

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
		2022
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>TOTAL HR 401K PROFIT SHARING PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>09/01/2002</u></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>57-1088358</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td><u>864-879-0500</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>541214</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan	<u>09/01/2002</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>
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan	<u>09/01/2002</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>										
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>											

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.	<u>10/11/2023</u>	<u>WENDY KATZ</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/11/2023</u>	<u>WENDY KATZ</u>
	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 (2022)
v. 220413

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 1663
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) 1178
a(2) Total number of active participants at the end of the plan year		6a(2) 1332
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 868
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 2200
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 1945
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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
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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	242160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY ALLIANCE, LLC

511 RHETT STREET SUITE 2A
GREENVILLE, SC 29601

(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	ADVISOR	140433	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
(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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TOTAL HR 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE 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 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: 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) 384
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 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1999038
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)
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)
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)
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)
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)

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

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
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>TOTAL HR 401K PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TOTAL HR 401K PROFIT SHARING PLAN</u>		D Employer Identification Number (EIN) <u>57-1088358</u>

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)	74624	61623
(2) Participant contributions.....	1b(2)	149960	136719
(3) Other.....	1b(3)	9286	6035
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)	557771	765661
(9) Value of interest in common/collective trusts.....	1c(9)	1390645	1999421
(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)	31362500	38288120
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33544786	41257579

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	33544786	41257579
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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)	2050282	
(B) Participants	2a(1)(B)	4555500	
(C) Others (including rollovers)	2a(1)(C)	1079590	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7685372
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)	27998	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27998
(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)	1064449	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1064449
(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)		26276
(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)		-6853707
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1950388
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3891573	
(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)		3891573
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)	242160	
(3) Investment advisory and management fees	2i(3)	140433	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		382593
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4274166
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2323778
l Transfers of assets:			
(1) To this plan	2l(1)		11521871
(2) From this plan	2l(2)		1485300

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: **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.)

	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		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?			
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)
CENTRAL PIEDMONT FIRE PROTECTION 401(K) PROFIT SHARING PLAN	14-2002410	001
ARC HEALTHCARE TECHNOLOGIES, LLC	46-0788940	001

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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		
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): 58-1428634 65-0708495 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) 2022 v. 220413

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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, 2022

Total HR 401(k) Profit Sharing Plan

Contents

Page

Independent Auditor's Report	1-4
---	------------

Financial Statements

Statements of Net Assets Available for Benefits	5
---	---

Statement of Changes in Net Assets Available for Benefits	6
---	---

Notes to Financial Statements	7-14
-------------------------------------	------

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
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Independent Auditor's Report

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

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

We have performed audits of the financial statements of Total HR 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from Fidelity Personal Trust Company, FSB as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements, Continued

In performing an audit in accordance with GAAS, 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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 Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Supplemental Schedule Required by ERISA, Continued

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

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

Greenville, South Carolina
October 6, 2023

Total HR 401(k) Profit Sharing Plan***Statements of Net Assets Available for Benefits******As of December 31, 2022 and 2021***

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value (see Note 4)	\$ 40,287,541	\$ 32,753,145
Receivables		
Employers' contributions	61,623	74,624
Participant contributions	136,719	149,960
Notes receivable from participants	765,661	557,771
Other	6,035	9,286
Total receivables	<u>970,038</u>	<u>791,641</u>
Net assets available for benefits	<u>\$ 41,257,579</u>	<u>\$ 33,544,786</u>

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, 2022

Additions

Investment income (loss)	
Net depreciation in fair value of investments	\$ (6,827,431)
Interest and dividends	1,064,449
Total investment loss	<u>(5,762,982)</u>
Interest income on notes receivable from participants	<u>27,998</u>
Contributions	
Participant	4,555,500
Employers'	2,050,282
Rollover	1,079,590
Total contributions	<u>7,685,372</u>
Total investment loss and other additions, net	<u>1,950,388</u>

Deductions

Benefits paid to participants	3,891,573
Administrative expenses	382,593
Total deductions	<u>4,274,166</u>
Net decrease	<u>(2,323,778)</u>

Transfers from other Plans (see Note 2)	11,521,871
Transfers to other Plans (see Note 2)	(1,485,300)

<i>Net assets available for benefits, beginning of year</i>	<u>33,544,786</u>
<i>Net assets available for benefits, end of year</i>	<u><u>\$ 41,257,579</u></u>

See Notes to Financial Statements

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2022 and 2021

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 (the “custodian”) as custodian of the Plan’s assets. Employers participating in the Plan during the year ended December 31, 2022 are as follows (collectively known as the “Employers”):

Accredit Solutions, Inc.	Kustom Film and Tint, LLC
ARC Healthcare Technologies, LLC dba ClaimLogiq	LEL International, Inc.
Averistar Consulting, LLC	Liipfert Law Group, PLLC
Bahmueller Technologies, Inc.	MAC/FAB Performance Beadlocks
Beacon Property Service LLC	Millennium Water Alliance
Beverage and Candy Distributors, Inc.	ML Lubrication USA, Inc.
Blackstock Consulting, Inc.	Mouthpiece Express, LLC
Blue Gas Marine, Inc.	Mullikin Group Inc.
Blue Ridge Diesel Injection, Inc.	NC Idea
Bragg Waste Service Inc.	Newhall Mobileworks, LLC
Buligo Capital NA, Inc.	Northside Development Corp
Carolina PEO, Inc.	Palmetto Residential Rentals, LLC
Carolina Youth Coalition	Pediatric Dentistry of Spartanburg
Cedar Spring Family Dentistry LLC	Pence Management Services, LLC dba Acumen IT
Central Piedmont Fire Protection, Inc.	Pierce Insurance Agency, Inc.
Clinical Trials of America, Inc.	Pro-Ad Sports, Inc.
COECO Office Systems, Inc.	Provista Wealth Advisors
Conmoto, Inc.	PS121 Management, PA dba Vida Gynecology
Cross River Cardiology, PLLC	Retail Architects, LLC
C.T. Jamison’s Precast, Inc.	RT Gear, LLC
Cundiff Heating and Air Conditioning, Inc.	Salon Deshano, Inc.
DAF Inc. dba JP Carlton Company	Scott E Wilkinson & Associates, Inc.
DAI-DDM, Inc.	Servant Rehabilitation
Digital Repair, LLC	SolveIT.rocks, Inc.
Distinctive Cabinets, LLC	Specialized Roofing and Insulation, Inc.
Dominion Service and Parts, LLC	Specialty Paper and Packaging
Earnnest, LLC	Stone Building Services, Inc.
The Emily Krzyzewski Family Life Center, Inc.	Superclean Service Company
Ferebee-Johnson Company, Inc.	Supreme Elastic Corporation
Foxfire Technologies, Inc.	The Franklin School
Genesis Media Group, Inc.	Titan Chemical Transfer Solutions LLC
Gerhardi, Inc.	TK Supplies & Packaging
Gravity 9, LLC	Travel Confirm, Inc. dba Dev-Pro.net
Growth Focused LLC dba Ship Simply	Treis Blockchain, LLC
H.C. & C., Inc.	Turning Point, Inc.
Innovative Business Solutions, LLC	Upstate Total Care, LLC
Interserv Solutions	Vandernoord Financial Advisors, Inc.
Inveniam Capital Partners	Ward’s Automotive Restyling, LLC
JC Cox LLC dba Euro-Specialty, Inc.	Warkins Brothers of Cowpens
Jenison Construction, Inc.	Western Roots LLC

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 1. Description of the Plan, Continued

Contributions:

Each year, participants may contribute a percentage of eligible compensation as either pre-tax or Roth contributions, as defined in the Plan. Participants who have attained the age of 50 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 6 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, 2022. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions, Employer 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, 2022 and 2021

Note 1. Description of the Plan, Continued

Forfeited accounts:

At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$14,185 and \$20,968, 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 2022, plan expenses and Employer contributions were reduced by \$0 and \$32,569 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. 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 depreciation 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, 2022 or 2021.

Payment of benefits:

Benefits are recorded when paid.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2022 and 2021

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

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 depreciation in fair value of investments.

Transfers from (to) other plans:

Plan assets of participating Employers who elect to transfer into the Plan from another qualified plan are classified in the transfers from other Plans line items of the accompanying statement of changes in net assets available for benefits. The following summarizes such plan transfers for the year ended December 31, 2022:

Transfers from other plans:

Pediatric Dentistry of Spartanburg	\$ 196,173
TK Supplies & Packaging	948,266
Liipfert Law Group, PLLC	29,178
Superclean Service Company	1,265,615
COECO Office Systems, Inc.	8,544,176
Averistar Consulting, LLC	538,463
	<u>\$ 11,521,871</u>

Transfers to other plans:

ARC Healthcare Technologies, LLC dba ClaimLogiq	\$ 1,141,465
Central Piedmont Fire Protection, Inc.	343,835
	<u>\$ 1,485,300</u>

Subsequent events:

The Plan has evaluated subsequent events through October 6, 2023, the date the financial statements were available to be issued.

Recently issued accounting pronouncements:

Accounting standards that have been issued or proposed by the Financial Accounting Standards Board or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 3. Custodian Certifications

The following is a summary of the Plan's asset information as of December 31, 2022 and 2021, and for the year ended December 31, 2022, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that the information provided to the plan administrator by the custodian 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>2022</u>	<u>2021</u>
Investments at fair value:		
Mutual funds	\$ 38,288,120	\$ 31,362,500
Collective trust fund	383	16,518
Stable value fund	<u>1,999,038</u>	<u>1,374,127</u>
	<u>\$ 40,287,541</u>	<u>\$ 32,753,145</u>

The custodian also certified to the completeness and accuracy of \$6,827,431 net depreciation in the fair value of investments and \$1,064,449 of interest and dividends for the year ended December 31, 2022.

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, 2022 and 2021

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, 2022 and 2021.

Collective trust fund 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 funds, each fund reserves the right to temporarily delay withdrawal from the funds 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:

	2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 38,288,120	\$ -	\$ -	\$ 38,288,120
Investments measured at NAV (a)				1,999,421
Investments at fair value				\$ 40,287,541
	2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 31,362,500	\$ -	\$ -	\$ 31,362,500
Investments measured at NAV (a)				1,390,645
Investments at fair value				\$ 32,753,145

- (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, 2022 and 2021

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	2022			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Stable value fund	\$ 1,999,038	\$ -	(b)	(b)
Stadion collective trust fund	383	-	Daily	None
Total	<u>\$ 1,999,421</u>	<u>\$ -</u>		

Investment	2021			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Stable value fund	\$ 1,374,127	\$ -	(b)	(b)
Stadion collective trust fund	16,518	-	Daily	None
Total	<u>\$ 1,390,645</u>	<u>\$ -</u>		

- (b) The fund 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 fund trustee receives a notice of withdrawal from the participating trust and are considered as made immediately after the next valuation date subsequent to the fund 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) fund 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 fund trustee in writing certifying the reason for the withdrawal request. All such requests are subject to the twelve-month advance written notice requirement. The fund trustee may choose to disburse withdrawals in less than the required twelve-month period if, in the fund trustee's discretion, it determines that such a disbursement is in the best interest of the fund as a whole.

Total HR 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 5. Related-Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by an affiliate of the custodian. Therefore, these transactions qualify as party in interest transactions. Slavic Integrated Administration Inc. (Slavic) is the third party administrator. Fees incurred by the Plan for the investment management services provided by the custodian 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 custodian, third party administrator, and other advisors totaling \$382,593. The Sponsor pays directly any other fees related to the Plan's operations.

Note 6. 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 7. Tax Status

Effective April 1, 2022, the Sponsor adopted the Plan based on a non-standardized pre-approved plan document sponsored by Slavic, the plan provider. The plan provider has received an opinion letter from the Internal Revenue Service as to the pre-approved plan's qualified status. The pre-approved plan's letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

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 8. 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 2022 statement of net assets available for benefits.

Note 9. Subsequent Event

On January 5, 2023, the Board of Directors of Questco Holdings, Inc., the owner of Total Human Resources, Inc., voted to merge the Plan into the Questco Companies Retirement Plan effective January 30, 2023. All employees of the Employers became eligible to participate in the Questco Companies Retirement Plan on January 1, 2023. During 2023, the accounts of all participants in the Plan were transferred to the Questco Companies Retirement Plan.

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, 2022

(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:				
	Blackrock	Lifepath Index 2060 Fund Class K	**	\$ 1,120,474
	Blackrock	Lifepath Index 2050 Fund Class K	**	3,574,518
	Blackrock	Lifepath Index 2040 Fund Class K	**	4,403,797
	Blackrock	Lifepath Index 2035 Fund Class K	**	124,024
	Blackrock	Lifepath Index 2030 Fund Class K	**	4,758,582
	Blackrock	Lifepath Index Retirement Fund Class K	**	3,220,768
	Blackrock	Lifepath Index 2025 Fund Class K	**	131,112
	DFA	US Micro Cap Portfolio	**	563,537
	DFA	US Large Cap Value Portfolio	**	891,967
	DFA	Real Estate Securities Portfolio	**	411,911
	DFA	International Large Cap Growth Portfolio	**	446,754
	DFA	US Small Cap Growth Institutional	**	460,806
*	Fidelity	Total Market Index	**	5,228,882
*	Fidelity	International Index	**	1,640,449
*	Fidelity	Contrafund	**	1,882,244
*	Fidelity	Small Cap Index	**	1,316,959
*	Fidelity	Mid Cap Index	**	1,828,368
*	Fidelity	Emerging Markets Index Fund Institutional	**	119,111
*	Fidelity	Adv Gold Z	**	476,847
	Vanguard	Lifestrategy Conservative Growth	**	340,709
	Vanguard	Lifestrategy Moderate Growth	**	1,314,112
	Vanguard	Lifestrategy Growth	**	1,081,618
	American Beacon	Twentyfour Strategy Income	**	95,991
	DFA	Inflation Protected Securities	**	166,415
	DFA	Intermediate-Term Extended Quality	**	45,313
	Eaton Vance	Mut Tr Prmtrc Strg	**	555,170
	Federated Hermes	Institutional Hybrid Bond	**	68,728
*	Fidelity	US Bond Index	**	2,018,954
	Stadion	TargetFit Income Moderate Strategy	**	383
	Union Bond & Trust	Morley Stable Value Fund	**	1,999,038

Notes receivable from participants:

*	Notes receivable from participants	4.00% - 7.25%	765,661
			<u>\$ 41,053,202</u>

* Indicates a party-in-interest to the Plan

** Cost information omitted due to participant-directed funds

Multiple-Employer Plan Participating Employer Information

TOTAL HR 401(K) PROFIT SHARING PLAN		PLAN # 001	EIN #	57-1088358
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions	
DaikyoNishikawa USA Inc	98-0352141	1,999,202	12.16%	
Mullikin Group Inc.	83-3036963	378,945	5.98%	
Inveniam Capital Partners	47-5299528	510,071	4.93%	
DAF, Inc dba JP Carlton Company	57-0681775	2,397,001	4.70%	
Total Human Resources Inc.	57-1088358	1,978,077	4.38%	
Palmetto Residential Rentals, LLC	56-2308425	3,390,280	4.19%	
TK Supplies & Packaging	47-4456439	1,170,226	3.93%	
Retail Architects Inc.	27-0572209	1,996,815	3.72%	
Acumen It	20-8676478	2,125,492	3.58%	
Superclean Service Company, INC	75-2304358	1,325,876	2.92%	
Pierce Insurance Agency, Inc	56-1108836	1,322,212	2.75%	
Cedar Spring Family Dentistry LLC	81-0684464	942,104	2.68%	
COECO Office Systems, Inc	56-1325020	6,510,676	2.58%	
MAC/FAB	56-1345903	724,334	2.23%	
NC Idea	01-0702442	484,681	1.71%	
Conmoto, Inc.	38-4060558	251,016	1.69%	
Watkins Brothers Inc of Cowpens	57-0714217	249,403	1.67%	
Gerhardi Inc.	81-3129208	171,363	1.49%	
Averistar Consulting, LLC	37-1553679	650,518	1.32%	
Live Moore Real Estate Services, Inc.	68-0515838	295,558	1.28%	
PS121 Management, PA dba Vida Gynecology	83-1069179	320,054	1.25%	
Emily K Center	56-2230469	367,472	1.17%	
Innovative Business Solutions, LLC	26-3404606	265,424	1.15%	
Earnnest	82-2470162	136,635	1.15%	
Cross River Cardiology	46-5505272	308,401	1.13%	
Digital Repair LLC	26-4249050	293,519	1.09%	
Turning Point Inc.	58-1698701	288,089	1.07%	
Servant Rehabilitation	84-4112643	118,421	1.01%	
Pediatric Dentistry of Spartanburg	82-2203120	272,710	0.98%	
Dev.Pro	27-4315673	121,743	0.98%	
Cundiff Heating & Air Conditioning, Inc./ Central Air Condit	54-1113289	1,030,146	0.94%	
Ferebee-Johnson Company, Inc.	54-0461857	1,025,190	0.92%	
Jenison Construction	56-1607412	599,599	0.88%	
Van Der Noord Financial Advisors, Inc.	58-2489382	305,088	0.88%	
Bragg Waste Service Inc.	20-0509678	62,886	0.86%	
Stone Building Services, LLC	47-4240151	138,341	0.86%	
Central Piedmont Fire Protection	14-2002410	1,996	0.85%	
Buligo Capital NA, Inc.	37-1831638	55,119	0.82%	
Titan Chemical Transfer Solutions LLC / Puregreen Equipment	45-5474001	466,468	0.74%	
H.C. & C., Inc.	56-1037961	805,007	0.70%	
Mouthpiece Express, LLC	20-2465300	821,122	0.68%	
Blue Ridge Diesel Injection, Inc.	54-0946836	766,434	0.59%	
Provista Wealth Advisors	88-2122749	38,891	0.58%	
Carolina Youth Coalition	82-4313926	79,072	0.58%	
ARC Healthcare Technologies, LLC dba ClaimLogiq	46-0788940	-	0.57%	
Kustom Film & Tint, LLC	46-3658382	77,019	0.57%	
Carolinapeo Inc.	20-2420205	401,887	0.51%	
Blackstock Consulting, Inc.	81-2480295	205,284	0.51%	
Dominion Service and Parts, LLC	47-2624308	268,929	0.48%	
Supreme Elastic Corporation	56-0815483	257,343	0.46%	
Millennium Water Alliance	75-3098460	319,016	0.42%	
Beacon Property Services LLC	85-1041820	39,221	0.41%	
Foxfire Technologies, Inc.	52-1511133	112,156	0.40%	
Northside Development Corp	30-0698663	44,242	0.39%	
Accredit Solutions, Inc.	61-1949053	25,939	0.33%	
The Franklin School	57-1097869	25,607	0.29%	
Liipfert Law Group, PLLC	47-4980917	49,595	0.29%	
Gravity 9 LLC	88-1445501	145,960	0.28%	
Distinctive Cabinets, LLC	20-2458392	234,562	0.24%	
Western Roots LLC	88-2583297	17,966	0.24%	
Rt Gear, LLC	27-3788935	241,776	0.23%	
C.T. Jamison's Precast, Inc.	47-5486861	24,601	0.21%	
Growth Focused LLC dba Ship Simply	84-2424945	222,593	0.20%	
ML Lubrication USA, Inc.	26-2070984	19,222	0.17%	
Genesis Media	20-8733987	44,973	0.16%	
Salon DeShano	06-1700229	170,007	0.14%	
Blue Gas Marine Inc.	45-4566497	11,484	0.12%	
Bahmueller Technologies, Inc.	56-2177049	30,776	0.10%	
Pro-Ad Sports, Inc.	62-0912787	8,863	0.10%	
J C Cox LLC dba Euro-Specialty, Inc.	86-3509015	22,915	0.10%	
Treis Blockchain, L.L.C.	82-3137228	5,825	0.09%	

Interserv	16-1698770	82,205	0.08%
SolveiT.rocks, Inc.	81-2883175	83,244	0.08%
Specialized Roofing & Insulation, Inc	20-5489541	77,124	0.05%
LEL International, Inc.	64-0961844	1,237	0.02%
Beverage & Candy Distributors	20-1915598	88,369	0.00%
Clinical Trials Of America, LLC	47-1026341	8	0.00%
Specialty Paper & Package	46-1714223	1,880	0.00%
Newhall Mobileworks	46-2875522	100,804	0.00%
Euro-Specialty, Inc.	54-1381682	28,412	0.00%
Norris Ridge Owner, LLC	84-3588146	480	0.00%

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

TOTAL HR 401(K) PROFIT SHARING PLAN

PLAN # 001

EIN # 57-1088358

(a)	(b) Identity of issuer, 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
	Fidelity	FSKAX - Fskax - Fidelity Total Market Index		5,229,421
	BlackRock	LINKX - BlackRock LifePath Index 2030 Fund Class K Shares		4,758,582
	BlackRock	LIKX - BlackRock LifePath Index 2040 Fund Class K Shares		4,403,797
	BlackRock	LIPKX - BlackRock LifePath Index 2050 Fund Class K Shares		3,574,519
	BlackRock	LIRKX - BlackRock LifePath Index Retirement Fund Class K		3,220,768
	Fidelity	FXNAX - Fidelity US Bond Index Fund		2,018,954
	Morley	QAKVX - Morley Stable Value Fund		1,999,038
	Fidelity	FCNTX - Fidelity Contra Fund		1,882,244
	Fidelity	FSMDX - Fidelity Mid Cap Index		1,828,368
	Fidelity	FSPSX - Fidelity Int'L Index		1,640,449
	Fidelity	FSSNX - Fidelity Small Cap Index		1,316,958
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		1,314,112
	BlackRock	LIZKX - BlackRock LifePath Index 2060 Fund Class K Shares		1,120,474
	Vanguard	VASGX - Vanguard Life Strategy Growth		1,081,618
	Dimensional Fund Advisors	DFLVX - DFA Us Large Cap Value Prtf Instl		891,968
	Dimensional Fund Advisors	DFSCX - DFA Us Micro Cap		563,537
	Parametric	EIPCX - Parametric Commodity Strategies		555,170
	Fidelity	FIJDX - Fidelity Advisor Gold Z		476,847
	Dimensional Fund Advisors	DSCGX - DFA U.S. Small Cap Growth Instl		460,806
	Dimensional Fund Advisors	DILRX - DFA International Large Cap Growth		446,754
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		411,912
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		340,708
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		166,415
	BlackRock	LIBKX - BlackRock LifePath Index 2025 Fund Class K Shares		131,112
	BlackRock	LIJX - BlackRock LifePath Index 2035 Fund Class K Shares		124,024
	Fidelity	FPADX - Fidelity Emerging Markets Index		119,111
	American Beacon	TFGYX - American Beacon Strategic Income Fund		95,452
	Federated Hermes	FIHLX - Federated Hermes High Yield Bond Fund		68,728
	Dimensional Fund Advisors	DFTEX - DFA Interm Extended Quality Instl		45,313
	Stadion	QIJNQ - Qijng - Stadion Targetfit Income Moderate Strate		384
	Participant Loans	4.00% - 7.25%		765,661

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v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1, 663
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)	1, 178
a(2) Total number of active participants at the end of the plan year		6a(2)	1, 332
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	868
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2, 200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	2, 200
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1, 945
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	