

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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) HURRICANEIDALIA-NOTICEIR-2023-159
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 SUNBELT HUMAN ADVANCEMENT RESOURCES 403(B) PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1981
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) SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. 254 S. PLEASANTBURG DRIVE GREENVILLE, SC 29607	2b	Employer Identification Number (EIN) 57-6028253
		2c	Plan Sponsor's telephone number 864-269-0700
		2d	Business code (see instructions) 624200

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.	02/06/2024	PAMELA SIMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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		5 375
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) 373
a(2) Total number of active participants at the end of the plan year		6a(2) 352
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 352
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 3
f Total. Add lines 6d and 6e		6f 355
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 352
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(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	b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SUNBELT HUMAN ADVANCEMENT RESOURCES 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNBELT HUMAN ADVANCEMENT RESOURCES, INC.	D Employer Identification Number (EIN) 57-6028253	

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	511164-01	57	01/01/2022	12/31/2022

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
 (3) ☒ other (specify) ▶ **GROUP ANNUITY CONTRACT**

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

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

b	Balance at the end of the previous year	7b	567726
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c	Additions: (1) Contributions deposited during the year	7c(1)	1906	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	5440	
	(4) Transferred from separate account.....	7c(4)	1693	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions.....	7c(6)	9039
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	576765
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	82644	
(2) Administration charge made by carrier.....	7e(2)	8304	
(3) Transferred to separate account.....	7e(3)	984	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions.....	7e(5)	91932
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	484833
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SUNBELT HUMAN ADVANCEMENT RESOURCES 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNBELT HUMAN ADVANCEMENT RESOURCES, INC.	D Employer Identification Number (EIN) 57-6028253	

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)

T. MCGREGOR

141 TRACTION STREET
GREENVILLE, SC 29611

(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?
37 58	AGENT/BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	18022	Yes ☐ No ☒

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	9802	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

GALLAGHER BENEFIT SERVICES

1100 SUPERIOR AVE
SUITE 1700
CLEVELAND, OH 44114

(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	INVESTMENT MGMT	4284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MY BENEFITS LLC

PO BOX 745680
ATLANTA, GA 30374

(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	CONTRACT ADMIN	2860	Yes ☒ No ☐	Yes ☐ No ☒	428	Yes ☐ No ☒

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	249	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B. BARTON

141 TRACTION STREET
GREENVILLE, SC 29611

(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?
37 58	AGENT/BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	86	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
MY BENEFITS, LLC	13	428

(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.
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 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>SUNBELT HUMAN ADVANCEMENT RESOURCES 403(B) 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>SUNBELT HUMAN ADVANCEMENT RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>57-6028253</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)	
(2) Participant contributions.....		1b(2)	
(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)	57213
(8) Participant loans.....		1c(8)	86990
(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)	6877397
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	6752488
(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	6934610	6839478

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	6934610	6839478
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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)	374250	
(B) Participants	2a(1)(B)	421664	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		795914
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)	3013	
(F) Other	2b(1)(F)	80893	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		83906
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-673933
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		205887
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	252457	
(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)		252457
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)		
(3) Investment advisory and management fees	2i(3)	48562	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		48562
j Total expenses. Add all expense amounts in column (b) and enter total	2j		301019
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-95132
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: MARTIN SMITH & COMPANY CPAS PA

(2) EIN: 26-0793942

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)

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 _____.

**SUNBELT HUMAN ADVANCEMENT RESOURCES
403(b) PLAN**

**FINANCIAL STATEMENTS AND SCHEDULES
December 31, 2022 and 2021**

(With Independent Auditors' Report Thereon)

**SUNBELT HUMAN ADVANCEMENT RESOURCES
403(b) PLAN**

December 31, 2022 and 2021

Table of Contents

	<u>Page(s)</u>
Independent Auditors' Report	1 - 3
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 12
Supplemental Schedule:	
Schedule 1 - Form 5500 Schedule H, Line 4i	
Schedule of Assets (Held at End of Year)	13 - 15
Schedule of Findings	16



MARTIN · SMITH

& COMPANY CPAs

INDEPENDENT AUDITORS' REPORT

To the Plan Trustee
Sunbelt Human Advancement Resources 403(b) Plan

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

We have performed audits of the accompanying financial statements of Sunbelt Human Advancement Resources 403(b) 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). 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution 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 4 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, 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.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sunbelt Human Advancement Resources 403(b) 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 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. 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 Sunbelt Human Advancement Resources 403(b) 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.

Auditors' 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 generally accepted auditing standards 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.

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 Sunbelt Human Advancement Resources 403(b) 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 Sunbelt Human Advancement Resources 403(b) 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 titled 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 Department of Labor'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 audits 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. 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.

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 Department of Labor'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 Department of Labor'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 a qualified institution 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).

Martin Smith and Company CPAs PA

Martin Smith & Company CPAs, PA
Greenville, South Carolina
January 26, 2024

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
<u>ASSETS</u>		
Investments in mutual funds	\$ 1,379,809	\$ 1,455,194
Investments in insurance company guaranteed interest account	4,887,846	4,854,477
Investments in group fixed annuity contracts	484,833	567,726
Participant loans	<u>86,990</u>	<u>57,213</u>
Total assets	<u>6,839,478</u>	<u>6,934,610</u>
<u>LIABILITIES</u>		
Other liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 6,839,478</u>	<u>\$ 6,934,610</u>

The accompanying notes are an integral part of these financial statements.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2022

Additions to net assets attributed to:

Investment income:

Net decline in fair value of investments	\$ (673,933)
Interest	<u>83,906</u>

Total investment income (loss)	(590,027)
--------------------------------	-----------

Contributions:

Employer	374,250
Participants	<u>421,664</u>

Total contributions	<u>795,914</u>
---------------------	----------------

Total additions	205,887
-----------------	---------

Deductions from net assets attributed to:

Benefits paid to participants	252,457
Administrative expenses	<u>48,562</u>

Total deductions	<u>301,019</u>
------------------	----------------

Net decrease	(95,132)
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Net assets available for benefits:

Beginning of year	<u>6,934,610</u>
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End of year	<u><u>\$ 6,839,478</u></u>
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The accompanying notes are an integral part of these financial statements.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

1) PLAN DESCRIPTION

The following description of Sunbelt Human Advancement Resources 403(b) Plan (“the Plan”) provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a single-employer defined contribution plan with a 403(b) arrangement. The Plan was established by Sunbelt Human Advancement Resources, Inc. (“SHARE” or “the Plan Sponsor”) on January 1, 1981. During the year ended December 31, 2010, the Plan was amended to comply with current law.

Administration – The Plan is sponsored and administered by SHARE, which serves without compensation. The Plan administrator has the overall responsibility and authority as the named fiduciary to manage and control the operations and administration of the Plan and may designate one or more individuals to perform those responsibilities. The third-party administrator of the Plan is responsible for testing, vesting determinations, Form 5500 report and administration of distributable events. Equitable Financial Life Insurance Company (“EFLIC” or “the Trustee”) and Empower Retirement LLC (“Empower” or “the Trustee”) serve as trustees and record keepers of the Plan’s assets at December 31, 2022 and 2021.

Participation – The Plan covers all employees of SHARE who work 20 hours a week or more. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Participant Eligible Compensation – Participants’ compensation is calculated based on their gross wages, bonuses, and overtime.

Contributions – Each year, participants may contribute on a pre-tax basis up to the IRS limits of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan Sponsor may contribute in the form of matching contributions at the option of the Board of Directors (“the Board”). Contributions are subject to certain limitations.

Participant Accounts – Each participant's account is credited with the participant's contributions and rollover contributions, Plan Sponsor's contributions, and investment earnings. The benefit to which the participant is entitled is the benefit that can be provided by the participant's vested account.

Investment Options – Upon enrollment in the Plan, participants may direct their allocation of basic and matching contributions with EFLIC or Empower. Participants may select between several investment options as more fully described in the Plan’s literature. Participants may change their investment options at any time.

Vesting – Participants are immediately vested in their voluntary contributions and the Plan Sponsor’s contributions plus actual earnings thereon.

Participant Loans – Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested 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 are commensurate with local prevailing rates. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Based on management’s evaluation and experience, no allowance for loan losses has been recorded at December 31, 2022 and 2021.

Other – The Plan contains provisions for limitations affecting highly compensated employees and maximum annual additions to participants’ accounts for any plan year.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

1) PLAN DESCRIPTION, Continued

Forfeitures – Participants are immediately vested in their voluntary contributions and the Plan Sponsor’s contributions plus actual earnings thereon. There were no forfeitures for the year ended December 31, 2022.

Payment of benefits – On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant’s vested interest in his or her account. Participants may receive any or all of the vested balance in their pre-tax account to satisfy a heavy and immediate financial hardship.

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General – The accompanying financial statements have been prepared on the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board (“FASB”), which establishes generally accepted accounting principles (“GAAP”) that are followed in reporting the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits. References to GAAP issued by the FASB in these notes are to the FASB Accounting Standards Codification (“ASC”). The Codification replaced and incorporated (but did not change) accounting guidance previously issued by various accounting sources through specific pronouncements.

Investments – Investments are stated at quoted market values as established on national securities exchanges. Investment transactions are accounted for on the trade date. The cost of units of investment vehicles sold is computed on an average-cost basis. All investments are comprised of contributions deposited therein, plus interest credited to the accounts and transfers from other separate funds, less withdrawals, and transfers to other separate funds. Appreciation and depreciation of fair values are included in arriving at the individual account balances at year-end.

Payment of Benefits – Benefits are recorded when paid.

Estimates – The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates. The Plan utilizes investments with various interest rates, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such a change could materially affect the amounts reported in the financial statements.

3) FINANCIAL INFORMATION FURNISHED BY THE AGENT OF THE TRUSTEE

The Plan Sponsor has assigned fiduciary responsibilities to EFLIC and Empower, who hold the Plan’s assets and execute its transactions. EFLIC and Empower have prepared the following information with respect to assets, liabilities and changes in net assets and participants’ equity included in the accompanying financial statements and supplemental schedule and have furnished it to the Plan administrator together with a certificate that such information is complete and accurate. Such certification is required under the methods of compliance with the Department of Labor’s rules and regulations for Reporting and Disclosure under ERISA Section 103(a)(3)(C), as elected by the Plan Sponsor.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

4) INVESTMENTS

The following is a summary of the amounts included in the accompanying financial statements that have been certified by the Trustee as of December 31, 2022:

Equitable Financial Life Insurance Company:

EQ/Equity 500 Index	\$ 129,546
EQ/Com Stck Index	94,271
EQ/Lg Cap Val Managed Vol	77,070
Multimanager Aggressive Equity	56,959
EQ/Moderate Allocation	51,726
1290 VT Gamco Small Co Val	51,512
EQ/Mid Cap Index	42,861
EQ/Capital Group Research	37,833
EQ/T. Rowe Price Growth Stock	36,621
EQ/Moderate Plus Allocation	32,520
Multimanager Technology	31,518
EQ/International Equity Index	26,110
EQ/ClearBridge Large Cap Grwt	25,357
EQ/Lg Cap Core Managed Vol	24,832
EQ/Lg Cap Grw Managed Vol	17,284
EQ/Aggressive Allocation	15,161
Target 2025 Allocation	14,047
EQ/AB Small Cap Growth	13,822
EQ/JPMorgan Val Opportunities	12,348
EQ/Aggressive Growth Strategy	11,936
EQ/MFS International Growth	11,237
EQ/PIMCO Global Real Return	10,634
EQ/MFS Intrntnl Intrinsic Val	10,507
EQ/Value Equity	10,126
1290 VT SmartBeta Equity	9,678
EQ/Int Val Managed Vol	7,201
EQ/Fr Sm Cap Val Managed Vol	7,148
EQ/Large Cap Growth Index	7,110
EQ/Fidelity Institutional Am LgC	7,042
EQ/Loomis Sayles Growth	6,457
EQ/Glb Eqty Managed Vol	6,368
EQ/Core Plus Bond	5,966
EQ/Morgan Stanley Sml Cap Grw	4,600
Delaware Ivy VIP High Income	4,500
EQ/Money Market	4,013
EQ/Goldman Sachs Mid Cap Value	3,836
EQ/MFS MidCap Focused Grwth	3,417
EQ/Mid Cap Val Managed Vol	3,193
EQ/Intermediate Government Bnd	3,067

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

4) INVESTMENTS, Continued

<u>Equitable Finance Life Insurance Company:</u>		
EQ/Small Company Index	\$	3,041
EQ/MFS Utilities Series		2,625
EQ/Int Core Managed Vol		2,567
EQ/MFS Technology		2,413
EQ/Quality Bond Plus		1,944
EQ/Janus Enterprise		1,928
EQ/Lazard Emerging Mkts Eqty		1,293
EQ/Invesco Global		930
MFS Mass Investors Grwth Stock		586
EQ/AB Dyn Moderate Growth		315
EQ/Moderate Growth Strategy		271
Templeton Global Bond VIP		230
EQ/Core Bond Index		230
EQ/Wellington Energy		64
EQ/International Managed Vol		34
1290 VT Equity Income		23
EQ/PIMCO Ultra Short Bond		3
Mutual funds		<u>930,456</u>

Guaranteed Interest Account		4,887,846 *
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<u>Empower Retirement, LLC:</u>		
State Street Target Retirement 2035		68,948
State Street Target Retirement 2040		54,476
State Street Target Retirement 2030		53,437
State Street Target Retirement 2025		46,348
State Street Target Retirement 2045		39,417
State Street Target Retirement 2055		34,308
State Street Target Retirement 2050		29,053
State Street Target Retirement 2060		18,438
State Street Target Retirement		16,603
State Street Target Retirement 2020		15,522
Ishares MSCI EAFE International Index		10,878
AF American Mutual		10,406
Fidelity US Bond Index		9,971
Fidelity 500 Index		9,539
Fidelity Mid Cap Index		6,938
Fidelity Mid Cap Growth Index		5,347
Fidelity Large Cap Growth Index		4,989

* Investments that represent 5 percent or more of the Plan's net assets.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

4) INVESTMENTS, Continued

Empower Retirement LLC:

Fidelity Emerging Markets Index	\$ 4,470
Fidelity Small Cap Index	3,643
Fidelity Inflation Pro Bond Index	2,913
Fidelity Real Estate Index	2,125
Fidelity Small Cap Growth Index	1,230
AF US Govt Securities	354
	449,353
 GWI Fixed Account - Series Class II	 484,833 *
 Participant loans (rates from 4.25% - 6.50%)	 86,990
	\$ 6,839,478

* Investments that represent 5 percent or more of the Plan's net assets.

5) FAIR VALUE OF INVESTMENTS

The Plan follows the ASC *Fair Value Measurements* guidance. This guidance defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements.

This guidance defines fair value as 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. It also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The guidance describes three levels of inputs that may be used to measure fair value. Level 1 inputs represent fair values obtained using quoted prices in active markets. Level 2 inputs represent fair values obtained from observable market data but not from quoted market prices. Level 3 inputs represent unobservable inputs that are supported by little or no market activity and are generally based on the entity's own assumptions.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. At the discretion of EFLIC and Empower, certain securities may be valued on the basis of market valuations provided by independent pricing services when such prices are believed to reflect the fair value of such securities. Values provided by the pricing services, as well as values determined by the Trustee, are generally determined as follows:

- Securities traded on exchanges are valued at closing market prices. When no trades are reported by the exchanges, they are valued at the most recent bid quotation.
- Securities traded in the over-the-counter market are valued at their last sale or bid price.
- Government and agency obligations are valued based upon bid quotations for identical or similar obligations.
- Certificates of deposit and other short-term money market instruments are generally valued at cost, which approximates fair value.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

5) FAIR VALUE OF INVESTMENTS, Continued

- The investments in the Guaranteed Interest Account represent investments in fixed income annuities and are generally valued at contract value which approximates fair value.
- The investments in the Group Fixed Annuity Contracts represent investments in fixed income annuities and are generally valued at contract value which approximates fair value.

The following table sets forth, by level within the fair value hierarchy, the Plan's investment assets at fair value, at December 31:

<u>2022</u>				
	<u>Total</u>			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 1,379,809	\$ 1,379,809	\$ -	\$ -
Guaranteed interest account	4,887,846	4,887,846	-	-
Group fixed annuity contracts	484,833	484,833	-	-
	<u>\$ 6,752,488</u>	<u>\$ 6,752,488</u>	<u>\$ -0-</u>	<u>\$ -0-</u>
 <u>2021</u>				
	<u>Total</u>			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 1,455,194	\$ 1,455,194	\$ -	\$ -
Guaranteed interest account	4,854,477	4,854,477	-	-
Group fixed annuity contracts	567,726	567,726	-	-
	<u>\$ 6,877,397</u>	<u>\$ 6,877,397</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

6) TAX STATUS

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code ("IRC"), and, accordingly, the trust's net investment income is exempt from income taxes.

The Plan Sponsor believes that the Plan continues to qualify and to operate as designated and in compliance with the applicable sections of the IRC.

7) PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan at any time. Upon termination, each member or former member or beneficiary entitled to participate in the Plan shall have a fully vested, nonforfeitable right to the entire amount of their account balance.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

8) ADMINISTRATION OF THE PLAN

Certain administrative functions are performed by employees of the Plan Sponsor. No such employee receives compensation from the Plan. Administrative expenses for the custodian's and administrator's fees are shared by the Plan Sponsor and Plan participants.

9) RELATED PARTY TRANSACTIONS

Plan investments at December 31, 2022 include amounts invested in the guaranteed interest account of EFLIC and shares of mutual funds managed by EFLIC. Since EFLIC is the trustee of the Plan at December 31, 2022 and 2021, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and recordkeeping services provided by EFLIC amounted to \$18,022 for the year ended December 31, 2022.

Plan investments at December 31, 2022 include amounts invested in the group fixed annuity contracts of Empower and shares of mutual funds managed by Empower. Since Empower is the trustee of the Plan at December 31, 2022 and 2021, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and recordkeeping services provided by Empower amounted to \$9,802 for the year ended December 31, 2022.

10) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The amount of net assets available for benefits per the financial statements at December 31, 2022 agrees to the amount reported on Form 5500.

11) RISKS AND UNCERTAINTIES

Plan participants invest 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 Statements of Net Assets Available for Benefits.

12) SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through January 26, 2024, the date the financial statements were available to be issued. There were no such events requiring recording or disclosure for the year ended December 31, 2022.

**SUNBELT HUMAN ADVANCEMENT RESOURCES
403(b) PLAN
SCHEDULE OF FINDINGS
For Fiscal Year Ended December 31, 2022**

ERISA REPORTING REQUIREMENTS

Condition:

During the year ended December 31, 2020, the Plan was amended to comply with then-current law. At that time, the Plan Sponsor and administrator, Sunbelt Human Advancement Resources, Inc. ("SHARE"), became aware that the Plan was and had been subject to ERISA's reporting and disclosure requirements. Therefore, the Plan has not complied with certain reporting provisions of ERISA, namely, the filing of an annual Form 5500.

Criteria:

Provisions of Employee Retirement Security Act of 1974.

Effect:

Certain reporting requirements under ERISA have not been fully followed.

Status:

In an effort to address this deficiency in meeting annual reporting requirements for the Plan, the Plan Sponsor and administrator has taken the action to meet the reporting requirements under ERISA by timely filing the Form 5500 for the Plan years ending December 31, 2022, 2021, and 2020. The Plan Sponsor and administrator is currently working with experienced legal and third-party administrative firms to comply with the annual reporting requirements under ERISA through the Delinquent Filer Voluntary Compliance Program.

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
SCHEDULE 1 - Form 5500 Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

EIN #57-6028253

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
Equitable Financial Life Insurance Company *	EQ/Equity 500 Index	\$ 112,071
	EQ/Com Stck Index	94,271
	EQ/Lg Cap Val Managed Vol	77,070
	Multimanager Aggressive Equity	56,959
	EQ/Moderate Allocation	51,726
	1290 VT Gamco Small Co Val	51,512
	EQ/Mid Cap Index	42,861
	EQ/Capital Group Research	37,833
	EQ/T. Rowe Price Growth Stock	36,621
	EQ/Moderate Plus Allocation	32,520
	Multimanager Technology	31,518
	EQ/International Equity Index	26,110
	EQ/ClearBridge Large Cap Grwt	25,357
	EQ/Lg Cap Core Managed Vol	24,832
	EQ/Lg Cap Grw Managed Vol	17,284
	EQ/Aggressive Allocation	15,161
	Target 2025 Allocation	14,047
	EQ/AB Small Cap Growth	13,822
	EQ/JPMorgan Val Opportunities	12,348
	EQ/Aggressive Growth Strategy	11,936
	EQ/MFS International Growth	11,237
	EQ/PIMCO Global Real Return	10,634
	EQ/MFS Intrntnl Intrinsic Val	10,507
	EQ/Value Equity	10,126
	1290 VT SmartBeta Equity	9,678
	EQ/Int Val Managed Vol	7,201
	EQ/Fr Sm Cap Val Managed Vol	7,148
	EQ/Large Cap Growth Index	7,110
	EQ/Fidelity Institutional Am LgC	7,042
	EQ/Loomis Sayles Growth	6,457
	EQ/Glb Eqty Managed Vol	6,368
	EQ/Core Plus Bond	5,966
	EQ/Morgan Stanley Sml Cap Grw	4,600
	Delaware Ivy VIP High Income	4,500
	EQ/Money Market	4,013
	EQ/Goldman Sachs Mid Cap Value	3,836
	EQ/MFS MidCap Focused Grwth	3,417
	EQ/Mid Cap Val Managed Vol	3,193
	EQ/Intermediate Government Bnd	3,067

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
SCHEDULE 1 - Form 5500 Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

EIN #57-6028253

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
Equitable Financial Life Insurance Company *	EQ/Small Company Index	\$ 3,041
	EQ/MFS Utilities Series	2,625
	EQ/Int Core Managed Vol	2,567
	EQ/MFS Technology	2,413
	EQ/Quality Bond Plus	1,944
	EQ/Janus Enterprise	1,928
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	EQ/Invesco Global	930
	MFS Mass Investors Grwth Stock	586
	EQ/AB Dyn Moderate Growth	315
	EQ/Moderate Growth Strategy	271
	Templeton Global Bond VIP	230
	EQ/Core Bond Index	230
	EQ/Wellington Energy	64
	EQ/International Managed Vol	34
	1290 VT Equity Income	23
	EQ/PIMCO Ultra Short Bond	3
	Mutual funds	930,456
	Guaranteed Interest Account	4,887,846
Empower Retirement, LLC*	State Street Target Retirement 2035	68,948
	State Street Target Retirement 2040	54,476
	State Street Target Retirement 2030	53,437
	State Street Target Retirement 2025	46,348
	State Street Target Retirement 2045	39,417
	State Street Target Retirement 2055	34,308
	State Street Target Retirement 2050	29,053
	State Street Target Retirement 2060	18,438
	State Street Target Retirement	16,603
	State Street Target Retirement 2020	15,522
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	AF American Mutual	10,406
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	Fidelity 500 Index	9,539
	Fidelity Mid Cap Index	6,938
	Fidelity Mid Cap Growth Index	5,347
	Fidelity Large Cap Growth Index	4,989

SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN
SCHEDULE 1 - Form 5500 Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

EIN #57-6028253

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
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	Fidelity Small Cap Index	3,643
	Fidelity Inflation Pro Bond Index	2,913
	Fidelity Real Estate Index	2,125
	Fidelity Small Cap Growth Index	1,230
	AF US Govt Securities	354
		<u>449,353</u>
	GWI Fixed Account - Series Class II	484,833
	Participant loans (rates from 4.25% - 6.50%)	<u>86,990</u>
		<u><u>\$ 6,839,478</u></u>

* Indicates party-in-interest.