1,715,523</u>
Net increase	<u>2,582,409</u>

Transfers to other Plans (see Note 2)	(5,422,244)
Transfers from other Plans (see Note 2)	4,253,087

Net assets available for benefits, beginning of year	<u>13,063,355</u>
Net assets available for benefits, end of year	<u><u>\$ 14,476,607</u></u>

See Notes to Financial Statements

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1. Description of the Plan

The following description of the Total HR 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to their respective employer’s plan document for a more complete description of the Plan’s provisions.

General:

The Plan is a defined contribution, multiple employer plan sponsored by Total Human Resources, Inc. (the “Sponsor”). Participation in the Plan varies among employers participating in the Plan as determined by employer adoption agreements. Participation may begin at either age eighteen or twenty-one and ranges from employees who have immediate participation upon employment to having completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The officer of the Sponsor serves as plan administrator and has engaged Fidelity Personal Trust Company, FSB (Fidelity) as custodian of the Plan’s assets. During April 2019, the Sponsor changed custodians from Lincoln National Life Insurance Company (Lincoln) to Fidelity as custodian of the Plan’s assets. Employers participating in the Plan during the year ended December 31, 2019 are as follows (collectively known as the “Employers”):

Advantage Truck Center, Inc.	Innovative Business Solutions, LLC
ARC Healthcare Technologies, LLC dba ClaimLogiq	The Innovative Group
Beverage and Candy Distributors, Inc.	Jenison Construction, Inc.
Blue Ridge Diesel Injection, Inc.	Kustom Film and Tint, LLC
Carolina PEO, Inc.	Millennium Water Alliance
Carolina Youth Coalition	Mouthpiece Express, LLC
Central Piedmont Fire Protection, Inc.	Newhall Mobileworks, LLC
Clinical Trials of America, Inc.	Pence Management Services, LLC
Conmoto, Inc.	Perry’s Refrigeration Services, LLC
Cross River Cardiology, PLLC	Pierce Insurance Agency, Inc.
C.T. Jamison’s Precast, Inc.	Pro-Ad Sports, Inc.
Cundiff Heating and Air Conditioning, Inc.	PS121 Management, PA dba Vida Gynecology
DAI-DDM, Inc.	Retail Architects, LLC
Digital Repair, LLC	RT Gear, LLC
Distinctive Cabinets, LLC	Salon Deshano, Inc.
Dominion Service and Parts, LLC	Specialized Roofing and Insulation, Inc.
Earnnest, LLC	Specialty Paper and Packaging
The Emily Krzyzewski Family Life Center, Inc.	Stone Building Services, Inc.
Euro-Specialty, Inc.	Superar, LLC
Feinguss Blank USA, Inc.	Travel Confirm, Inc. dba Dev-Pro.net
Ferebee-Johnson Company, Inc.	Total Human Resources, Inc.
Foxfire Technologies, Inc.	Turning Point, Inc.
Genesis Media Group, Inc.	Upstate Total Care, LLC
Gerhardi, Inc.	Vandernoord Financial Advisors, Inc.
H.C. & C., Inc.	

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1. Description of the Plan, Continued

Contributions:

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan. Participants who have attained the age of fifty before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Certain Employers include an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a rate between 1 and 4 percent of eligible compensation and have their contributions invested in a designated balanced fund until changed by the participant. Certain Employers make a safe harbor matching contribution, while other Employers may make discretionary contributions to the Plan by matching a percentage of their respective employees' contributions. Matching percentages are based on the adoption agreements determined by the Employers. Also, the Employers may make additional discretionary profit sharing contributions each year. Certain Employers elected to make discretionary profit sharing contributions for the year ended December 31, 2019. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions, Employers' contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service according to schedules as determined by employer adoption agreements up to a maximum of six years.

Notes receivable from participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is one percent above prime rate. Principal and interest is paid ratably through payroll deductions.

Payment of benefits:

On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or other installment options as provided by the Plan. Hardship distributions are permitted upon demonstration of financial hardship. All fully vested balances are available for distribution after the participant reaches the age of 59½.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1. Description of the Plan, Continued

Forfeited accounts:

At December 31, 2019 and 2018, forfeited non-vested accounts totaled \$54,735 and \$63,962, respectively. These accounts will first be used to pay administrative expenses of the Plan, and any remaining forfeitures will be used to reduce employer contributions to the Plan. During 2019, plan expenses and employer contributions were not reduced by any amounts from forfeited non-vested accounts.

Note 2. Summary of Significant Accounting Policies and Activities

Basis of accounting:

The financial statements of the Plan 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See Note 4 for discussion of fair value measurements.

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

Notes receivable from participants:

Notes receivable from participants 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, 2019 or 2018.

Excess contributions payable:

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability in excess contributions payable in the 2019 and 2018 statements of net assets available for benefits. The Plan distributed the 2019 and 2018 excess contributions to the applicable participants prior to March 15, 2020 and 2019, respectively.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 2. Summary of Significant Accounting Policies and Activities, Continued

Payment of benefits:

Benefits are recorded when paid.

Expenses:

Certain expenses of maintaining the plan are paid directly by the Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and other distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Transfers (to) from other plans:

Plan assets of participating Employers who elect to withdraw from the Plan and assets of participating Employers who elect to transfer into the Plan from another qualified plan are classified in the transfers (to) from other Plans line items of the accompanying statement of changes in net assets available for benefits. On April 30, 2019, the Sponsor merged in the Employers of American Management Technologies, Inc. and the related balances from their 401(k) plan, which related to 11 Employers. The following summarizes such plan transfers for the year ended December 31, 2019:

Transfers to other plans:	
Advantage Truck Center, Inc.	<u>\$ (5,422,244)</u>
Transfers from other plans:	
American Management Technologies, Inc. Profit Sharing 401(k) Plan	\$ 3,786,765
Jenison Construction, Inc.	441,105
Foxfire Technologies, Inc.	<u>25,217</u>
	<u>\$ 4,253,087</u>

Subsequent events:

The Plan has evaluated subsequent events through October 12, 2020, the date the financial statements were available to be issued.

Recently issued accounting pronouncements:

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan is currently evaluating the impact of this new standard on its financial statements.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 3. Custodians' Certifications

The following is a summary of the Plan's asset information as of December 31, 2019 and 2018, and for the year ended December 31, 2019, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodians and furnished to the plan administrator. The plan administrator has obtained certifications from the custodians that the information provided to the plan administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	<u>2019</u>	<u>2018</u>
Investments at fair value:		
Pooled separate accounts	\$ -	\$ 11,004,238
Mutual funds	2,979,414	-
Collective investment trusts	10,025,422	-
Stable value fund	931,289	-
Investments at contract value:		
Guaranteed investment contracts	-	1,608,578
	<u>\$ 13,936,125</u>	<u>\$ 12,612,816</u>

The custodians also certified to the completeness and accuracy of \$2,054,280 net appreciation in the fair value of investments and \$77,272 of interest and dividends for the year ended December 31, 2019.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 4. Fair Value Measurements, Continued

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Pooled separate accounts, collective trust funds, and stable value fund: Valued at net asset value (NAV).

The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the accounts or funds, the investment adviser reserves the right to temporarily delay withdrawal from the accounts in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,979,414	\$ -	\$ -	\$ 2,979,414
Total assets in the fair value hierarchy	<u>\$ 2,979,414</u>	<u>\$ -</u>	<u>\$ -</u>	2,979,414
Investments measured at NAV (a)				10,956,711
Investments at fair value				<u>\$ 13,936,125</u>

	2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ -	\$ -	\$ -	\$ -
Total assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	-
Investments measured at NAV (a)				11,004,238
Investments at fair value				<u>\$ 11,004,238</u>

- (a) Certain investments that were measured at NAV per share or its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 4. Fair Value Measurements, Continued

The following table sets forth a summary of the Plan's investments reported at NAV as a practical expedient to estimate fair value:

Investment	2019			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective trust funds:				
Wilmington Trust	\$ 1,988,687	\$ -	(b)	(b)
Stadion	8,036,735	-	Daily	None
Stable value fund	931,289	-	(c)	(c)
Total	<u>\$ 10,956,711</u>	<u>\$ -</u>		

Investment	2018			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Domestic equity	\$ 5,142,538	\$ -	(a)	(a)
International equity	1,788,198	-	(a)	(a)
Balanced	2,639,226	-	(a)	(a)
Fixed income	1,434,276	-	(a)	(a)
Total	<u>\$ 11,004,238</u>	<u>\$ -</u>		

- (a) Funds held in any separate account may be transferred to another separate account or to the guaranteed account by the participant to the extent that said funds are a part of his or her participant account value. The participant must submit all withdrawal requests in writing to Lincoln. Lincoln reserves the right to require proof of the event giving rise to any withdrawal under this contract. Total withdrawals on any one day will be limited to the value of the participant account value less any unpaid expenses and any accrued expenses since the end of the last contract year. If adequate, orderly markets do not exist for the sale of separate account assets, Lincoln may defer the transfer for a period not exceeding ninety days. Lincoln may also discontinue a separate account at any time by giving the contract owner ninety days written notice. If a separate account is discontinued, the contract owner may transfer the value of such account to the guaranteed accounts or to any other separate account. If no direction is received from the contract owner within ninety days of notice, the value of the units held by the contract owner in said separate account will be transferred to the default separate account option.
- (b) The Funds sell new units and repurchases outstanding units on a daily basis. Unit purchases and redemptions are transacted at the NAV per fee class of the Fund determined as of the close of business each day. The Funds require the plan sponsor to provide advance written notice of five business days for withdrawals which will exceed \$1 million or 10% of the assets invested in the Funds.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 4. Fair Value Measurements, Continued

- (c) The Trustee determines the NAV at the contract value of the Fund each business day (valuation date) by dividing total assets less liabilities by the number of outstanding units. No distributions are made to unitholders as net investment income and net realized capital gains are reinvested into the Fund in accordance with the Fund's investment objectives. Unitholder transactions are processed daily, or as applicable, by the Fund at the current NAV at contract value and are considered as made immediately after the daily valuation. Withdrawals from the Fund for benefit payments and participant transfers to noncompeting options to be paid to plan participants shall be made as soon as practicable after the date the Trustee receives a notice of withdrawal from the Participating Trust and are considered as made immediately after the next valuation date subsequent to the Trustee's approval.

Withdrawals, other than for benefit payments and participant transfers to noncompeting options, require a twelve month advance written notice. Included in this advance written notice requirement are full or partial withdrawals of assets invested in the Fund resulting from plan sponsor directed actions. Such plan sponsor directed actions include, but are not limited to: (i) trustee or plan sponsor directed reallocation of investments; (ii) company sponsored layoffs/termination of groups of employees; (iii) disposing of or selling a component of the business which involves the transfer or termination of employees; (iv) terminating the Fund as an investment option of the plan; and (v) terminating the plan. Plan sponsors are prohibited from intentionally and specifically advising participants, or releasing participant communication, that is intended to encourage participants to not contribute to the Fund, or to withdraw part of all of their contributions from the Fund.

All plan sponsor-directed requests for full or partial withdrawals must be submitted to the Trustee in writing certifying the reason for the withdrawal request. All such requests are subject to the twelve-month advance written notice requirement. The Trustee may choose to disburse withdrawals in less than the required twelve-month period if, in the Trustee's discretion, it determines that such a disbursement is in the best interest of the Fund as a whole.

Note 5. Fully Benefit-Responsive Investment Contracts

The Plan invested in traditional fully benefit-responsive guaranteed investment contracts with Lincoln totaling \$1,608,578 at December 31, 2018. Lincoln maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 4 percent. The crediting rate was reviewed on a quarterly basis for resetting. The guaranteed investment contract did not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by National, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 5. Fully Benefit-Responsive Investment Contracts, Continued

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants..

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Such events include the following: (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreements without the consent of the issuer.

Note 6. Related-Party and Party in Interest Transactions

Certain Plan investments are shares of mutual funds managed by an affiliate of Fidelity, the current custodian. Former Plan investments were shares of pooled separate accounts and fully benefit-responsive investment contracts managed by Lincoln, the former custodian. Fidelity and Lincoln are the current and former custodian as defined by the Plan, respectively, and, therefore, these transactions qualify as party in interest transactions. Slavic Integrated Administration Inc. (Slavic) and Pinnacle Financial Services (Pinnacle) are the current and former third party administrators, respectively. Fees incurred by the Plan for the investment management services provided by Fidelity and Lincoln are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made direct payments to the current and former custodians and third party administrators totaling \$230,034. The Sponsor pays directly any other fees related to the Plan's operations.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time and the Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer contributions.

Note 8. Tax Status

The Sponsor has adopted the Plan based on a volume submitter plan document sponsored by Slavic. Slavic has received an opinion letter from the IRS dated March 31, 2014, that states that the form of the volume submitter plan is acceptable under Section 401 of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 8. Tax Status, Continued

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2019 statement of net assets available for benefits.

Note 10. Subsequent Events

The 2019 novel coronavirus (or COVID-19) has adversely affected, and may continue to adversely affect economic activity globally, nationally and locally. Following the COVID-19 outbreak in December 2019 and continuing through 2020, the values of investment securities have experienced significant volatility. Such events also may adversely affect business and consumer confidence, generally, and the Sponsor, Employers, and their customers, and their respective suppliers, vendors and processors. The extent of the adverse impact of the COVID-19 outbreak on the Plan's participants' account balances and the amounts reported in the 2019 statement of net assets available for benefits cannot be predicted at this time.

Total HR 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 57-1088358, Plan No. 001

As of December 31, 2019

(a)	(b)	(c)	(d)	(e)
Identity of Party Involved	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value:				
	Stadion	TargetFit 2020 Conservative Strategy	**	\$ 11,708
	Stadion	TargetFit 2050 Conservative Strategy	**	23
	Stadion	TargetFit Income Conservative Strategy	**	12,550
	Stadion	TargetFit 2030 Growth Strategy	**	819
	Stadion	TargetFit 2060 Moderate Strategy	**	145,472
	Stadion	TargetFit 2060 Conservative Strategy	**	298
	Stadion	TargetFit 2050 Growth Strategy	**	3,111
	Stadion	TargetFit Income Moderate Strategy	**	839,227
	Stadion	TargetFit 2020 Moderate Strategy	**	2,284,958
	Stadion	TargetFit 2040 Moderate Strategy	**	1,790,803
	Stadion	TargetFit 2030 Moderate Strategy	**	2,149,930
	Stadion	TargetFit 2060 Growth Strategy	**	212
	Stadion	TargetFit 2050 Moderate Strategy	**	742,197
	Stadion	TargetFit 2020 Growth Strategy	**	11,972
	Stadion	TargetFit 2040 Growth Strategy	**	43,455
*	Fidelity	Total Market Index	**	1,384,552
*	Fidelity	Mid Cap Index	**	546,880
*	Fidelity	International Index	**	89,464
*	Fidelity	Small Cap Index	**	184,000
*	Fidelity	US Bond Index	**	352,146
	Goldman Sachs	Small Cap Value Equity Insights R6	**	234,887
	Janus Henderson	Triton N	**	187,485
	Union Bond & Trust	Morley Stable Value Fund	**	931,289
	Wilmington Trust	Core Bond CIT CL I1	**	308,401
	Wilmington Trust	International Stock CIT CI I1	**	286,803
	Wilmington Trust	Large Cap Growth CIT CL I1	**	1,139,320
	Wilmington Trust	Large Cap Value CIT CI II	**	254,163
Notes receivable:				
*	Notes receivable from participants	3.25% - 8.50%		455,684
				<u>\$ 14,391,809</u>

* Indicates a party-in-interest to the Plan

** Cost information omitted due to participant-directed funds

Multiple-Employer Plan Participating Employer Information

TOTAL H/R 401K PROFIT SHARING PLAN

PLAN #: 001

EIN: 51-1088358

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Acumen It	20-8676478	9.60%
ARC Healthcare Technologies, LLC dba ClaimLogiq	46-0788940	10.16%
Beverage & Candy Distributors	20-1915598	0.33%
Blue Ridge Diesel Injection, Inc.	54-0946836	2.41%
C.T. Jamison's Precast, Inc.	47-5486861	0.15%
Carolina Youth Coalition	82-4313926	0.57%
Carolinapeo Inc.	20-2420205	0.46%
Central Piedmont Fire Protection	14-2002410	4.06%
Clinical Trials Of America, LLC	47-1026341	3.32%
Conmoto, Inc.	38-4060558	2.70%
Cross River Cardiology	46-5505272	1.88%
Cundiff Heating & Air Conditioning, Inc./ Central Air Condit	54-1113289	3.00%
DAI-DDM, Inc	98-0352141	1.31%
Dev.Pro	95-4795653	0.66%
Digital Repair LLC	26-4249050	0.79%
Distinctive Cabinets, LLC	20-2458392	0.57%
Dominion Service and Parts, LLC	47-2624308	2.10%
Earnnest	82-2470162	0.05%
Emily K Center	56-2230469	3.07%
Euro-Specialty, Inc.	54-1381682	0.49%
Feinguss Blank USA, Inc.	82-2497924	0.45%
Ferebee-Johnson Company, Inc.	54-0461857	2.44%
Foxfire Technologies, Inc.	52-1511133	0.84%
Genesis Media	20-8733987	0.11%
Gerhardi Inc.	81-3129208	5.21%
H.C.& C.,Inc.	56-1037961	2.82%
Innovative Business Solutions, LLC	26-3404606	2.10%
Jenison Construction	56-1607412	2.29%
Kustom Film & Tint, LLC	46-3658382	0.18%
Millennium Water Alliance	75-3098460	2.01%
Mouthpiece Express, LLC	20-2465300	1.56%
Pierce Insurance Agency, Inc	56-1108836	5.29%
Pro-Ad Sports, Inc.	62-0912787	0.24%
PS121 Management, PA dba Vida Gynecology	83-1069179	3.32%
Retail Architects Inc.	27-0572209	10.37%
Rt Gear, LLC	27-3788935	0.90%
Salon DeShano	06-1700229	0.57%
Specialized Roofing & Insulation, Inc	20-5489541	0.15%
Stone Building Services, Inc.	47-4240151	1.50%
Total Human Resources Inc.	57-1088358	5.21%
Turning Point, Inc.	58-1698701	3.25%
Van Der Noord Financial Advisors, Inc.	58-2489382	1.51%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

TOTAL HR 401K PROFIT SHARING PLAN

PLAN #: 001

EIN: 51-1088358

(a)	(b) Identity of issue, lessor, or similar party	(c) Description of investment including maturity date of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	Fidelity	FSKAX - Fidelity Total Market Index		1,384,552
	Fidelity	FSMDX - Fidelity Mid Cap Index		546,880
	Fidelity	FSPSX - Fidelity Int'l Index		89,464
	Fidelity	FSSNX - Fidelity Small Cap Index		184,000
	Fidelity	FXNAX - Fidelity US Bond Index		352,146
	Goldman Sachs	GTTUX - Goldman Sachs Small Cap Value Equity Ins		234,888
	Janus	JGMNX - Janus Triton N		187,485
	MORLEY	QAKVX - MORLEY STABLE VALUE FUND		931,289
	Stadion	BST21 - Stadion TargetFit 2020 Conservative Str		11,708
	Stadion	BST51 - Stadion TargetFit 2050 Conservative Stra		23
	Stadion	BSTR1 - Stadion TargetFit Income Conservative St		12,550
	Stadion	QIJHQ - Stadion TargetFit 2030 Growth Strategy		819
	Stadion	QIJKQ - Stadion TargetFit 2060 Moderate Strategy		145,471
	Stadion	QIJLQ - Stadion TargetFit 2060 Conservative Stra		298
	Stadion	QIJMQ - Stadion TargetFit 2050 Growth Strategy		3,111
	Stadion	QIJNQ - Stadion TargetFit Income Moderate Strate		839,227
	Stadion	QIJOQ - Stadion TargetFit 2020 Moderate Strategy		2,284,959
	Stadion	QIJPQ - Stadion TargetFit 2040 Moderate Strategy		1,790,803
	Stadion	QIJSQ - Stadion TargetFit 2030 Moderate Strategy		2,149,930
	Stadion	QIJUQ - Stadion TargetFit 2060 Growth Strategy		212
	Stadion	QIJVQ - Stadion TargetFit 2050 Moderate Strategy		744,145
	Stadion	QIJWQ - Stadion TargetFit 2020 Growth Strategy		11,972
	Stadion	QIJXQ - Stadion TargetFit 2040 Growth Strategy		43,455
	Wilmington Trust	QHMRQ - Wilmington Trust Core Bond CIT CL I1		308,401
	Wilmington Trust	QHRYQ - Wilmington Trust Int'l Stock CIT CI I1		286,803
	Wilmington Trust	QHZEQ - Wilmington Large Cap Growth CIT CL I1		1,139,320
	Wilmington Trust	QIEOQ - Wilmington Trust Large Cap Value CIT CI		254,163
	Participant Loans	3.25% to 8.5%		141,254