

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2013
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) TRION SOLUTIONS, INC. 340 E. BIG BEAVER RD., SUITE 160 TROY, MI 48083
2b	Employer Identification Number (EIN) 46-1334892
2c	Plan Sponsor's telephone number 248-498-8400
2d	Business code (see instructions) 812990

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.	10/15/2024	DAVID STONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 13772
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 13772 6a(2) 5933 6b 0 6c 0 6d 5933 6e 0 6f 5933 6g(1) 3723 6g(2) 3883 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2J 2K 3D 2F 2G 2A

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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	001
TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
TRION SOLUTIONS, INC.	46-1334892	

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
NATIONWIDE LIFE INSURANCE COMPANY

(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
31-4156830	66869	442-80146	3883	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
17142	0

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
AMERIPRISE FINANCIAL SERVICES
50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17142			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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 ▶

b	Balance at the end of the previous year	7b	3489024
c	Additions: (1) Contributions deposited during the year	7c(1)	541561
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	60037
	(4) Transferred from separate account.....	7c(4)	276307
	(5) Other (specify below)	7c(5)	487097
	▶ LOAN REPAYMENT, REALLOCATED TRANSFER IN, TRANSFER FROM INSIDE AND OUTSIDE NW - PRINCIPAL		
	(6) Total additions	7c(6)	1365002
d	Total of balance and additions (add lines 7b and 7c(6))	7d	4854026
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	413518
	(2) Administration charge made by carrier	7e(2)	25828
	(3) Transferred to separate account.....	7e(3)	50036
	(4) Other (specify below)	7e(4)	705835
	▶ FORFEITURE, LOAN WITHDRAWAL, MARKET VALUE ADJ, PLAN LEVEL WITHDRAWAL, TRANSFER TO FUNDING SUCCESSOR		
	(5) Total deductions	7e(5)	1195217
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3658809

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	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
		2023
		This Form is Open to Public Inspection.

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

A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

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

(b)

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

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

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)

NATIONWIDE LIFE INSURANCE COMPANY

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4056830

(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?
26	INVESTMENT ADVISORY	533190	Yes ☒ No ☐	Yes ☐ No ☒	55571	Yes ☐ No ☒

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

AMERIPRISE

50082 AMERIPRISE FINANCIAL SERVICES
MINNEAPOLIS, MN 55474

(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?
26	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	225988	Yes ☐ No ☒

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

PPA/TPA VICKI ROSE

888 WEST BIG BEAVER RD, STE 1000
TROY, MI 48084

(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?
26	INVESTMENT ADVISORY	121032	Yes ☒ No ☐	Yes ☐ No ☒	18000	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)

FENINTER MELS TROM AND DOOLING PLC

355 S OLD WOODWARD SUITE 200
BIRMINGHAM, MI 48009

(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?
26	INVESTMENT ADVISORY	52955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEX CORE - PASSIVE THROUGH TARGET

5440 W 110TH ST
SHAWNEE MISSION, KS 66211

26-2409128

(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?
26	INVESTMENT ADVISORY	27302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERITRADE

4211 S. 102ND ST
OMAHA, NE 68127

(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?
26	INVESTMENT ADVISORY	16	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
NATIONWIDE LIFE INSURANCE COMPANY	26	55571
(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.	
NATIONWIDE LIFE INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 31-4056830	NO SOURCE TO REPORT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERIPRISE	26	225988
(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.	
AMERIPRISE 50082 AMERIPRISE FINANCIAL SERVICES MINNEAPOLIS, MN 55474	NO SOURCE TO REPORT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PPA/TPA VICKI ROSE	26	18000
(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.	
PPA/TPA VICKI ROSE 888 WEST BIG BEAVER RD, STE 1000 TROY, MI 48084	NO SOURCE TO REPORT	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	365362	585105
(2) Participant contributions	1b(2)	140236	177224
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	4235
(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)	1217958	1142936
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39431611	47381482
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3489024	3658809
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	44644191	52949791
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	88732	91772
k Total liabilities (add all amounts in lines 1g through 1j)	1k	88732	91772
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	44555459	52858019

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2900188	
(B) Participants	2a(1)(B)	6082695	
(C) Others (including rollovers)	2a(1)(C)	988166	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9971049
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	60772	
(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)	61593	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		122365
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6448447
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16541861

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8194688	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8194688
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	733716	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		733716
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8928404

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7613457
l Transfers of assets:			
(1) To this plan	2l(1)		9297722
(2) From this plan	2l(2)		8608619

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FENNER, MELSTROM, & DOOLING, PLC**

(2) EIN: **38-1402622**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

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)
PREFERRED PACKAGING SOLUTIONS	20-1624297	002
CCS SERVICES PLLC DBA SILVER TAX GROUP	45-4026790	001
CONTEYOR US INC	47-1360531	001
QMI GROUP	34-1707723	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.		D Employer Identification Number (EIN) 46-1334892
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☒ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03 / 31 / 2014</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J395410A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF TRION SOLUTIONS, INC.	D Administrator's EIN 46-1334892	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 360 FIRE & FLOOD	2b EIN 83-3113950	2c Percentage of Total Contributions for the Plan Year 3.04	2d Aggregate Account Balances Attributable to Participating Employer 793790
2a Name of Participating Employer GEORGE OLIVER DESIGN	2b EIN 83-1589245	2c Percentage of Total Contributions for the Plan Year 1.59	2d Aggregate Account Balances Attributable to Participating Employer 9912

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☐ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SR PARTNERS DBA NATIONAL TECHNOLOGY MANAGEMENT	20-9371359	1.14	947837
FOREVER CARE HOMES	45-4508451	0.15	49298
C&T MGMT SVCS LLC DBA H&R BLOCK OF KINGSLEY	26-2950773	1.64	854319
TRION SOLUTIONS INC	46-1334892	0.00	8940355
EDTEC CENTRAL, LLC	38-3551348	2.48	1193338
PROSPERA HEALTHCARE ABA, LLC	86-3669420	0.79	486665
OLIVER LAW GROUP P.C.	45-4680958	0.72	98774
ARSENAL POWERSPORTS	84-2798977	0.05	33115
BRINES REFRIGERATION	38-3026193	0.00	588908

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL ABOARD DAYCARE, INC.	65-0372459	0.12	158942
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICA GROUP WEALTH MANAGEMENT	26-2709327	1.27	152996
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTO KONNECT	26-0385325	1.12	1093083
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EPIC PERSONNEL PARTNERS, LLC	46-3456667	0.00	2076
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FEATHERSTONE MOMENTS, LLC	47-4875901	0.04	3216
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILIES AGAINST NARCOTICS, INC.	26-2302028	2.37	1863177
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENERAL CHEMICAL	38-2320423	0.87	147885
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONTEYOR US INC	47-1360531	2.05	237974
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOWERS HARBOR VINEYARDS	38-3012338	0.94	247300

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STICKLEME, LLC DBA STICKER GENIUS	27-0859226	0.99	267339
SILVA PROPERTY MANAGEMENT	47-3317528	0.17	179914
SILVER LINING HERBS	74-3088718	0.08	119
TOTAL LAB SOLUTIONS	88-2220829	1.63	33068
CARSWELL LANDSCAPING	65-0123493	0.77	283256
SEG AUTOMOTIVE NORTH AMERICA, LLC	38-3992949	3.05	1983981
BLOOMFIELD MASSAGE LUXE	86-2820469	0.09	1106195
SHELBY 3, LLC	87-3649204	0.00	7034
WEST BLOOMFIELD 4, LLC	46-2792843	0.00	0

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L & J ENTERPRISE-EAST WAYNE LLC	82-1827141	0.92	74602
2a Name of Participating Employer TWO MEN AND A TRUCK	38-3139381	0.00	766004
2a Name of Participating Employer 3D INDUSTRIES DBA CERTAPRO OF SOUTH DENVER	26-1614911	0.00	33115
2a Name of Participating Employer MT. CLEMENS HOUSING COMMISSION	45-5272001	0.93	571519
2a Name of Participating Employer ATM UP	20-8764246	0.00	0
2a Name of Participating Employer RANDALL RESIDENCE, LLC	38-3507570	10.18	5003259
2a Name of Participating Employer EDSON FARMS NATURAL FOODS	26-0671099	0.87	219217
2a Name of Participating Employer NORTHERN CAPITAL INSURANCE AGENCY SERVICES, LLC (NCIAS)	26-2577134	1.83	237355
2a Name of Participating Employer 544 STUDIO, LLC (FKA BANKER BRISEBOIS)	83-3338293	0.25	107705

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NORTHERN MICHIGAN GLASS LLC	38-3576327	1.83	1335760
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DATA TECH CAFE, INC.	36-4695240	0.68	123534
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREAT LAKES CENTER FOR PLASTIC SURGERY	92-2595122	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
F.I.T. FINANCIAL, INC.	84-2575254	0.73	13829
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXECUTIVE COUNCIL CHARITIES	27-3923417	0.20	263979
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANDMARK ELECTRICAL INC	83-1948134	0.72	255354
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEADOW WOODS NURSING & REHABILITATION	83-0500169	15.74	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BINGHAM FARMS	88-2342891	0.00	366726
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEAM TRANSFORMATION SOLUTIONS, LLC (MISSION POINT)	87-4788658	0.00	532740

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BLOOMINGDALE CARE OPERATING COMPANY (MISSION POINT)	83-0500169	0.00	833573
MISSION POINT HEALTH CAMPUS OF JACKSON	26-1987917	0.00	8236
MISSION POINT OF BELDING, LLC	84-3210195	0.00	161149
MISSION POINT OF BIG RAPIDS	84-3254269	0.00	147433
MISSION POINT OF CEDAR SPRINGS	84-3244203	0.00	65546
MISSION POINT OF DETROIT	46-4529542	0.00	68511
MISSION POINT OF FOREST HILLS, LLC	84-3269861	0.00	92404
MISSION POINT OF GRANDVILLE	87-2204276	0.00	59620
MISSION POINT OF GREENVILLE	84-3229860	0.00	135311

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MISSION POINT OF HANCOCK	85-1096909	0.00	991
MISSION POINT OF HOLLY	46-2363985	0.00	106652
MISSION POINT OF LAMONT	84-3284393	0.00	29730
MISSION POINT OF LAS VEGAS	88-3200525	0.00	10124
MISSION POINT OF ROSCOMMON	85-1050113	0.00	19991
MISSION POINT OF ALLEGAN	27-1008139	0.00	502820
MISSION POINT OF ISHPEMING	85-1145190	0.00	0
MISSION POINT OF WOODWARD	82-1809375	0.00	17081
MISSION POINT OF ELMWOOD	82-1803578	0.00	6193

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MISSION POINT OF CRANBROOK	82-1803333	0.00	0
WHITE OAKS RETIREMENT RESIDENCE	38-2631172	0.00	450785
VILLA AT THE LAKE	26-3033584	0.00	565819
SERENITY VALLEY	46-4932127	0.00	71222
PACIFICA (FKA CG7)	84-3287166	2.23	335828
PACIFICA ANAHEIM	47-4720531	0.00	39142
PSLM PAYROLL HILLSBOROUGH	84-3287166	0.00	26069
PACIFICA NEWPORT MESA LLC	46-3587176	0.00	4469
PACIFICA SAN LEANDRO LP	26-1752920	0.00	0

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PACIFICA DALY 2 LP	87-2982759	0.00	0
PACIFICA DALY CITY	47-1203763	0.00	21946
PACIFICA SL SUNRISE LLC	83-3561475	0.00	62204
PACIFICA SUN CITY GARDENS	26-0226328	0.00	4769
PACIFICA SL HEMET LLC	81-1312543	0.00	6811
PACIFICA SHERMAN LLC	46-2816630	0.00	977
PACIFICA SENIOR LIVING OCALA L	46-4633350	0.00	110
PACIFICA SL LANTANA LLC	84-3794787	0.00	912
PSLM PAYROLL MENIFEE	84-3287166	0.00	0

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PACIFICA BELLEAIR LLC	81-4759772	0.00	0
PACIFICA BG MABRY	86-2806455	0.00	8573
PACIFICA BAKERSFIELD LP	26-1533880	0.00	6959
PACIFICA CALAROGA TERRACE LLC	81-4246240	0.00	10548
PACIFICA CHESAPEAKE LLC	85-4103481	0.00	0
PACIFICA CHINO HILLS LP	27-2852125	0.00	11037
PACIFICA FORT MYERS LLC	81-4294976	0.00	2561
PACIFICA HERITAGE CIRCLE LLC	81-4053720	0.00	23826
PACIFICA MILLCREEK LLC	81-4632527	0.00	2785

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PACIFICA OAKLAND LLC	46-3847979	0.00	24755
PACIFICA PARADISE VALLEY LLC	81-4260907	0.00	7785
PACIFICA PINEHURST LLC	46-2830769	0.00	2991
PACIFICA RIVERSIDE SL LP	81-4673092	0.00	29743
PACIFICA ROSEMONT LLC	46-1407896	0.00	12582
PACIFICA SENIOR LIVING MILTON	46-4365768	0.00	2997
PACIFICA SENIOR LIVING VACAVIL	47-3845462	0.00	221
PACIFICA SKYLYN LLC	81-4041797	0.00	2097
PACIFICA SL ELLENSBURG LLC	81-1328928	0.00	2431

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PACIFICA SL KLAMATH FALLS LLC	81-1427036	0.00	8
PACIFICA SL LYNNWOOD LLC	81-1386123	0.00	0
PACIFICA SL MCMINNVILLE LLC	81-1485492	0.00	1193
PACIFICA SL PALM SPRINGS LLC	82-5212374	0.00	2511
PACIFICA SL PEORIA LLC	46-4333425	0.00	16593
PACIFICA SL SCOTTSDALE LLC	82-3038714	0.00	58089
PACIFICA SL SNOHOMISH LLC	81-1622717	0.00	32786
PACIFICA SLO LLC	83-4273315	0.00	31336
PACIFICA SPRING VALLEY LLC	47-3437289	0.00	14642

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PACIFICA ST ANDREWS LLC	46-4514445	0.00	10789
PACIFICA STERLING LLC	85-4103481	0.00	7176
PACIFICA SUN CITY LP	26-0226328	0.00	13938
PACIFICA SYLVAN PARK LLC	81-3744661	0.00	214
PACIFICA TUCSON LLC	81-4286212	0.00	0
PACIFICA UNION CITY LLC	46-3826351	0.00	18314
PACIFICA VICTORIA LP	26-2898867	0.00	32387
PACIFICA WALTON BEACH LLC	46-3839699	0.00	5591
PACIFICA WOODMONT LLC	81-4319718	0.00	854

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PSLM PAYROLL FRESNO	84-3287166	0.00	0
JP LEASING LLC	38-3145039	0.42	800289
2SP SPORTS PERFORMANCE FKA STRICTLY 2SP, LLC	27-0793290	0.24	24596
SAFETY BUS SERVICES INC	22-2854034	0.55	55625
STAFFWORKS GROUP	46-1541910	2.83	314956
ACCELERATED CONSTRUCTION TEAMS	56-1971982	0.00	259185
ADVANCED ENTERTAINMENT CENTER	52-2069529	0.39	399148
ADVANTAGE LENDING CORP.	26-0590018	0.02	146046
A-OK COOLING & HEATING, CORP	38-1735333	0.06	248472

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ATRIA VASULAR AND VEIN PLLC	84-3688992	0.30	46099
AWS BUILDING & EQUIPMENT	20-4445379	0.13	12810
BEYOND THE GREEN LLC	82-4734122	0.23	7398
BLARNEY STONE BROADCASTING	81-1684118	0.00	9945
BOYER, ST. PIERCE & AULL, PLLC	27-5142300	0.20	46954
CLINTON CREEK, INC.	81-4354027	0.00	0
CONTEGO SERVICES GROUP, LLC	45-1830330	0.00	28074
COREPAY, INC.	14-1794218	0.00	0
DELTA STAFFING, LLC	06-1673159	0.00	0

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DHADE & ASSOCIATES, PC	27-0710667	0.00	447
2a Name of Participating Employer DIAMOND VAULT OF TROY (THISISJEWELRY.COM)	57-1158958	0.89	628506
2a Name of Participating Employer DJC INVESTMENTS	45-0536938	0.00	0
2a Name of Participating Employer DRN MOVING, INC.	65-1018576	0.29	44729
2a Name of Participating Employer EMERGENCY RESTORATION	11-3652175	0.47	650947
2a Name of Participating Employer FHE NEW JERSEY, LLC	81-1068528	0.12	66628
2a Name of Participating Employer FULLER MANUFACTURING II, INC.	84-4879344	0.36	22840
2a Name of Participating Employer GENERAL SPORTS BASEBALL, LLC DBA USPBL	47-3848371	0.00	428468
2a Name of Participating Employer GRAND BEACH RESORT PARTNERS LLC	88-0554591	0.17	40508

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREAT LAKES WEALTH PLANNING	46-2337832	0.25	301076
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HISPANIC IT EXECUTIVE COUNCIL (HITEC)	20-5975604	1.10	171166
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOLLANDER, LONE & MAXBAUER LLC	38-3266862	0.11	77036
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUMMUS GOODNESS	83-4116904	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILLUUM COSMETIC SURGERY	85-2247128	0.14	28926
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL AUTOMOTIVE OVERSIGHT BUREAU	38-3518710	5.90	2984193
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL FILTRATION SERVICES, INC.	88-1561836	3.83	262837
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IQ PERSONNEL, INC.	86-1072873	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JACK DOHENY COMPANIES, INC.	38-2026979	2.65	1498

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JLOV, INC DBA JAN'S LOUNGE	87-0895967	0.00	0
JLW MANAGEMENT	85-2940636	0.00	0
KEITH TILDEN ROOFING CO	36-3370850	0.00	0
KHURANA LAW FIRM, PC	47-1125859	1.10	199287
LABELLE MANAGEMENT, INC.	38-2722014	0.68	1103317
LABOR CONNECTIONS, LLC	46-2653265	0.00	4
LANDMARK SYSTEMS	38-3235038	0.08	0
LAPEER LODGE	27-2550650	0.00	0
LAW OFFICES OF JOUMANA KAYROUZ	51-0527199	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGACY CAPITAL PARTNERS MAINE, LLC	85-3462343	0.54	82445
LOCALLIVE NETWORKS	82-2519037	0.67	145624
LUCERNE INTERNATIONAL	38-3110218	0.73	479396
MO TRUCKING INC.	11-3464307	0.00	0
NEW HAVEN LODGE	47-1600658	0.07	11106
NORTH STAR REACH	26-0347065	0.38	30728
PRO STAFF SERVICES	82-3700205	0.00	18553
PROFESSIONAL GRAPHIC NETWORK, INC.	38-2729847	0.00	156
SAVY & SONS	26-3459843	0.00	56668

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SELECTIVE INDUSTRIES, INC.	38-3216581	0.31	330981
SILVERLINE LENDING LLC	83-3235266	1.02	355345
SORT OF STEPHANIE, LLC	83-3913850	0.00	2070
STAR LEARNING CENTERS, LLC	83-3372452	0.20	0
STERLING AGENCY, INC.	38-3329317	0.21	32375
SURFACE INDUCTION TECHNOLOGIES INC.	83-0516696	0.00	2802
SV DONUTS ONE, LLC	20-8156389	0.00	0
TBSX VENTURES LLC DBA ELYSIUM CULTIVATION	84-3204492	0.00	19143
TEAM 84 STAFFING LLC	84-3472388	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ENGINEERING COMPANY LLC	81-2136937	0.00	0
THE SIMPLE LIFE LLC	45-2580342	0.03	1848
THIRD COAST PRODUCE	85-3093422	0.00	0
TRAVERSE CONNECT	47-2891252	2.45	888074
TROY CHAMBER OF COMMERCE	38-1973921	0.15	174865
TROY FOOT & ANKLE	51-0459546	0.00	0
UNISTAR HOSPITALITY SERVICES	46-2944803	1.49	143153
VETERANS ALLIANCE, LLC	84-3592682	1.88	346221
WEDGEWOOD PROPERTY MANAGEMENT / FAITH MANOR / URBAN HOMES	20-0040610	0.05	86905

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WFQ INC.	46-2575897	2.02	234176
2a Name of Participating Employer YALDO EYE CENTER	27-1734550	0.00	0
2a Name of Participating Employer AKER	26-0351602	0.00	343367
2a Name of Participating Employer LAKESHORE WOODS ASSISTED LIVING	38-2843946	0.00	356663
2a Name of Participating Employer MOORINGS CONSULTING LLC DBA SHOPPER	47-3322352	0.00	119291
2a Name of Participating Employer MUNSON HOSPITAL	38-3144382	0.00	133809
2a Name of Participating Employer PAN HANDLE CONCRETE	51-0503920	0.00	15270
2a Name of Participating Employer COMMUNITY ECO POWER	83-3105513	0.00	281232
2a Name of Participating Employer ARP-LOYALTON COGEN	82-2943541	0.00	90373

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHLAKE	31-1736892	0.00	82261
MP6 LLC	27-1701133	0.00	33298
CAPITAL 4 GROWTH LLC	81-0909367	0.00	160237
GLOBAL OFFICE SOLUTIONS	38-3435808	0.00	98730
C & J PARKING	38-2637634	0.00	117858
HELPING HANDS	83-1895992	0.00	61994
REICHENBAUM CAPITAL CORP	27-3774727	0.00	13152
RED E. PARTS	20-3891119	0.00	930273
KNIGHTSBRIDGE	98-0584491	0.00	234361

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KELLEHER BENEFITS	47-2573935	0.00	69591
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABC HARLEY DAVIDSON	38-2401045	0.00	14625
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MT PLEASANT OPERATIONS	92-3488660	0.00	115367
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
Years Ended December 31, 2023 and 2022

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

TO THE BOARD OF TRUSTEES
TRION SOLUTIONS, INC. 401(k) PROFIT SHARING PLAN
TROY, MICHIGAN

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

We have performed audits of the accompanying financial statements of Trion Solution, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Trion Solution, Inc. 401(k) Profit Sharing Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Trion Solution, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Trion Solution, Inc. 401(k) Profit Sharing Plan ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Trion Solution, Inc. 401(k) Profit Sharing Plan internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Trion Solution, Inc. 401(k) Profit Sharing Plan ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

A handwritten signature in black ink, appearing to read "Fenner Melstrom & Dooling", with a large, stylized loop in the middle.

FENNER, MELSTROM & DOOLING, PLC

OCTOBER 11, 2024

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2023 and 2022

	<u>2 0 2 3</u>	<u>2 0 2 2</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$47,381,482	\$39,431,611
INVESTMENTS AT CONTRACT VALUE	<u>3,658,809</u>	<u>3,489,024</u>
TOTAL INVESTMENTS	<u>51,040,291</u>	<u>42,920,635</u>
CASH	<u>4,235</u>	<u>-</u>
RECEIVABLES		
PARTICIPANT CONTRIBUTIONS.....	177,224	140,236
EMPLOYER CONTRIBUTIONS	585,105	365,362
NOTES RECEIVABLE FROM PARTICIPANTS.....	<u>1,142,936</u>	<u>1,217,958</u>
TOTAL RECEIVABLES	<u>1,905,265</u>	<u>1,723,556</u>
TOTAL ASSETS	<u>52,949,791</u>	<u>44,644,191</u>
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE.....	<u>91,772</u>	<u>88,732</u>
TOTAL LIABILITIES	<u>91,772</u>	<u>88,732</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$52,858,019</u>	<u>\$44,555,459</u>

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2023 and 2022

	<u>2 0 2 3</u>	<u>2 0 2 2</u>
ADDITIONS (SUBTRACTIONS)		
TO NET ASSETS ATTRIBUTED TO		
INVESTMENT INCOME (LOSS)		
NET APPRECIATION (DEPRECIATION)		
IN FAIR VALUE OF INVESTMENTS.....	\$ 6,448,447	\$(8,779,033)
INTEREST	<u>60,772</u>	<u>68,941</u>
TOTAL INVESTMENT INCOME (LOSS).....	<u>6,509,219</u>	<u>(8,710,092)</u>
INTEREST INCOME ON NOTES		
RECEIVABLE FROM PARTICIPANTS	<u>61,593</u>	<u>53,728</u>
CONTRIBUTIONS		
PARTICIPANTS	6,082,695	6,074,868
EMPLOYER.....	2,900,188	2,263,863
ROLLOVER AND OTHER.....	<u>988,166</u>	<u>620,824</u>
TOTAL CONTRIBUTIONS	<u>9,971,049</u>	<u>8,959,555</u>
TOTAL ADDITIONS.....	<u>16,541,861</u>	<u>303,191</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
BENEFITS PAID TO PARTICIPANTS.....	8,194,688	7,160,353
ADMINISTRATION EXPENSES	<u>733,716</u>	<u>803,164</u>
TOTAL DEDUCTIONS	<u>8,928,404</u>	<u>7,963,517</u>
NET INCREASE (DECREASE)	7,613,457	(7,660,326)
TRANSFER OF ASSETS TO PLAN.....	9,297,722	11,639,028
TRANSFER OF ASSETS FROM PLAN.....	(8,608,619)	(13,791,483)
NET ASSETS AVAILABLE		
FOR BENEFITS, BEGINNING OF YEAR	<u>44,555,459</u>	<u>54,368,240</u>
NET ASSETS AVAILABLE		
FOR BENEFITS, END OF YEAR.....	<u>\$52,858,019</u>	<u>\$44,555,459</u>

SEE ACCOMPANYING NOTES

**TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022**

1. DESCRIPTION OF PLAN

The following description of Trion Solutions, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Company is a "Professional Employer Organization" ("PEO"). As a PEO, the Company assumes the role of employer for other companies that wish to lease their workers (the "Participating Companies"). Therefore, the Plan includes multiple Participating Companies and is considered a multiple employer plan according to the Internal Revenue Code ("IRC"). The IRC requires that Plan discrimination testing be performed separately for each Participating Company as if its workers were not leased. The IRC thus also allows each Participating Company to have differing requirements for eligibility, matching contributions, and vesting. The Company determines the aggregate matching contribution, safe harbor contribution, and profit sharing contribution (if applicable) for all participants based on each Participating Company's matching provisions and remits such amount to the Plan's investment custodian. Participants should refer to their applicable participation agreement with the Plan for specific details on eligibility, plan contributions, vesting, and other Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan fiduciaries oversee the governance of the Plan and determine the appropriateness of the Plan's investment offerings and monitor investment performance.

PARTICIPANT CONTRIBUTIONS

Each year, participants may contribute up to 100% of annual compensation on a pre-tax or after-tax (Roth) basis, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds, participant directed brokerage accounts, and a guaranteed investment contract as investment options for participants. Contributions are subject to certain Internal Revenue Service limitations.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

1. DESCRIPTION OF PLAN (continued)

PARTICIPATING COMPANY CONTRIBUTIONS

Aggregate Participating Company contributions (which vary by Participating Company as previously described) of \$2,900,188 and \$2,263,863 were made for the years ended December 31, 2023 and 2022, respectively. Participants direct the investment of such contributions as described above. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and Company safe harbor matching contributions, as well as allocations of the Company's additional matching and profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of any administrative expenses paid by the plan. 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 account.

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Contributions made by the Participating Companies, if any, vest at varying rates as noted above. Generally, Participating Company contributions vest under either "safe harbor" provisions of the Internal Revenue Code whereby such contributions are immediately vested to the participant or under a vesting schedule whereby the participant is 100% vested after five or six years of eligible service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. Loan terms range from one to five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. No more than one loan may be outstanding at any time for any participant. Interest rates ranged from 3.25% to 9.5% per annum. Principal and interest are paid ratably through payroll deductions.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

1. DESCRIPTION OF PLAN (continued)

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. 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. The Plan also permits withdrawals of active participants' elective contributions only in amounts necessary to satisfy financial hardship as defined by the plan agreement.

FORFEITED ACCOUNTS

At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$116.872 and \$132,299, respectively. Forfeited nonvested accounts are used to reduce administrative expenses. Any remaining forfeited nonvested accounts can be used to reduce employer contributions or be allocated to participants in accordance with the provisions of the Plan.

RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements are presented on the accrual basis of accounting.

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

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2023 and 2022. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the provisions of the Plan are recorded as a liability with a corresponding reduction to participant contributions.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

PAYMENT OF BENEFITS

Benefits are recorded when paid.

EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in net appreciation (depreciation) of fair value of investments

DATE OF MANAGEMENT'S REVIEW

The Plan has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued. The Company had no subsequent event to disclose.

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy 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.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

3. FAIR VALUE MEASUREMENTS (continued)

MUTUAL FUNDS

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

BROKERAGE ACCOUNTS

Valued at the NAV of the securities underlying the accounts held by the Plan at year end.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$46,979,499	\$46,979,499
BROKERAGE ACCOUNTS	<u>401,983</u>	<u>401,983</u>
 TOTAL INVESTMENTS AT FAIR VALUE.....	 <u>\$47,381,482</u>	 <u>\$47,381,482</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022:

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$39,041,556	\$39,041,556
BROKERAGE ACCOUNTS	<u>390,055</u>	<u>390,055</u>
 TOTAL INVESTMENTS AT FAIR VALUE.....	 <u>\$39,431,611</u>	 <u>\$39,431,611</u>

**TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022**

4. CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023 and 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide Trust Company.

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment option in a fully benefit-responsive traditional guaranteed investment contract with Nationwide. Nationwide maintains the contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for the fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.29% for the first quarter, 1.57% for the next two quarters and 1.5% for the last quarter of 2023.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

(continued on next page)

**TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022**

**5. INVESTMENT CONTRACT WITH INSURANCE
COMPANY (continued)**

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

In addition, certain events 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: (a) An uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, (d) a material amendment to the agreements without the consent of the issuer.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the investment custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Direct fees paid by the Plan for recordkeeping and administrative services amounted to \$536,978 and \$629,397 for 2023 and 2022, respectively. In addition, fees paid by the Plan for investment management services are included in net appreciation/(depreciation) in fair value of investments.

Processing and administration fees were paid to The Benefit Advantage, Inc. (TBA). TBA is the third-party administrator and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for these services amounted to \$121,032 and \$148,765 for the years ended December 31, 2023 and 2022, respectively.

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

6. PARTY-IN-INTEREST TRANSACTIONS (continued)

Index Core provides investment advisory services to the Plan, and therefore qualifies as party-in-interest. Direct fees paid to Index Core by the Plan during 2023 and 2022 for investment advisory services were \$22,751 and \$24,902, respectively.

Professional services were provided to the Plan by Fenner, Melstrom & Dooling, PLC ("FMD"). FMD is the Plan's auditor, and therefore qualifies as party-in-interest. Fees paid by the Plan for services amounted to \$52,955 and \$0 for the years ended December 31, 2023 and 2022, respectively.

Additional recordkeeping services for the self-directed brokerage accounts were provided to the Plan by TD Ameritrade and qualify as party-in-interest. Fees paid by the Plan for services amounted to \$0 and \$100 for the years ended December 31, 2023 and 2022, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

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 terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in employer contributions.

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

8. TAX STATUS

The Company has adopted a prototype plan that relies on the opinion letter of the prototype document. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
December 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	MUTUAL FUNDS			
	Aberdeen	Global Equity	*	\$ 2,691
	Blackrock	Mid Cap Growth Equity Inst	*	17,445
	JP Morgan	Core Plus Bond Fund	*	756
	JP Morgan	Small Cap Value	*	616
	JP Morgan	Large Cap Growth Fund	*	1,411,351
	American Beacon	International Equity Institutional	*	4,511
	Prudential	Global Real Estate Fund	*	2,408
	Blackrock	Hi Yield Bond Portfolio	*	1,160,819
	Blackrock	Total Return Fund	*	633,448
	DFA	Emerging Markets		
		Core Equity Portfolio	*	1,361,068
	DFA	Global Real Estate		
		Securities Portfolio	*	7,201
	JP Morgan	Equity Income Fund Select	*	1,835
	DFA	Inflation-Protections Securities	*	551
	Templeton	Global Bond Fund	*	246
*	Nationwide	Geneva Small Cap Growth Fund	*	10,717
	Nuveen	Symphony Credit		
		Opportunities Fund	*	200
	Blackrock	Strategic Income		
		Opportunities Portfolio	*	2,262
	Aberdeen	Global Bond Fund	*	103
	Gushm	Floating Rate Strategies Instrument	*	879,321
	Columbia	Select Large Cap Growth Fund	*	14,970
	Diamond Hill	Mid Cap Fund	*	889,165
	Vanguard	Balanced Index Fund	*	878,073
	Vanguard	Emerging Markets		
		Stock Index Fund	*	391,866
	Vanguard	Growth Index Admiral Fund	*	162,955

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard	Mid-Cap Index Fund	*	\$ 982,868
	Vanguard	Real Estate Index Fund Admiral	*	35,821
	Vanguard	Small-Cap Index Fund	*	936,074
	Vanguard	Value Index Fund	*	374,767
	Vanguard	Total Stock Market Index Fund	*	1,067,659
	Vanguard	Developed Markets Index Fund	*	422,182
	Vanguard	Explorer Fund	*	512,103
	Vanguard	Wellsley Income Fund	*	789,116
	Vanguard	Federal Money Market Investment	*	1,241
	Vanguard	Mid Cap Growth Index Admiral	*	697
	Vanguard	Small Cap Growth Index Admiral	*	682
	Fidelity	Advisor Biotechnology Fund	*	21,869
	Vanguard	Intermediate-Term Treasury Index Fund	*	45,097
	Vanguard	Total International Bond Index Fund	*	29,735
	Vaneck	CM Commodity Index Fund	*	20,351
	DFA	U.S. Large Cap Value Portfolio	*	10,940
	DFA	U.S. Targeted Value Portfolio	*	19,181
	DodgeCox	International Stock Fund	*	1,774,666
	MFS	Value Fund R6	*	3,060
	Federated	Govt Obligations Fund	*	1,239,982
	Fidelity	Multi-Asset Index Fund	*	1,124,165
	TIAA-CREF	Lifecycle Index 2010 Fund	*	8,429
	TIAA-CREF	Lifecycle Index 2015 Fund	*	24,971
	TIAA-CREF	Lifecycle Index 2020 Fund	*	162,907
	TIAA-CREF	Lifecycle Index 2025 Fund	*	518,654
	TIAA-CREF	Lifecycle Index 2030 Fund	*	1,385,742
	TIAA-CREF	Lifecycle Index 2035 Fund	*	434,080
	TIAA-CREF	Lifecycle Index 2040 Fund	*	2,060,310
	TIAA-CREF	Lifecycle Index 2045 Fund	*	590,930

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	TIAA-CREF	Lifecycle Index 2050 Fund	*	\$ 526,196
	TIAA-CREF	Lifecycle Index 2055 Fund	*	249,260
	TIAA-CREF	Lifecycle Index 2060 Fund	*	224,234
	TIAA-CREF	Lifecycle Index		
		Retirement Income Fund	*	8,453
	T Rowe Price	Large Cap Growth Fund	*	33,455
	Janus Henderson	Global Technology Fund	*	55,286
	Prudential	Total Return Bond Fund Q	*	1,281,061
	Franklin Templeton	Global Bond Fund	*	183
	Blackrock	Ishares MSCI EAFE		
		International Index Fund	*	51,072
	JPMorgan	Equity Income Fund	*	1,446,171
*	Nationwide	All Cap Growth Fund	*	1,617,240
	Fidelity	500 Index Fund	*	6,715,929
	Fidelity	Inflation-Protected Bond Index	*	95,922
	Fidelity	International Index Fund	*	1,694,130
	Fidelity	US Bond Index Fund	*	2,343,910
	Federated Hermes	Institutional High Yield Bond	*	206,279
	Vanguard	FTSE Social Index Fund Admiral	*	60,222
	Calvert	International Responsible Index	*	52,058
	AMBCN	International Equity	*	985
	Goldman Sachs	GQG Partners International		
		Opportunities Fund Class R6	*	1,809,016
	Principal	Global Real Estate Securities	*	1,022,911
	TIAA-CREF	Lifecycle Index 2065 Retirement	*	41,156
*	Nationwide	Investor Destinations		
		Conservative Fund	*	66,428
	Avantis	US Small Cap Value Fund	*	508,671
	Avantis	US Large Cap Value Fund	*	1,632,069
	Harbor	International Growth Fund	*	895
	MFS	Research Fund	*	2,274
	MFS	Mid Cap Growth Fund Class R6	*	853,237

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Oppenheimer	International Growth Fund	*	\$ 5,131
	Pimco	Commodity Real Return Strategy	*	791,945
	Pimco	Emerging Markets Local		
		Currency Bond Instrument	*	104
	Prudential	High Yield Fund	*	276
	Pimco	Real Return Fund	*	970,383
	American Funds	Europacific Growth Fund	*	19,101
	American Funds	2045 Target Date Retirement Fund	*	20,028
	American Funds	2050 Target Date Retirement Fund	*	735
	American Funds	The New Economy Fund	*	43,703
	American Funds	New World Fund	*	9,935
	Baron Partners	Baron Partners Institutional	*	74,235
	Vanguard	Global Equity Fund	*	12,363
	TOTAL MUTUAL FUNDS			46,979,499
*	Nationwide	Interest Bearing Cash	*	4,235
*	Nationwide	Fixed Select Investment Contract	*	3,658,809
*	Nationwide	Participant Directed		
		Brokerage Accounts	*	401,983
*	Participant Loans	Interest rate 3.25% to		
		9.5%, maturity dates through		
		October 2045; participant		
		account balances	- 0 -	1,142,936
				\$52,187,462

(a) An asterisk in this column identifies an entity known to be a party-in-interest

(d) An asterisk in this column indicates cost omitted for participant directed investments

SEE ACCOMPANYING NOTES