

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ABEL HR MULTI 401(K) AND SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>05/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>05/01/2002</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ABEL HR, INC.</u> <u>2 CORPORATE DRIVE</u> <u>CRANBURY, NJ 08512</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-3163382</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>609-860-0400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561490</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-3163382</u>	2c Plan Sponsor's telephone number <u>609-860-0400</u>	2d Business code (see instructions) <u>561490</u>	
2b Employer Identification Number (EIN) <u>22-3163382</u>					
2c Plan Sponsor's telephone number <u>609-860-0400</u>					
2d Business code (see instructions) <u>561490</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	JAMES W. BELL, SR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1245
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 1138 6a(2) 1089 6b 13 6c 126 6d 1228 6e 0 6f 1228 6g 671 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.	D Employer Identification Number (EIN) 22-3163382

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE CO.					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	MULTIPLE	691	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 83434	(b) Total amount of fees paid 15373

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 BENEXCHANGE FINANCIAL GROUP CO 1 WORLD TRADE FL 85 NEW YORK, NY 10007	

(b) Amount of sales and base commissions paid 78742	Fees and other commissions paid		(e) Organization code 4
	(c) Amount 0	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RNR SECURITIES LLC RNR SECURITIES LL	
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(b) Amount of sales and base commissions paid 2417	Fees and other commissions paid		(e) Organization code 5
	(c) Amount 0	(d) Purpose	

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

1ST GLOBAL CAPITAL CORPORATION

PO BOX 743248
DALLAS, TX 75374

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1978	0		4

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

ALLSTATE FINANCIAL SERVICES

2920 S 84TH ST
LINCOLN, NE 68506

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
297	0		4

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

THE RETIREMENT PLAN COMPANY LLC

PO BOX 1429
BRENTWOOD, TN 37024-1429

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	15358	TPA	4

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

PINNACLE FINANCIAL SRV INC

1177 HUPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	15	TPA	5

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	2739067
5 Current value of plan's interest under this contract in separate accounts at year end	5	32623645

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

b Balance at the end of the previous year.....	7b	2015272
c Additions: (1) Contributions deposited during the year	7c(1)	237847
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	40511
(4) Transferred from separate account.....	7c(4)	703495
(5) Other (specify below)	7c(5)	226849
▶ MISC		
(6) Total additions.....	7c(6)	1208702
d Total of balance and additions (add lines 7b and 7c(6))	7d	3223974
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	355307
(2) Administration charge made by carrier	7e(2)	2425
(3) Transferred to separate account.....	7e(3)	79911
(4) Other (specify below)	7e(4)	47264
▶ MISC		
(5) Total deductions.....	7e(5)	484907
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2739067

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.	D Employer Identification Number (EIN) 22-3163382

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	SERVICE PROVIDER	127259	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH

220 VESEY STREET
WORLD FINANCIAL CENTER
NEW YORK, NY 10281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT FEE	8623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HD VEST FINANCIAL SERVICES

455 BROADHOLLOW ROAD
MELVILLE, NY 11747

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT FEE	7848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ABEL HR MULTI 401(K) AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ABEL HR, INC.</u>	D Employer Identification Number (EIN) <u>22-3163382</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA US TARGETED VALUE I</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-402</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>414110</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAIRD CORE PLUS BOND INST</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-751</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>368387</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VG TARGET RET INC INV</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-753</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1766068</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDGOV ULTRASHORT DURATIO</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-402</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>480614</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD LIFESTRATEGY MODERATE GROW</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1616623</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP SSGA S&P 500 INDEX</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2281188</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GROWTH AND INCOME</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>598827</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY CONSERVATIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217353
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1068720
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP CLARION GLOBAL REAL ESTATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134175
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP BLCKRCK INFLATN PROTECTED BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299464
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 362706
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA INTERNATIONAL INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 320084
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356284
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX NON-LENDING S		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 857842
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 635558
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-731	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2613828

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2030**

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

c EIN-PN 35-0472300-732	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3699607
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2040**

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

c EIN-PN 35-0472300-733	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2869844
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2050**

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

c EIN-PN 35-0472300-734	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 861444
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2060**

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

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251641
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERFUNDS GROWTH AMERICA**

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

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1117976
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERFUNDS EUROPAC GROWTH**

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

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 587536
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GUARANTEED STABLE VALUE ACCT**

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

c EIN-PN 35-0472300-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2017316
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.	D Employer Identification Number (EIN) 22-3163382	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a Total noninterest-bearing cash	1a		1000	1000
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....	1b(1)		272054	238020
(2) Participant contributions.....	1b(2)		183055	236422
(3) Other.....	1b(3)		13584	26440
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		0	
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common.....	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property).....	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans.....	1c(8)		434797	548518
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)		23763833	32623645
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities.....	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)			
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		2015272	2739067
(15) Other.....	1c(15)		2139471	2647318

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	28823066 39060430
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	0 75202
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 75202
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28823066 38985228

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1274308
	(B) Participants	2a(1)(B)	3451578
	(C) Others (including rollovers)	2a(1)(C)	574943
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5300829
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	32128
	(F) Other	2b(1)(F)	6101
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	38229
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5559316
(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)		
c Other income	2c		353221
d Total income. Add all income amounts in column (b) and enter total	2d		11251595

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2445383	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	21013	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2466396
f Corrective distributions (see instructions)	2f		27926
g Certain deemed distributions of participant loans (see instructions)	2g		73664
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	29554	
(2) Contract administrator fees	2i(2)	115710	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		145264
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2713250

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8538345
l Transfers of assets:			
(1) To this plan	2l(1)		3658958
(2) From this plan	2l(2)		2035141

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **WISS & COMPANY, LLP**

(2) EIN: **22-1732349**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
4e	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SONETRONICS INC 401(K) PLAN	21-0730035	333
CREATIVE LEARNING CENTER 401(K) PLAN	22-3144475	001
MOISHE HOUSE 401(K) PLAN	26-2599789	001
NETX INFORMATION SYSTEMS, INC 401(K) PLAN	22-3498812	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>ABEL HR MULTI 401(K) AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABEL HR, INC.</u>	D Employer Identification Number (EIN) <u>22-3163382</u>	

Part I	Distributions
All references to distributions relate only to payments of benefits during the plan year.	
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1 <u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-1140070</u> <u>20-0937408</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



**ABEL HR MULTI 401(k) AND
SAVINGS PLAN**

**FINANCIAL REPORT
DECEMBER 31, 2019**



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Abel HR Multi 401(k) and Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Abel HR Multi 401(k) and Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Lincoln National Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

WISS & COMPANY, LLP

Other Matter

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

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Wiss & Company".

WISS & COMPANY, LLP

Florham Park, New Jersey
October 15, 2020

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31,	
	2019	2018
Investments, at fair value:		
Money market fund	\$ 1,000	\$ 1,000
Pooled separate accounts	32,623,645	23,763,833
Self directed brokerage accounts	2,647,318	2,139,472
	35,271,963	25,904,305
Investment at contract value -		
Group annuity contract with insurance company	2,739,067	2,015,272
Receivables:		
Notes receivable from participants	548,518	434,797
Employer	264,460	285,637
Participants	236,422	183,055
	1,049,400	903,489
 Total Assets	 39,060,430	 28,823,066
LIABILITIES		
Excess contributions payable	75,202	-
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ 38,985,228	 \$ 28,823,066

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2019

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income -

Net appreciation in fair value of investments \$ 5,784,879

Interest income on participant loans 32,128

Contributions:

Participants \$ 3,451,578

Employer 1,274,308

Rollovers 574,943

5,300,829

Total Additions 11,117,836

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants 2,388,514

Deemed distributions 45,713

Administrative expenses 145,264

Total Deductions 2,579,491

NET INCREASE 8,538,345

Add: Transfers to the Plan 3,658,958

Less: Transfers out of the Plan 2,035,141

Net transfers to the Plan 1,623,817

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 28,823,066

End of year \$ 38,985,228

See accompanying notes to financial statements.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan:

The following description of Abel HR Multi 401(k) and Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General - The Plan is a defined contribution multiple employer plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees of Abel HR, Inc. (the “Company” and “Plan Administrator”) and all employer organizations are eligible to participate in their respective plan based on the particular company’s requirements listed in that company’s respective plan agreement. Employees may be eligible to participate immediately or up to the first day of the month following completion of one year of service in which at least 1,000 hours of work was completed and the attainment of up to 21 years of age. Employees must not be represented for collective bargaining purposes by any bargaining unit.

Plan Administration - Certain Plan investments are units of pooled separate accounts managed by Lincoln National Life Insurance Company, (“Custodian”), who is responsible for the recordkeeping and holding of certain Plan investment assets and executing investment transactions.

Contributions - Eligible participants may elect to contribute from 1% to 75% of their compensation to the Plan, subject to the Internal Revenue Code (IRC) limitations for 401(k) plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participating employer organizations have elected to make either a safe harbor matching contribution to the Plan, a discretionary contribution, or a match of the employee’s salary deferral.

Vesting - Participants are vested immediately in their respective contributions plus actual earnings thereon. Vesting in their portion of the Company’s contribution (plus earnings thereon) is based on years of continuous service except for safe harbor elections made by certain employer organizations in which all employer matching contributions are 100% vested. A participant is generally 100% vested after 5 years of credited service (depending on the participating employer organization), which is as follows:

<u>Years of Services</u>	<u>Vested Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Participant Accounts - Individual accounts are maintained for each Plan participant. Each participant’s account is credited with the participant’s contribution, an allocation of the Company’s contribution and Plan earnings, and is charged with the participant’s withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested amount.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Payment of Benefits - Upon termination of service due to death, disability or retirement, a participant (or their beneficiary) may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum, or in annual installments over a ten year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. If death occurs prior to retirement, the participant's account is paid to the designated beneficiary.

Self-Directed Brokerage Account - Effective June 1, 2009 the Plan was amended to allow consenting participants, of electing employer organizations, to direct the investment of their individual account.

Forfeitures - Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures are used to reduce the Company's discretionary contributions to the Plan or administrative expenses for the year. Forfeitures that occurred were \$26,328 for 2019. Forfeitures totaling \$68,349 were used to reduce Plan expenses and forfeitures totaling \$14,720 were used to reduce the Company's discretionary contribution to the Plan in 2019. During 2019, \$1,880 was transferred out when one employer organization left the Plan and \$20,944 of forfeitures were transferred in from an employer organization entering the Plan. There were \$901 and \$50,700 of unapplied forfeitures at December 31, 2019 and 2018, respectively.

Employer Organization Transfers To or Out of the Plan - When employer organizations join or leave the Plan their respective participant accounts are reported as transfers into or out of the Plan on the Statement of Changes in Net Assets Available for Benefits.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Group annuity contracts held by defined benefit contribution plans are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Fees related to the record keeping, administration of notes receivable from participants, withdrawals and investment advisory services are charged directly to the participant's account and are included in expenses. Investment related expenses are included in net appreciation of fair value of investments.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions in net assets available for benefits during the reporting period. Actual results, as determined at a later date, could differ from those estimates.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Investment Valuation and Income Recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Contributions - Participant contributions are made through voluntary payroll deductions elected by each participant.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are reclassified as deemed distributions based upon the terms of the Plan document.

Benefit Payments - Benefits are recorded when paid.

Hardship Withdrawals - The Plan provides for hardship withdrawals from participants' vested balances, not to exceed an amount required to meet an immediate need created by hardship, and then only to the extent that such immediate need cannot be satisfied by other sources reasonably available to the participant. Permissible circumstances for hardship withdrawals include medical expenses, purchase of a home, tuition payments, amounts necessary to prevent eviction from the participants' personal residence, payment for burial or funeral expenses, and such other circumstances as the Plan Administrator may determine in accordance with Internal Revenue Service ("IRS") rules and regulations. An employee's contributions to the Plan will be suspended for six months following a hardship withdrawal.

Effective January 1, 2020, the Plan adopted changes contained in the Bipartisan Budget Act of 2018 regarding hardship distributions. These changes include the removal of the required six month suspension of employee contribution deferrals, removal of the requirement for the participant to exhaust all options before applying for a hardship, and the inclusion of earnings as an available source for the participant to borrow from.

Excess Contributions Payable - For the years ended December 31, 2019, the Plan did not meet the requirements for the non-discrimination test and various participants have contributed in excess of established IRC limitations. As a result excess contributions of \$75,202 is recorded as a liability in the accompanying statements of net assets available for benefits as a reduction of participant-directed contributions for the year ending 2019. There are no excess contributions payable at December 31, 2018. The excess contributions are to be reimbursed after each year-end.

Subsequent Events - The Plan Administrator has evaluated subsequent events October 15, 2020, the date the financial statements were available to be issued. The effect of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

The full impact of the COVID-19 outbreak continues to evolve as of the date the financial statements were available to be issued. This pandemic has adversely affected global economic activity and greatly contributed to deterioration and instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of potential losses that will be recognized in subsequent periods, if any, cannot be determined at this time.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Note 3 - Information Certified by the Custodian:

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Custodian has certified that the following information included in the financial statements and supplemental schedule is complete and accurate:

- a) Investments, as shown in the statements of net assets available for benefits as of December 31, 2019 and 2018, excluding self-directed investments of \$2,647,318 and \$2,139,472 at December 31, 2019 and 2018, respectively.
- b) Investment income, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2019, excluding \$343,753 of net investment gains from self-directed accounts.
- c) Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019.

The Plan's independent auditors' did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4 - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements", establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The carrying amounts of contributions receivable and notes receivable from participants included in the accompanying Statements of Net Assets Available for Benefits approximated fair value at December 31, 2019 and 2018 and are not presented in the following tables. The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

- Level 2 - Inputs to the valuation methodology include:
 - o Quoted prices for similar assets or liabilities in active markets;
 - o Quoted prices for identical or similar assets or liabilities in inactive markets;
 - o Inputs other than quoted prices that are observable for the asset or liability;
 - o Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- *Pooled separate accounts*: Valued at their "accumulation unit value" (AUV). The separate account is valued daily as the number of accumulation units held multiplied by the AUV.
- *Self-directed brokerage accounts*: Valued at the closing price reported on the active market in which the various investments are traded.
- *Money market fund*: Valued at transaction price. Carrying value approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018:

	<i>Investments at Fair Value as of December 31, 2019</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Money market fund	\$ 1,000	\$ -	\$ -	\$ 1,000
Self directed brokerage accounts	2,647,318	-	-	2,647,318
Total investments in fair value hierarchy	2,648,318	-	-	2,648,318
Pooled separate accounts (a)	-	-	-	32,623,645
Total investments at fair value	<u>\$ 2,648,318</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 35,271,963</u>

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Investments at Fair Value as of December 31, 2018

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Money market fund	\$ 1,000	\$ -	\$ -	\$ 1,000
Self directed brokerage accounts	2,139,472	-	-	2,139,472
Total investments in fair value hierarchy	2,140,472	-	-	2,140,472
Pooled separate accounts (a)	-	-	-	23,763,833
Total investments at fair value	\$ 2,140,472	\$ -	\$ -	\$ 25,904,305

- (a) In accordance with Subtopic 820-10, certain investments that were measured at either net asset value per share (or its equivalent such as accumulated unit value) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Transfers in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2019, there were no significant transfers in or out of levels 1, 2, or 3.

Note 5 - Pooled Separate Accounts with Insurance Company:

The Plan has entered into pooled investment contracts with the Custodian at December 31, 2019 and December 31, 2018. The Custodian maintains the contributions in a pooled account. The pooled account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses assessed by the Custodian.

Note 6 - Group Annuity Contract with Insurance Company:

The Plan investments in a fully benefit-responsive group annuity contract with the Custodian during 2019 and 2018. in Group Annuity Contracts. This account seeks to avoid investment risk by obtaining a fixed interest rate guaranteed by the insurance companies.

The insurance company declares and guarantees an interest rate for each new contribution or premium. Upon renewal, they will declare a new interest rate for that contribution or premium (and its accumulated earnings). The Group Annuity Contract is guaranteed by the insurance companies and is backed by the full faith and credit of their general accounts.

As described in Note 2, because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract. Contract value, as reported to the Plan by the Custodian, represent contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Under the fixed annuity option, the insurance companies guarantee a specified periodic payment to annuitants. There are no reserves against fair value for credit risk of the contract issuer or otherwise. There is no specific formula used to determine the crediting interest rate and the rate is not tied to the performance of the set of underlying assets. The Group Annuity Contracts promises contract value for a benefit event (termination, death, disability and retirement); however, there is a possible market adjustment when funds are withdrawn prior to their maturity. The Group Annuity Contracts interest rate closely tracks current rates and are declared before each quarter. The average yield and crediting interest rates for 2019 and 2018 were 2.68% and 2.67%, respectively.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the Trust to be tax-exempt under Section 501(a) of the IRC.
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

In addition, certain events that allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 7 - Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to amend or terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants' contributions remain fully vested and Company contributions become fully vested. Under no circumstances may the Company take ownership of any of the Plan's assets as a result of such termination.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8 - Notes Receivable from Participants:

Participants may obtain loans from the Plan at a minimum of \$1,000 up to a maximum of 50% of their vested account balance or \$50,000, whichever is less. Loans are collateralized by the participant's account balance and bear interest at the rate of 4.25% - 6.50%. Loans are generally payable through payroll deductions within 5 years, and only one loan per participant may be outstanding in a twelve month period.

Note 9 - Tax Status:

The IRS has determined and informed the Company by a letter dated December 10, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statement.

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

Note 10 - Risks and Uncertainties and Concentration of Risk:

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the financial statements.

The Plan may have investments in funds with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by sub-prime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The Plan's investment in two funds comprise approximately 26% and 24% of total investments for 2019 and 2018, respectively. In addition, there was one investment that compromised approximately 17% of the self-directed brokerage account in 2019 and 2018, respectively.

Note 11 - Party-in-Interest:

Certain Plan investments are managed by the Custodian of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. The Retirement Plan Company, LLC serves as the Plan's record keeper and Merrill Lynch, Pierce, Fenner and Smith provides investment consulting services. Total administrative expenses paid to the Custodian, record keeper and investment advisor totaled \$145,264 in 2019.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2019

EIN 22-3163382

PLAN NUMBER: 333

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description	(e) Fair Value
	Pooled Separate Accounts:		
*	Lincoln	AmerFunds EuroPac Growth SA1I	\$ 806,923
*	Lincoln	AmerFunds Growth AmericaSA1K	1,857,025
*	Lincoln	Baird Core Plus Bond Inst SADZ	460,793
*	Lincoln	DFA U.S. Targeted Value I SA4H	561,549
*	Lincoln	Fed Gov Ultrashort Dur SA14	564,969
*	Lincoln	Invesco Growth & Income SA28	859,609
*	Lincoln	Invesco Opp Dev Markets Fnd SA94	490,845
*	Lincoln	LVIPBkRk Infltn Protected SA92	274,151
*	Lincoln	LVIP Clarion Gbl Real Est SA55	275,901
*	Lincoln	LVIP SSgA Bond Index SAL6	452,445
*	Lincoln	LVIP SSgA International Index SAL5	273,856
*	Lincoln	LVIP SSgA S&P 500 Index SA27	2,640,074
*	Lincoln	SSgA Russ SC Gr lx Non-Ln SALC	1,046,337
*	Lincoln	SSgA S&P MidCp Idx Non-Ln SALA	1,007,113
*	Lincoln	Vanguard Target Ret 2020 SAV2	3,569,145
*	Lincoln	Vanguard Target Ret 2030 SAV3	5,534,307
*	Lincoln	Vanguard Target Ret 2040 SAV4	4,203,439
*	Lincoln	Vanguard Target Ret 2050 SAV5	1,371,939
*	Lincoln	Vanguard Target Ret 2060 SAEF	344,967
*	Lincoln	Vanguard Target Ret Inc Inv SAEG	2,734,104
*	Lincoln	VG Life Strategy Cons Grw SA30	163,770
*	Lincoln	VG Life Strategy Mod Grw SA21	959,691
*	Lincoln	VG Life Strategy Growth SA32	2,170,692
			<u>32,623,645</u>
	Group Annuity Contract -		
*	Lincoln	Guaranteed Account	2,739,067
	Self Directed Brokerage Accounts -		
	Various	Various	2,647,318
	Money Market Fund -		
	PNC Bank	Money Market Fund	1,000
	Notes receivable from participants		
		Interest rates between 4.25% - 6.50%	<u>548,518</u>
			<u>\$ 38,559,548</u>

* Indicates party-in-interest

See independent auditors' report.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

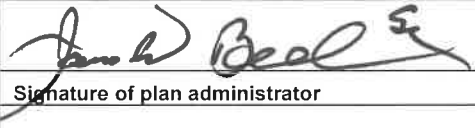
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here: ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan ABEL HR MULTI 401(K) AND SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 333
	1c Effective date of plan 05/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ABEL HR, INC. 2 CORPORATE DRIVE CRANBURY NJ 08512	2b Employer Identification Number (EIN) 22-3163382
	2c Plan Sponsor's telephone number (609) 860-0400
	2d Business code (see instructions) 561490

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		<u>10/15/2020</u>	JAMES W. BELL, SR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

ABEL HR MULTI 401(k) AND SAVINGS PLAN

SUPPLEMENTAL INFORMATION

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*	Lincoln	Vanguard Target Ret 2060 SAEF	344,967
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			<u>\$ 38,559,548</u>

* Indicates party-in-interest

See independent auditors' report.

MULTIPLE PARTICIPATING EMPLOYER INFORMATION
PLAN NAME: ABEL HR MULTI 401(K) AND SAVINGS PLAN

EMPLOYER NAME	EIN	CONTRIBUTIONS	% OF TOTAL CONTRIBUTIONS
APPLIANCE BROKERS LIMITED, INC	223274633	\$ 101,463.91	2.15%
1ST AVE MACHINE USA, INC.	50573098	\$ 185,972.07	3.93%
36TH STREET CAPITAL	475444192	\$ 99,796.24	2.11%
ABEL HR, INC.	223163382	\$ 124,556.69	2.63%
DRAIS PHARMACEUTICALS, INC 401K PLAN	261326175	\$ 135,686.34	2.87%
AERIAL DESIGN AND BUILD SERVICES, INC.	454139465	\$ 195,521.09	4.13%
ANCHOR MG MANAGEMENT CONSULTANTS, INC	273820533	\$ 156,818.00	3.32%
ANTHRACITE LEASING CO, INC.	223458404	\$ 53,650.54	1.13%
APPLIED CONSULTING INSURANCE AGENCY	003706803	\$ 3,432.00	0.07%
ATLANTIC STATE ADVISORS	832122278	\$ 18,059.84	0.38%
BERN RIPKA, LLP	474187898	\$ 47,854.22	1.01%
BUTLER SIGN CO.	222253977	\$ 68,675.81	1.45%
California Nevada Cement Association Plan	680223361	\$ 15,460.02	0.33%
CENTURY DENTAL GROUP, LLC.	510433857	\$ 72,983.72	1.54%
CLJ ENTERPRISES, INC.	223274150	\$ 737.17	0.02%
COLUMBUS PARK BEHAVIORAL HEALTH LCSW, LLC	452160215	\$ 24,786.37	0.52%
Construction Technology Corp.	223207027	\$ 34,772.97	0.74%
CROWN ENGINEERING CORP.	210632818	\$ 71,072.37	1.50%
DA COMPANIES, L.P.	813930196	\$ 102,089.73	2.16%
DANIELLE DIE CUT PRODUCTS	222970313	\$ 12,377.42	0.26%
DONALD J. ROMAN, DMD PA	223049848	\$ 24,010.28	0.51%
EDDY GINDI DMD, P.C.	113614215	\$ 33,817.12	0.72%
ENTERTAINMENT SERVICES AND TECHNOLOGY ASSOC	223163382	\$ 41,191.59	0.87%
FIRST PRIORITY EMERGENCY VEHICLES INC. 401K PLAN	223582913	\$ 134,462.07	2.84%
GENTRUST WEALTH MANAGEMENT, LLC	452508616	\$ 173,144.42	3.66%
Goodman Mason Inc.	384052677	\$ 1,922.11	0.04%
HI-TECH HEALTH, INC.	223129888	\$ 174,274.53	3.68%
KAY'S TRANSPORT, INC.	222323582	\$ 5,106.00	0.11%
KLS Legal Solutions, LLC	822057464	\$ 16,469.73	0.35%
KNOX SECURITY SERVICE, INC.	222475381	\$ 13,159.51	0.28%
KONDLER & ASSOCIATES, PC	223333590	\$ 27,531.76	0.58%
LAI International, LLC	842373059	\$ 10,713.01	0.23%
LOBELLO ARTS CORPORATION DBA FASTSIGNS	462680738	\$ 8,663.20	0.18%
MCC RECYCLING SERVICES, LLC.	203601994	\$ 4,160.00	0.09%
MILL POND ASSOCIATES, LLC.	223809797	\$ 6,828.90	0.14%
MOISHE HOUSE	262599789	\$ 189,378.52	4.00%
MURDOCK SOLON ARCHITECTS	272446247	\$ 52,926.86	1.12%
NETX INFORMATION SYSTEMS, INC.	223498812	\$ 53,074.85	1.12%
Owens Logistics Group LLC	274511350	\$ 85,826.61	1.81%
Owens Truckmen Inc	949463388	\$ 226,324.38	4.79%

MULTIPLE PARTICIPATING EMPLOYER INFORMATION
PLAN NAME: ABEL HR MULTI 401(K) AND SAVINGS PLAN

EMPLOYER NAME	EIN	CONTRIBUTIONS	% OF TOTAL CONTRIBUTIONS
PRIDE BUILDERS, LLC.	134041805	\$ 14,477.66	0.31%
RE/MAX FIRST REALTY	223185041	\$ 760.00	0.02%
RICK'S SADDLE SHOP, INC.	222677100	\$ 49,361.51	1.04%
RIPKA & ASSOCIATES, LLP	261793808	\$ 13,812.61	0.29%
SOHO MEDICAL DOCTORS PLLC	453135227	\$ 114,965.08	2.43%
SPECIAL GUEST, INC.	474156201	\$ 34,808.84	0.74%
TEK EXPRESS, INC.	113549186	\$ 100,354.59	2.12%
THE BIG WORD, INC.	000091811	\$ 285,772.24	6.04%
THE HUNGRY PUPPY CORPORATION	223403566	\$ 82,306.09	1.74%
THE RACQUET AND TENNIS CLUB, INC.	131194010	\$ 599,719.25	12.68%
TIMOTHY'S CENTER FOR GARDENING	223762382	\$ 40,404.56	0.85%
TOLI ADVISORY SERVICES, LLC.	223956183	\$ 10,260.00	0.22%
VANTAGE CONSULTING GROUP, INC.	223275499	\$ 111,006.94	2.35%
VERDE CAPITAL CORP	472023805	\$ 93,175.58	1.97%
WEST END EXPRESS COMPANY, INC.	000003771	\$ 277,546.73	5.87%
ZITO PARTNERS	273864403	\$ 11,607.75	0.25%
ZNEIMER & ZNEIMER PC	261323592	\$ 80,226.70	1.70%