

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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 ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1983</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1983</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1983</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>HERALD OFFICE SUPPLY, INC.</u> <u>1108 E ROOSEVELT ST</u> <u>DILLON, SC 29536-3142</u> <u>1108 E ROOSEVELT ST</u> <u>DILLON, SC 29536-3142</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>57-0782942</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>843-774-5155</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>453990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>57-0782942</u>	2c Plan Sponsor's telephone number <u>843-774-5155</u>	2d Business code (see instructions) <u>453990</u>	
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2c Plan Sponsor's telephone number <u>843-774-5155</u>					
2d Business code (see instructions) <u>453990</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.	10/12/2022	THOMAS JORDAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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	238
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	168
a(2) Total number of active participants at the end of the plan year		6a(2)	167
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	15
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	182
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	114
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	3
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 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HERALD OFFICE SUPPLY, INC.	D Employer Identification Number (EIN) 57-0782942	

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 PRINCIPAL LIFE INSURANCE COMPANY 42-0127290
(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)

FIRST CITIZENS BANK AND TRUST COMPA

56-0223230

(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?
27 50	INVESTMENT ADVISOR	24986	Yes ☒ No ☐	Yes ☐ No ☒	14	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 37 50 64	CONTRACT ADMINISTRATOR	46706	Yes ☒ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☒

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

MUNN & ASSOCIATES, PC

05-7092671

(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?
10 50	ACCOUNTANT	20300	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 HERALD OFFICE SUPPLY, INC.	D Employer Identification Number (EIN) 57-0782942	

Part I	Asset and Liability Statement
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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)	1647	1784
(2) Participant contributions.....	1b(2)	9485	9282
(3) Other	1b(3)		
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)	17236	32232
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8947040	8344671
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	8975408	8387969

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8975408	8387969
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	36121	
(B) Participants	2a(1)(B)	229063	
(C) Others (including rollovers).....	2a(1)(C)	17276	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		282460
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1466	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1466
(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)	178010	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		178010
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		584698
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1046634
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1525552	
(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)		1525552
f Corrective distributions (see instructions).....	2f		16529
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	20300	
(2) Contract administrator fees.....	2i(2)	46706	
(3) Investment advisory and management fees.....	2i(3)	24986	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		91992
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1634073
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-587439
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MUNN & ASSOCIATES. PC

(2) EIN: 05-7092671

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		600000
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HERALD OFFICE SUPPLY, INC.	D Employer Identification Number (EIN) 57-0782942

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN

FINANCIAL REPORT

December 31, 2021, and 2020

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
DILLON, SOUTH CAROLINA

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MUNN & ASSOCIATES, PC

Certified Public Accountants

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Herald Group of Employees Profit Sharing Plan
Dillon, South Carolina

Opinion

We have audited the accompanying financial statements of Herald Group of Employees Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021, and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Herald Group of Employees Profit Sharing Plan as of December 31, 2021, and 2020, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of Financial Statements section of our report. We are required to be independent of Herald Group of Employees Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Responsibility of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Herald Group of Employees Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibility for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of schedule of assets (held at end of year) and schedule of assets (acquired and disposed of within year), are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Munn & Associates, PC

Munn & Associates, PC
Florence, South Carolina
October 11, 2022

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments (at fair value)		
Registered investment companies	\$ 8,351,989	\$ 8,947,040
	<u>8,351,989</u>	<u>8,947,040</u>
Receivables		
Participant loans	32,009	17,236
Employee contributions	9,282	9,485
Employer contributions	<u>1,784</u>	<u>1,647</u>
	<u>43,075</u>	<u>28,368</u>
Cash	<u>-</u>	<u>-</u>
Total assets	<u><u>8,395,064</u></u>	<u><u>8,975,408</u></u>
LIABILITIES		
Payables		
Administrative fees	<u>-</u>	<u>10,000</u>
Total liabilities	<u>-</u>	<u>10,000</u>
Net assets available for benefits	<u><u>\$ 8,395,064</u></u>	<u><u>\$ 8,965,408</u></u>

The Accompanying Notes Are An Integral Part of These Financial Statements.

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to:		
<i>Investment income</i>		
Net appreciation (depreciation)		
in fair value of investments	\$ 574,039	\$ 812,304
Dividends - registered investment companies	178,010	169,349
	<u>752,049</u>	<u>981,653</u>
Interest on participant loans	1,466	1,645
	<u>753,515</u>	<u>983,298</u>
<i>Contributions</i>		
Employee	235,807	253,158
Employer	37,132	37,916
Rollover	17,276	17,536
	<u>290,215</u>	<u>308,610</u>
Total additions	<u>1,043,730</u>	<u>1,291,908</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,525,552	1,161,827
Corrective distributions	16,529	15,348
Administrative expenses	81,993	78,200
Total deductions	<u>1,624,074</u>	<u>1,255,375</u>
Net (decrease) increase	(580,344)	36,533
Net assets available for benefits:		
Beginning of year	<u>8,965,408</u>	<u>8,928,875</u>
End of year	<u>\$ 8,385,064</u>	<u>\$ 8,965,408</u>

The Accompanying Notes Are An Integral Part of These Financial Statements.

NOTES TO THE FINANCIAL STATEMENT

1

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 1 - Description of plan

The following description of the Herald Group of Employees Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan with a cash or deferred provision covering all full-time employees of the Companies who have one year of service and are twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Form 5500 Reporting Information.

Plan name: Herald Group of Employees Profit Sharing Plan
Plan's Employer Identification Number: 57-0782942
Plan Number: 001

Contributions. Each plan year, participants may contribute a discretionary percentage of their pretax annual compensations as elective deferral contributions to the Plan. However, if a participant does not complete an elective deferral agreement electing not to participate, the Plan provides for an automatic elective deferral contribution as a pre-tax elective deferral contribution at the rate of 4%. Participants may also rollover amounts representing distributions from other qualified defined benefit or contribution plans into the Plan. The Company may make a discretionary matching contribution each plan year. Additionally, a profit sharing contribution may be contributed at the option of the Company's Board of Directors for a plan year. Participants direct the investment of all contributions through the selection of various mutual funds offered by the Plan.

Participant Accounts. All participant accounts are self-directed. Each participant's account is credited with the participant's contribution, employer's matching contribution and earnings and an allocation of administrative expenses. The allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Participant Loans. The Plan provides for participant loans in cases of hardships. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50%, which is commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits. On termination of service, due to death, disability or retirement, a participant may receive a lump-sum equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Other Distributions. Inservice distributions are also permitted by the plan. At attaining age 59 ½, a participant may withdraw any part of their vested account balance at any time. Hardship distributions are permitted upon meeting the conditions for a hardship.

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 1 - Description of plan (continued)

Forfeited Accounts. On December 31 forfeited nonvested accounts totaled zero for 2021 and 2020. Forfeitures may first be used to pay administrative expenses. Amounts not used for administrative expenses shall be applied to reduce the earliest employer matching contribution made after forfeitures are determined.

Eligibility. Employees of the Company and its participating subsidiaries are generally eligible to participate in the Plan after attaining age 21 and the completion of one year of service providing they worked at least 1,000 hours during such plan year. Participants who do not have at least 1,000 hours of service during such plan year contribution.

NOTE 2 - Summary of significant accounting policies

Basis of Accounting. The financial statements of the Plan are prepared under the accrual method of accounting. Investments held by a defined contribution plan are required to be reported at fair value, except for common collective trusts investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient, which is a reasonable estimate of fair value.

Use of Estimates. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Participant Loans. These loans from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021, and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value, except for common collective trusts investments that are measured at fair value using net asset values per share (or equivalent) practical expedient, which is a reasonable estimate of fair value.

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.

Payment of Benefits. Benefits are recorded when paid.

Operating Expenses. The employer absorbed none of the administrative and investment expenses during the 2021 and 2020 plan years.

Recent Accounting Pronouncements. The Plan has not elected early adoption of any recent accounting pronouncements, where permitted, for the year ended December 31, 2021.

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 2 - Summary of significant accounting policies (continued)

Fair value measurement.

The FASB established a framework for measuring fair value and disclosing fair value measurements to financial statement users. Fair value is the price that would be received to sell an asset or paid to transfer a liability (referred to as "exit price") in an orderly transaction between market participants in the principal market, or if none exists, the most advantageous market, for specific assets or liabilities at the measurement dates. The fair value should be based on assumptions that market participants would use, including consideration of nonperformance risk.

In determining fair value, the Plan uses various approaches. The FASB established a hierarchy for inputs in measuring the fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about assumptions market participants would use in pricing the assets or liabilities developed based on the best information available in the circumstances.

The hierarchy is broken down into of three levels based on the observability of inputs as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets to which the Plan has access.

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

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

The availability of observable inputs can vary and is affected by a wide variety of factors, including, for example, the type of asset or liability, the liquidity of markets and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that is less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercises by the Plan in determining fair value is greatest for instruments categorized in Level 3.

In certain cases, the inputs used to measure fair value fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within the fair value measurement falls in its entirety is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

Fair value is a market-based measure considered from the perspective of a market participant rather than an organization-specific measure. Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that the Plan believes market participants would use in pricing the asset or liability at the measurement date.

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 3 – Investments

The following presents investments at fair value on December 31, 2021, and 2020. Those investments market with an asterisk (*) represent five percent (5%) or more of the Plan's net assets.

	2021		2020	
	Number of Shares	Amount	Number of Shares	Amount
Vanguard 500 Index Admiral Fd	311.6710	\$ 137,082	303.8480	\$ 105,304
Vanguard Mid Cap Index Admiral Fd	20.9850	6,620	17.5275	4,494
Vanguard St Bond Idx Adm Fd	30,109.5420	319,462	29,980.6642	325,890
Vanguard Tgt Rmt Inc Inv Fd	52,300.3480	756,263 *	109,842.3208	1,639,946 *
Vanguard Tgt Rmt 2020 Inv Fd	19,627.4730	608,844 *	24,924.8373	854,673 *
Vanguard Tgt Rmt 2030 Inv Fd	26,752.7140	1,027,839 *	21,746.7731	881,832 *
Vanguard Tgt Rmt 2040 Inv Fd	3,256.3260	2,136,863 *	3,989.4357	176,612
Vanguard Tgt Rmt 2050 Inv Fd	1,844.6900	86,516	1,488.7153	67,662
Vanguard Sm Cap Index Adm Fd	97.8020	10,599	88.1678	8,261
Vanguard Tgt Rmt 2015 Inv Fd	4,459.1990	65,149	3,456.7355	54,374
Vanguard Tgt Rmt 2025 Inv Fd	83,513.8750	1,698,672 *	74,024.5009	1,594,488 *
Vanguard Tgt Rmt 2035 Inv Fd	21,022.5830	501,178 *	17,224.8501	434,411
Vanguard Tgt Rmt 2045 Inv Fd	11,421.3760	324,139	9,761.6137	275,180
Vanguard Treasury MM Inv Fd	537,467.3600	537,467 *	568,716.4800	568,716 *
Vanguard Tgt Rmt 2055 Inv Fd	20,463.2310	1,068,590 *	18,017.5122	888,984 *
American Funds Newsrsp R6 Fd	255.9100	17,005	211.4557	12,797
Vanguard Equity Inc Adm Fd	57.1060	5,266	44.9221	3,564
Vanguard Tht Rmt 2060 Inv Fd	1,276.5920	61,328	695.5939	30,321
Pimco Income Institutional Fd	73,338.4810	875,662 *	76,072.7234	921,241 *
Vanguard Sm Cap Gr Idx Adm Fd	407.8630	40,383	410.4130	38,583
Vanguard Mid Cap Val Idx Adm Fd	99.2440	7,725	95.1693	5,863
DFA Emerging Markets I Fd	852.7250	26,904	793.8999	25,929
T. Rowe Price BI Chip Gr I Fd	106.6990	19,017	97.8818	16,239
Vic Triv Intl Small Cap R6 Fd	681.5840	11,532	577.2282	9,461
Hartford Mid Cap R6 Fd	43.7720	1,884	51.2022	2,215
Participant Loans	32,008.6200	32,009	17,236.0000	17,236
		<u>\$ 10,383,998</u>		<u>\$ 8,964,276</u>

During 2021 and 2020 the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value by \$574,039 and \$812,304, respectively.

Beginning with the 2008 plan year, investments were changed from being held in broker accounts and a checking account to investments offered by an insurance company and a checking account. During 2009, the checking account was closed. Starting in 2011, participant loans for hardships were made an investment option. All investments, with the exception of participant loans, are currently offered by an insurance company where the investments are comprised of registered investment companies.

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 4 - 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 statement of net assets available for benefits.

NOTE 5 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE 6 – Fair Value Measurements

The following tables set forth, by level within the fair value hierarchy, the plan's investments at fair value on December 31, 2021, and 2020

	Assets Measured at Net Asset Value (a)	2021			
		Level 1	Level 2	Level 3	Total
Participant loans	\$ -	\$ 32,009	\$ -	\$ -	\$ 32,009
Contributions receivable	-	11,066	-	-	11,066
Registered investment companies	-	8,351,989	-	-	8,351,989
Total	\$ -	\$ 8,395,064	\$ -	\$ -	\$ 8,395,064

	Assets Measured at Net Asset Value (a)	2020			
		Level 1	Level 2	Level 3	Total
Participant loans	\$ -	\$ 17,236	\$ -	\$ -	\$ 17,236
Contributions receivable	-	11,132	-	-	11,132
Registered investment companies	-	8,947,040	-	-	8,947,040
Total	\$ -	\$ 8,975,408	\$ -	\$ -	\$ 8,975,408

The fair values of the investments are based on quoted market prices.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient, which is a reasonable estimate of fair value, have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of financial position.

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 6 – Fair Value Measurements (continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2021, and 2020 are reported in net appreciated (depreciated) in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and Level 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ending December 31, 2021, and 2020, there were no transfers between Level 1 and Level 2 and no transfers into or out of Level 3.

NOTE 7 - Excess contributions

Excess contributions with earnings were required to be refunded to certain participants due to failure of the ADP/ACP Test. Funds totaling \$16,529 were returned to three participants during 2021 and \$15,348 was refunded six participants during 2020.

NOTE 8 - Party-in-interest transactions

The Principal Life Insurance Company provides contract administrator services for the Plan and, therefore, these transactions qualify as party-in-interest transactions. The fees received by them amounted to \$46,706 of direct compensation.

Plan investment advisor services are provided by First Citizens Bank and Trust Co., and, therefore, qualify as party-in-interest transactions. The fees received by them amounted to \$24,986 of direct compensation and \$14 of indirect compensation.

Munn & Associates, PC provides auditing services to the Plan. These services qualify as party-in-interest transactions.

NOTE 9 - Tax status

The Internal Revenue Service has determined and informed the prototype Plan Sponsor by a letter dated March 31, 2014, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company has adopted this prototype plan and has elected to rely on the determination letter of the prototype plan. Although the Plan has been amended since receiving the determination letter, the plan administrator and the prototype sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for periods prior to 2018.

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 10 – Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of the statement of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2021
Investments per financial statements	\$ 8,351,989
Less: Additional purchases	(7,318)
Investments per Schedule H, Form 5500	<u>\$ 8,344,671</u>

	2021
Participant loans per financial statements	\$ 32,009
Plus: Additional loan payments	223
Investments per Schedule H, Form 5500	<u>\$ 32,232</u>

	2021
Net assets per financial statement	\$ 8,395,064
Less: Adjustments	(7,095)
Net assets per Schedule H, Form 5500	<u>\$ 8,387,969</u>

	2021
Employee contributions per financial statements	\$ 235,807
Less: Additional contributions	(6,744)
Employee contribution per Schedule H, Form 5500	<u>\$ 229,063</u>

	2021
Employer contributions per financial statements	\$ 37,132
Less: Additional contributions	(1,011)
Employer contributions per Schedule H, Form 5500	<u>\$ 36,121</u>

	2021
Net appreciation(depreciation) investments per financial statements	\$ 574,039
Plus: additional appreciation	10,659
Net appreciation(depreciation) investments per Schedule H, Form 5500	<u>\$ 584,698</u>

	2021
Aministrative expenses per financial statement	\$ (81,993)
Plus: Professional fees	(9,999)
Aministrative expenses per Schedule H, Form 5500	<u>\$ (91,992)</u>

	2021
Net assets available for benefits per financial statements	\$ (580,344)
Less: Adjustments	(7,095)
Net assets available for benefits per Schedule H, Form 5500	<u>\$ (587,439)</u>

HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 11 - Subsequent events

The plan and trust were restated during 2022 in accordance with legislative restatement procedures.

NOTE 12 – Date of management review

Subsequent events were evaluated through October 11, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

HERALD GROUP OF EMPLOYEES PROFIT SHARING TRUST
SCHEDULE H, Line 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
Vanguard Group		Registered Investment Company, Vanguard 500 Index Admiral Fd	-	\$ 137,082
Vanguard Group		Registered Investment Company, Vanguard Mid Cap Index Admiral Fd	-	\$ 6,620
Vanguard Group		Registered Investment Company, Vanguard St Bond Idx Adm Fd	-	\$ 319,462
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt Inc Fd	-	\$ 756,263
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2020 Inv Fd	-	\$ 608,844
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2030 Inv Fd	-	\$ 1,027,839
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2040 Inv Fd	-	\$ 136,863
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2050 Inv Fd	-	\$ 86,516
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2060 Inv Fd	-	\$ 61,328
Vanguard Group		Registered Investment Company, Vanguard Sm Cap Index Adm Fd	-	\$ 10,599
Vanguard Group		Registered Investment Company, Vanguard Sm Cap Gr Index Adm Fd	-	\$ 40,383
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2015 Inv Fd	-	\$ 65,149
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2025 Inv Fd	-	\$ 1,698,672
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2035 Inv Fd	-	\$ 501,178
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2045 Inv Fd	-	\$ 324,139
Vanguard Group		Registered Investment Company, Vanguard Treasury MM Inv Fd	-	\$ 537,467
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2055 Inv Fd	-	\$ 1,068,590
American Funds		Registered Investment Company, American Funds Newsrsp R6 Fd	-	\$ 17,005
Vanguard Group		Registered Investment Company, Vanguard Equity-Inc Adm Fd	-	\$ 5,266
Pimco		Registered Investment Company, Pimco Income Institutional Fd	-	\$ 875,662
Vanguard Group		Registered Investment Company, Vanguard Mid Cap Val Idx Adm Fd	-	\$ 7,725
Dimensional Fund Advisors		Registered Investment Company, DFA Emerging Markets I Fd	-	\$ 26,904
T. Rowe Price Associates, Inc.		Registered Investment Company, T. Rowe Price BI Chip Gr I Fd	-	\$ 19,017
Victory Capital Management		Registered Investment Company, Vic Triv Intl Small Cap R6 Fd	-	\$ 11,532
Hartford Mutual Funds		Registered Investment Company, Hartford Midcap R6 Fd	-	\$ 1,884
Participant Loans		Range of Interest Rates Rates Range from 4.25 to 6.50%	-	\$ 32,009

HERALD GROUP OF EMPLOYEES PROFIT SHARING TRUST
SCHEDULE H, Line 4i
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
December 31, 2021

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, par, or maturity value	(c) Cost of acquisitions	(d) Proceeds from dispositions
Participant Loans	Rate range from 4.25% to 6.50%	\$	- \$ -

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 4085 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 2021 This Form Is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021		and ending 12/31/2021	
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	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description) _____		
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐		

Part II	Basic Plan Information—enter all requested information
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1a Name of plan HERALD GROUP OF EMPLOYEES PROFIT SHARING PLAN & TRUST	<table style="width: 100%;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN)</td> <td style="width: 20%; text-align: center;">001</td> </tr> </table>	1b Three-digit plan number (PN)	001						
1b Three-digit plan number (PN)	001								
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) HERALD OFFICE SUPPLY, INC. 1108 E ROOSEVELT ST DILLON, SC 29536-3142	<table style="width: 100%;"> <tr> <td>1c Effective date of plan</td> <td>01/01/1983</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>57-0782942</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>843-774-5155</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>453990</td> </tr> </table>	1c Effective date of plan	01/01/1983	2b Employer Identification Number (EIN)	57-0782942	2c Plan Sponsor's telephone number	843-774-5155	2d Business code (see instructions)	453990
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2b Employer Identification Number (EIN)	57-0782942								
2c Plan Sponsor's telephone number	843-774-5155								
2d Business code (see instructions)	453990								

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

HERALD GROUP OF EMPLOYEES PROFIT SHARING TRUST
SCHEDULE H, Line 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
Vanguard Group		Registered Investment Company, Vanguard 500 Index Admiral Fd	-	\$ 137,082
Vanguard Group		Registered Investment Company, Vanguard Mid Cap Index Admiral Fd	-	\$ 6,620
Vanguard Group		Registered Investment Company, Vanguard St Bond Idx Adm Fd	-	\$ 319,462
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt Inc Fd	-	\$ 756,263
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2020 Inv Fd	-	\$ 608,844
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2030 Inv Fd	-	\$ 1,027,839
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2040 Inv Fd	-	\$ 136,863
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2050 Inv Fd	-	\$ 86,516
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2060 Inv Fd	-	\$ 61,328
Vanguard Group		Registered Investment Company, Vanguard Sm Cap Index Adm Fd	-	\$ 10,599
Vanguard Group		Registered Investment Company, Vanguard Sm Cap Gr Index Adm Fd	-	\$ 40,383
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2015 Inv Fd	-	\$ 65,149
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2025 Inv Fd	-	\$ 1,698,672
Vanguard Group		Registered Investment Company, Vanguard Tgt Rmt 2035 Inv Fd	-	\$ 501,178
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Hartford Mutual Funds		Registered Investment Company, Hartford Midcap R6 Fd	-	\$ 1,884
Participant Loans		Range of Interest Rates Rates Range from 4.25 to 6.50%	-	\$ 32,009