

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input checked="" type="checkbox"/> special extension (enter description) HURRICANE HELENE FEMA-3619--EM</div></div>                                                                                                                                                                                                                                                                                                                                                                        |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                           |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                    |
| 1a      | Name of plan<br>SUNBELT HUMAN ADVANCEMENT RESOURCES 403(B) PLAN                                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                        |
| 1c      | Effective date of plan<br>01/01/1981                                                                                                                                                                                                                                                                                                                      |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SUNBELT HUMAN ADVANCEMENT RESOURCES, INC.<br><br>254 S. PLEASANTBURG DRIVE<br>GREENVILLE, SC 29607 |
| 2b      | Employer Identification Number (EIN)<br>57-6028253                                                                                                                                                                                                                                                                                                        |
| 2c      | Plan Sponsor's telephone number<br>864-269-0700                                                                                                                                                                                                                                                                                                           |
| 2d      | Business code (see instructions)<br>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. | 02/20/2025 | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 355                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 352<br><b>6a(2)</b> 336<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 336<br><b>6e</b> 0<br><b>6f</b> 336<br><b>6g(1)</b> 352<br><b>6g(2)</b> 336<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                             |

**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:

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                      |     |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023          |                                                      |     |
| A Name of plan<br>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<br>SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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                             | 54                                                                          | 01/01/2023              | 12/31/2023 |

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

| (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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |  |
|----------|-----------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> | Balance at the end of the previous year .....                                                  | <b>7b</b>    | 484833 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 6047   |
|          | (2) Dividends and credits .....                                                                | <b>7c(2)</b> | 0      |
|          | (3) Interest credited during the year .....                                                    | <b>7c(3)</b> | 6533   |
|          | (4) Transferred from separate account.....                                                     | <b>7c(4)</b> | 1210   |
|          | (5) Other (specify below) .....                                                                | <b>7c(5)</b> | 15     |
|          | ▶ <b>OTHER</b>                                                                                 |              |        |
|          | (6) Total additions .....                                                                      | <b>7c(6)</b> | 13805  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 498638 |
| <b>e</b> | Deductions:                                                                                    |              |        |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> | 110564 |
|          | (2) Administration charge made by carrier .....                                                | <b>7e(2)</b> | 6941   |
|          | (3) Transferred to separate account.....                                                       | <b>7e(3)</b> | 441    |
|          | (4) Other (specify below) .....                                                                | <b>7e(4)</b> | 0      |
|          | ▶                                                                                              |              |        |
|          | (5) Total deductions .....                                                                     | <b>7e(5)</b> | 117946 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 380692 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                                   |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>SUNBELT HUMAN ADVANCEMENT RESOURCES 403(B) PLAN</div>                                   | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SUNBELT HUMAN ADVANCEMENT RESOURCES, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>57-6028253</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

No

Yes

☒
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

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**(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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 12686                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

T. MCGREGOR

141 TRACTION STREET  
GREENVILLE, SC 29611

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 58                  | AGENT/BROKER                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 9530                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

GALLAGHER BENEFIT SERVICES

1100 SUPERIOR AVE  
SUITE 1700  
CLEVELAND, OH 44114

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT MGMT                                                                                   | 4958                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | CONTRACT ADMIN                                                                                    | 3600                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 496                                                                                                                                                                             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MGMT                                                                                   | 410                                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| MY BENEFITS, LLC                                        | 13                                      | 496                                          |

| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD<br>GREENWOOD VILLAGE, CO 80111 | TPA ALLOWANCE PAYMENT                                                                                                                                                    |

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|                                                                                                                                                                                                                           | For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>                                                                                                                                                                     |                                                                                           |
|                                                                                                                                                                                                                           | <b>A</b> Name of plan<br><b>SUNBELT HUMAN ADVANCEMENT RESOURCES 403(B) PLAN</b>                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SUNBELT HUMAN ADVANCEMENT RESOURCES, INC.</b>                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><b>57-6028253</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 86990                 | 91955           |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 6752488               | 6810558         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 6839478               | 6902513         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 6839478               | 6902513         |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 370482     |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 411691     |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 18857      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 801030    |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 5060       |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 177148     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 182208    |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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) |            | 275203    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1258441   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 1170946 |         |
| (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)  |         | 1170946 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  |         |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 24460   |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 24460   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 1195406 |

**Net Income and Reconciliation**

|                                                          |       |  |       |
|----------------------------------------------------------|-------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 63035 |
| 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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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, 2023 and 2022**

**(With Independent Auditors' Report Thereon)**

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

**December 31, 2023 and 2022**

**Table of Contents**

|                                                           | <b><u>Page(s)</u></b> |
|-----------------------------------------------------------|-----------------------|
| 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, 2023 and 2022, the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023, 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, 2023 and 2022, and for the year ended December 31, 2023, 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, 2023, 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  
February 11, 2025

**SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2023 and 2022**

|                                                              | <u>2023</u>                    | <u>2022</u>                    |
|--------------------------------------------------------------|--------------------------------|--------------------------------|
| <b><u>ASSETS</u></b>                                         |                                |                                |
| Investments in mutual funds                                  | \$ 1,828,649                   | \$ 1,379,809                   |
| Investments in insurance company guaranteed interest account | 4,601,217                      | 4,887,846                      |
| Investments in group fixed annuity contracts                 | 380,692                        | 484,833                        |
| Participant loans                                            | <u>91,955</u>                  | <u>86,990</u>                  |
| <br>Total assets                                             | <br><u>6,902,513</u>           | <br><u>6,839,478</u>           |
| <b><u>LIABILITIES</u></b>                                    |                                |                                |
| <br>Other liabilities                                        | <br><u>-</u>                   | <br><u>-</u>                   |
| <br>Net assets available for benefits                        | <br><u><u>\$ 6,902,513</u></u> | <br><u><u>\$ 6,839,478</u></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, 2023**

Additions to net assets attributed to:

Investment income:

|                                           |                |
|-------------------------------------------|----------------|
| Net increase in fair value of investments | \$ 275,203     |
| Interest                                  | <u>182,208</u> |

|                         |         |
|-------------------------|---------|
| Total investment income | 457,411 |
|-------------------------|---------|

Contributions:

|              |                |
|--------------|----------------|
| Employer     | 370,482        |
| Participants | <u>430,548</u> |

|                     |                |
|---------------------|----------------|
| Total contributions | <u>801,030</u> |
|---------------------|----------------|

|                 |           |
|-----------------|-----------|
| Total additions | 1,258,441 |
|-----------------|-----------|

Deductions from net assets attributed to:

|                               |               |
|-------------------------------|---------------|
| Benefits paid to participants | 1,170,946     |
| Administrative expenses       | <u>24,460</u> |

|                  |                  |
|------------------|------------------|
| Total deductions | <u>1,195,406</u> |
|------------------|------------------|

|              |        |
|--------------|--------|
| Net increase | 63,035 |
|--------------|--------|

Net assets available for benefits:

|                   |                  |
|-------------------|------------------|
| Beginning of year | <u>6,839,478</u> |
|-------------------|------------------|

|             |                            |
|-------------|----------------------------|
| End of year | <u><u>\$ 6,902,513</u></u> |
|-------------|----------------------------|

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

**SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2023 and 2022**

**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, 2023 and 2022.

**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, 2023 and 2022.

**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, 2023 and 2022**

**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, 2023.

**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, 2023 and 2022**

**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, 2023:

Equitable Financial Life Insurance Company:

|                                  |            |
|----------------------------------|------------|
| EQ/Equity 500 Index              | \$ 150,379 |
| EQ/Com Stck Index                | 110,619    |
| EQ/Lg Cap Val Managed Vol        | 86,888     |
| Multimanager Aggressive Equity   | 78,913     |
| EQ/Moderate Allocation           | 55,311     |
| 1290 VT Gamco Small Co Val       | 55,950     |
| EQ/Mid Cap Index                 | 40,990     |
| EQ/Capital Group Research        | 46,459     |
| EQ/T. Rowe Price Growth Stock    | 31,315     |
| EQ/Moderate Plus Allocation      | 22,921     |
| Multimanager Technology          | 32,858     |
| EQ/International Equity Index    | 22,578     |
| EQ/ClearBridge Large Cap Grwt    | 33,850     |
| EQ/Lg Cap Core Managed Vol       | 32,951     |
| EQ/Lg Cap Grw Managed Vol        | 24,550     |
| EQ/Aggressive Allocation         | 17,224     |
| Target 2025 Allocation           | 16,452     |
| EQ/AB Small Cap Growth           | 22,546     |
| EQ/JPMorgan Val Opportunities    | 14,340     |
| EQ/Aggressive Growth Strategy    | 22,761     |
| EQ/MFS International Growth      | 22,699     |
| EQ/PIMCO Global Real Return      | 11,644     |
| EQ/MFS Intrntnl Intrinsic Val    | 21,137     |
| EQ/Value Equity                  | 10,591     |
| 1290 VT SmartBeta Equity         | 11,183     |
| EQ/Int Val Managed Vol           | 7,155      |
| EQ/Fr Sm Cap Val Managed Vol     | 8,243      |
| EQ/Large Cap Growth Index        | 9,940      |
| EQ/Fidelity Institutional Am LgC | 9,533      |
| EQ/Loomis Sayles Growth          | 9,570      |
| EQ/Glb Eqty Managed Vol          | 5,487      |
| EQ/Core Plus Bond                | 6,405      |
| EQ/Morgan Stanley Sml Cap Grw    | 6,123      |
| Delaware Ivy VIP High Income     | 4,976      |
| EQ/Money Market                  | 4,144      |
| EQ/Goldman Sachs Mid Cap Value   | 4,398      |
| EQ/MFS MidCap Focused Grwth      | 4,907      |
| EQ/Mid Cap Val Managed Vol       | 1,209      |
| EQ/Intermediate Government Bnd   | 3,555      |

**SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2023 and 2022**

**4) INVESTMENTS, Continued**

|                                                    |    |                  |
|----------------------------------------------------|----|------------------|
| <u>Equitable Financial Life Insurance Company:</u> |    |                  |
| EQ/Small Company Index                             | \$ | 3,508            |
| EQ/MFS Utilities Series                            |    | 2,282            |
| EQ/Int Core Managed Vol                            |    | 2,966            |
| EQ/MFS Technology                                  |    | 4,580            |
| EQ/Quality Bond Plus                               |    | 2,224            |
| EQ/Janus Enterprise                                |    | 2,228            |
| EQ/Lazard Emerging Mrkts Eqty                      |    | 1,630            |
| EQ/Invesco Global                                  |    | 528              |
| MFS Mass Investors Grwth Stock                     |    | 712              |
| EQ/AB Dyn Moderate Growth                          |    | 353              |
| EQ/Moderate Growth Strategy                        |    | 304              |
| Templeton Global Bond VIP                          |    | 236              |
| EQ/Core Bond Index                                 |    | 240              |
| EQ/Wellington Energy                               |    | 65               |
| EQ/International Managed Vol                       |    | 39               |
| EQ/PIMCO Ultra Short Bond                          |    | 4                |
| Mutual funds                                       |    | <u>1,104,653</u> |

|                             |  |             |
|-----------------------------|--|-------------|
| Guaranteed Interest Account |  | 4,601,217 * |
|-----------------------------|--|-------------|

|                                       |  |         |
|---------------------------------------|--|---------|
| <u>Empower Retirement, LLC:</u>       |  |         |
| State Street Target Retirement 2035   |  | 117,707 |
| State Street Target Retirement 2030   |  | 97,940  |
| State Street Target Retirement 2040   |  | 84,966  |
| State Street Target Retirement 2025   |  | 80,268  |
| State Street Target Retirement 2045   |  | 76,879  |
| State Street Target Retirement 2050   |  | 52,976  |
| State Street Target Retirement 2055   |  | 50,086  |
| State Street Target Retirement 2060   |  | 45,430  |
| State Street Target Retirement        |  | 26,525  |
| Fidelity 500 Index                    |  | 13,153  |
| State Street Target Retirement 2020   |  | 12,179  |
| Ishares MSCI EAFE International Index |  | 12,099  |
| Fidelity Mid Cap Growth Index         |  | 9,235   |
| Fidelity Large Cap Growth Index       |  | 8,850   |
| Fidelity US Bond Index                |  | 5,809   |
| Fidelity Emerging Markets Index       |  | 5,265   |
| Fidelity Mid Cap Index                |  | 5,060   |
| AF American Mutual                    |  | 4,877   |

\* 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, 2023 and 2022**

**4) INVESTMENTS, Continued**

Empower Retirement LLC:

|                                                  |    |                  |       |
|--------------------------------------------------|----|------------------|-------|
| Fidelity Small Cap Growth Index                  | \$ | 3,730            |       |
| Fidelity Small Cap Index                         |    | 2,953            |       |
| Fidelity Inflation Pro Bond Index                |    | 2,285            |       |
| Ishares Developed Real Estate Index              |    | 1,824            |       |
| Fidelity Real Estate Index                       |    | 1,233            |       |
| Fidelity Small Cap Value Index                   |    | 866              |       |
| AF US Govt Securities                            |    | 672              |       |
| Fidelity Mid Cap Value Index                     |    | 595              |       |
| Fidelity International Bond Index                |    | 534              |       |
|                                                  |    | <hr/>            |       |
|                                                  |    | 723,997          |       |
| <br>GWI Fixed Account - Series Class II          |    | <br>380,692      | <br>* |
| <br>Participant loans (rates from 4.25% - 6.50%) |    | <br>91,955       |       |
|                                                  |    | <hr/>            |       |
|                                                  | \$ | <u>6,902,513</u> |       |

**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, 2023 and 2022**

**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:

|                               | <b><u>2023</u></b>       |                       |                       |                       |
|-------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|
|                               | <b><u>Total</u></b>      |                       |                       |                       |
|                               | <b><u>Fair Value</u></b> | <b><u>Level 1</u></b> | <b><u>Level 2</u></b> | <b><u>Level 3</u></b> |
| Mutual funds                  | \$ 1,828,649             | \$ 1,828,649          | \$ -                  | \$ -                  |
| Guaranteed interest account   | 4,601,217                | 4,601,217             | -                     | -                     |
| Group fixed annuity contracts | <u>380,692</u>           | <u>380,692</u>        | <u>-</u>              | <u>-</u>              |
|                               | <u>\$ 6,810,558</u>      | <u>\$ 6,810,558</u>   | <u>\$ -0-</u>         | <u>\$ -0-</u>         |

|                               | <b><u>2022</u></b>       |                       |                       |                       |
|-------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|
|                               | <b><u>Total</u></b>      |                       |                       |                       |
|                               | <b><u>Fair Value</u></b> | <b><u>Level 1</u></b> | <b><u>Level 2</u></b> | <b><u>Level 3</u></b> |
| Mutual funds                  | \$ 1,379,809             | \$ 1,379,809          | \$ -                  | \$ -                  |
| Guaranteed interest account   | 4,887,846                | 4,887,846             | -                     | -                     |
| Group fixed annuity contracts | <u>484,833</u>           | <u>484,833</u>        | <u>-</u>              | <u>-</u>              |
|                               | <u>\$ 6,752,488</u>      | <u>\$ 6,752,488</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.

**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.

**SUNBELT HUMAN ADVANCEMENT RESOURCES 403(b) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2023 and 2022**

**9) RELATED PARTY TRANSACTIONS**

Plan investments at December 31, 2023 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, 2023 and 2022, 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 \$9,530 for the year ended December 31, 2023.

Plan investments at December 31, 2023 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, 2023 and 2022, 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 \$12,686 for the year ended December 31, 2023.

**10) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The amount of net assets available for benefits per the financial statements at December 31, 2023 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 February 11, 2025, 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, 2023.

**SUNBELT HUMAN ADVANCEMENT RESOURCES  
403(b) PLAN  
SCHEDULE OF FINDINGS  
For Plan Year Ended December 31, 2023**

**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, 2023, 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, 2023**

**EIN #57-6028253**

| (a) Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c) Description of Investment Including<br>Maturity Date, Rate of Interest, Collateral,<br>Par, or Maturity Value | (e) Current<br>Value |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|
| Equitable Financial Life<br>Insurance Company *                 | EQ/Equity 500 Index                                                                                               | \$ 150,379           |
|                                                                 | EQ/Com Stck Index                                                                                                 | 110,619              |
|                                                                 | EQ/Lg Cap Val Managed Vol                                                                                         | 86,888               |
|                                                                 | Multimanager Aggressive Equity                                                                                    | 78,913               |
|                                                                 | EQ/Moderate Allocation                                                                                            | 55,311               |
|                                                                 | 1290 VT Gamco Small Co Val                                                                                        | 55,950               |
|                                                                 | EQ/Mid Cap Index                                                                                                  | 40,990               |
|                                                                 | EQ/Capital Group Research                                                                                         | 46,459               |
|                                                                 | EQ/T. Rowe Price Growth Stock                                                                                     | 31,315               |
|                                                                 | EQ/Moderate Plus Allocation                                                                                       | 22,921               |
|                                                                 | Multimanager Technology                                                                                           | 32,858               |
|                                                                 | EQ/International Equity Index                                                                                     | 22,578               |
|                                                                 | EQ/ClearBridge Large Cap Grwt                                                                                     | 33,850               |
|                                                                 | EQ/Lg Cap Core Managed Vol                                                                                        | 32,951               |
|                                                                 | EQ/Lg Cap Grw Managed Vol                                                                                         | 24,550               |
|                                                                 | EQ/Aggressive Allocation                                                                                          | 17,224               |
|                                                                 | Target 2025 Allocation                                                                                            | 16,452               |
|                                                                 | EQ/AB Small Cap Growth                                                                                            | 22,546               |
|                                                                 | EQ/JPMorgan Val Opportunities                                                                                     | 14,340               |
|                                                                 | EQ/Aggressive Growth Strategy                                                                                     | 22,761               |
|                                                                 | EQ/MFS International Growth                                                                                       | 22,699               |
|                                                                 | EQ/PIMCO Global Real Return                                                                                       | 11,644               |
|                                                                 | EQ/MFS Intrntnl Intrinsic Val                                                                                     | 21,137               |
|                                                                 | EQ/Value Equity                                                                                                   | 10,591               |
|                                                                 | 1290 VT SmartBeta Equity                                                                                          | 11,183               |
|                                                                 | EQ/Int Val Managed Vol                                                                                            | 7,155                |
|                                                                 | EQ/Fr Sm Cap Val Managed Vol                                                                                      | 8,243                |
|                                                                 | EQ/Large Cap Growth Index                                                                                         | 9,940                |
|                                                                 | EQ/Fidelity Institutional Am LgC                                                                                  | 9,533                |
|                                                                 | EQ/Loomis Sayles Growth                                                                                           | 9,570                |
|                                                                 | EQ/Glb Eqty Managed Vol                                                                                           | 5,487                |
|                                                                 | EQ/Core Plus Bond                                                                                                 | 6,405                |
|                                                                 | EQ/Morgan Stanley Sml Cap Grw                                                                                     | 6,123                |
|                                                                 | Delaware Ivy VIP High Income                                                                                      | 4,976                |
|                                                                 | EQ/Money Market                                                                                                   | 4,144                |
|                                                                 | EQ/Goldman Sachs Mid Cap Value                                                                                    | 4,398                |
|                                                                 | EQ/MFS MidCap Focused Grwth                                                                                       | 4,907                |
|                                                                 | EQ/Mid Cap Val Managed Vol                                                                                        | 1,209                |
|                                                                 | EQ/Intermediate Government Bnd                                                                                    | 3,555                |

**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, 2023**

**EIN #57-6028253**

| (a) Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c) Description of Investment Including<br>Maturity Date, Rate of Interest, Collateral,<br>Par, or Maturity Value | (e) Current<br>Value |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|
| Equitable Financial Life<br>Insurance Company *                 | EQ/Small Company Index                                                                                            | \$ 3,508             |
|                                                                 | EQ/MFS Utilities Series                                                                                           | 2,282                |
|                                                                 | EQ/Int Core Managed Vol                                                                                           | 2,966                |
|                                                                 | EQ/MFS Technology                                                                                                 | 4,580                |
|                                                                 | EQ/Quality Bond Plus                                                                                              | 2,224                |
|                                                                 | EQ/Janus Enterprise                                                                                               | 2,228                |
|                                                                 | EQ/Lazard Emerging Mkts Eqty                                                                                      | 1,630                |
|                                                                 | EQ/Invesco Global                                                                                                 | 528                  |
|                                                                 | MFS Mass Investors Grwth Stock                                                                                    | 712                  |
|                                                                 | EQ/AB Dyn Moderate Growth                                                                                         | 353                  |
|                                                                 | EQ/Moderate Growth Strategy                                                                                       | 304                  |
|                                                                 | Templeton Global Bond VIP                                                                                         | 236                  |
|                                                                 | EQ/Core Bond Index                                                                                                | 240                  |
|                                                                 | EQ/Wellington Energy                                                                                              | 65                   |
|                                                                 | EQ/International Managed Vol                                                                                      | 39                   |
|                                                                 | EQ/PIMCO Ultra Short Bond                                                                                         | 4                    |
|                                                                 | Mutual funds                                                                                                      | 1,104,653            |
|                                                                 | Guaranteed Interest Account                                                                                       | 4,601,217            |
| Empower Retirement, LLC*                                        | State Street Target Retirement 2035                                                                               | 117,707              |
|                                                                 | State Street Target Retirement 2030                                                                               | 97,940               |
|                                                                 | State Street Target Retirement 2040                                                                               | 84,966               |
|                                                                 | State Street Target Retirement 2025                                                                               | 80,268               |
|                                                                 | State Street Target Retirement 2045                                                                               | 76,879               |
|                                                                 | State Street Target Retirement 2050                                                                               | 52,976               |
|                                                                 | State Street Target Retirement 2055                                                                               | 50,086               |
|                                                                 | State Street Target Retirement 2060                                                                               | 45,430               |
|                                                                 | State Street Target Retirement                                                                                    | 26,525               |
|                                                                 | Fidelity 500 Index                                                                                                | 13,153               |
|                                                                 | State Street Target Retirement 2020                                                                               | 12,179               |
|                                                                 | Ishares MSCI EAFE International Index                                                                             | 12,099               |
|                                                                 | Fidelity Mid Cap Growth Index                                                                                     | 9,235                |
|                                                                 | Fidelity Large Cap Growth Index                                                                                   | 8,850                |
|                                                                 | Fidelity US Bond Index                                                                                            | 5,809                |
|                                                                 | Fidelity Emerging Markets Index                                                                                   | 5,265                |
|                                                                 | Fidelity Mid Cap Index                                                                                            | 5,060                |
|                                                                 | AF American Mutual                                                                                                | 4,877                |

**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, 2023**

**EIN #57-6028253**

| <b>(a) Identity of Issue,<br/>Borrower, Lessor,<br/>or Similar Party</b> | <b>(c) Description of Investment Including<br/>Maturity Date, Rate of Interest, Collateral,<br/>Par, or Maturity Value</b> | <b>(e) Current<br/>Value</b> |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Empower Retirement, LLC*                                                 | Fidelity Small Cap Growth Index                                                                                            | \$ 3,730                     |
|                                                                          | Fidelity Small Cap Index                                                                                                   | 2,953                        |
|                                                                          | Fidelity Inflation Pro Bond Index                                                                                          | 2,285                        |
|                                                                          | Ishares Developed Real Estate Index                                                                                        | 1,824                        |
|                                                                          | Fidelity Real Estate Index                                                                                                 | 1,233                        |
|                                                                          | Fidelity Small Cap Value Index                                                                                             | 866                          |
|                                                                          | AF US Govt Securities                                                                                                      | 672                          |
|                                                                          | Fidelity Mid Cap Value Index                                                                                               | 595                          |
|                                                                          | Fidelity International Bond Index                                                                                          | 534                          |
|                                                                          |                                                                                                                            | <u>723,996</u>               |
|                                                                          | GWI Fixed Account - Series Class II                                                                                        | 380,692                      |
|                                                                          | Participant loans (rates from 4.25% - 6.50%)                                                                               | <u>91,955</u>                |
|                                                                          |                                                                                                                            | <u><u>\$ 6,902,513</u></u>   |

\* Indicates party-in-interest.