

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 ABEL HR MULTI 401(K) AND SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/2002
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ABEL HR, INC. 2 CORPORATE DRIVE CRANBURY, NJ 08512
2b	Employer Identification Number (EIN) 22-3163382
2c	Plan Sponsor's telephone number 609-860-0400
2d	Business code (see instructions) 561490

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/21/2025	JOANNE PALADINO
	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 NPPG FIDUCIARY SERVICES, INC. 494 SYCAMORE AVE. SHREWSBURY, NJ 07702	3b Administrator's EIN 30-0835405 3c Administrator's telephone number 732-758-1577
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 1297
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) 1068 6a(2) 1111 6b 9 6c 215 6d 1335 6e 0 6f 1335 6g(1) 727 6g(2) 731 6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2F 2G 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.	D Employer Identification Number (EIN) 22-3163382

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	MULTIPLE CONTRA		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 143624	(b) Total amount of fees paid 122432
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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
PUCKETT, STEVEN R 144 W DUDLEY AVE
WESTFIELD, NJ 07090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
127789			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RNR SECURITIES LLC 1802 HEMPSTEAD TURNPIKE
EAST MEADOW, NY 11554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8497			4

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

AVANTAX INSURANCE AGENCY LLC

PO BOX 225278
DALLAS, TX 75222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3675			4

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

LPL FNCL CORP

C-O LPL
4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3031			4

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

MORGAN STANLEY & CO

ANNUITY AND INS OPS
1 NEW YORK PLZ FL 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
632			4

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

ABEL PEO SERVICES

2 CORPORATE DR
CRANBURY, NJ 08512-3604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	94296	PLAN EXPENSES	0

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

PINNACLE FINANCIAL SERVICES INC

494 SYCAMORE AVE
SHREWSBURY, NJ 07702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	28136	TPA ONGOING ADMIN REIMBURSEMENT PMT	5

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	4721716
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	55716139

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 ▶ GROUP VAR ANNUITY W/GUAR FUND

b Balance at the end of the previous year**7b**

4682803

c Additions: (1) Contributions deposited during the year**7c(1)**

282449

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

126566

(4) Transferred from separate account.....

7c(4)

50217

(5) Other (specify below)

7c(5)

15428

▶ (MAY INCLUDE - LOAN REPAY/FORF/ TAKEOVER/ADJUSTMENTS

(6) Total additions.....

7c(6)

474660

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

5157463

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

327030

(2) Administration charge made by carrier

7e(2)

2846

(3) Transferred to separate account.....

7e(3)

98600

(4) Other (specify below)

7e(4)

10704

▶ MAY INCLUDE - LOAN ISSUES/FORF/FEEES
/CORRECTIVES/ADJUSTMENTS/INS

(5) Total deductions.....

7e(5)

439180

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

4718283

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.	D Employer Identification Number (EIN) 22-3163382	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	96334	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL PROFESSIONAL PLANNING

85-3213245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	TPA	7941	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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 ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.		
D Employer Identification Number (EIN) 22-3163382		

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	1000	1000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	315749	299976
(2) Participant contributions	1b(2)	88591	84231
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	602766	667278
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	47649271	55716140
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4684949	4721716
(15) Other	1c(15)	2751641	3396632

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	56093967	64886973
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	23528	107468
k Total liabilities (add all amounts in lines 1g through 1j)	1k	23528	107468
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	56070439	64779505

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)	1783943	
(B) Participants	2a(1)(B)	3943225	
(C) Others (including rollovers)	2a(1)(C)	35909	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5763077
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	40345	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40345
(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)		9588427
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15391849

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4202309	
(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)		4202309
f Corrective distributions (see instructions)	2f		7901
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)	170576	
(3) Recordkeeping fees.....	2i(3)		
(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)		170576
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4380786

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11011063
l Transfers of assets:			
(1) To this plan	2l(1)		2566617
(2) From this plan	2l(2)		4868614

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: **WISS & COMPANY**

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

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?	☒		4500000
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)
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	86-1064991	333
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
NEW YORK REHABILITATIVE SERVICES LLC 401(K) PLAN	77-0618878	001
HUMANITIX USA LIMITED	36-4956766	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 ABEL HR MULTI 401(K) AND SAVINGS PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.				D Employer Identification Number (EIN) 22-3163382	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 35-0472300					
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) 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) 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)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

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 ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NPPG FIDUCIARY SERVICES, INC.	D Administrator's EIN 30-0835405	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

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 ABE/1ST AVE MACHINE USA, INC.	2b EIN 05-0573098	2c Percentage of Total Contributions for the Plan Year 1.09	2d Aggregate Account Balances Attributable to Participating Employer 367609
2a Name of Participating Employer ABE/1ST AVE MACHINE USA INC.	2b EIN 05-0573098	2c Percentage of Total Contributions for the Plan Year 1.07	2d Aggregate Account Balances Attributable to Participating Employer 381080

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
ABE/1ST AVE MACHINE USA, INC.	05-0573098	3.77	1593066
ABE/ABEL PEO SERVICES, INC.	22-3163382	0.00	0
ABE/ABEL HR PEO SERVICES, INC.	22-3163382	3.46	1844433
ABE/AERIAL DESIGN AND BUILD	45-4139465	3.67	1894271
ABE/AGGNE GLOBAL, INC._	84-3040960	0.32	63844
ABE/AGGNE GLOBAL, INC.	84-3040960	0.74	128332
ABE/AHHC SERVICES, LLC	85-3481181	0.00	0
ABE/AHHC SERVICES, LLC.	85-3481181	0.00	0
ABE/ALLIANCE FINANCIAL RESOURCES, LLC	22-3956183	0.25	96161

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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
ABE/AMERICAN POWER CORD CORP	22-3321888	0.00	1510
ABE/AMERICAN PLATINUM BUILDERS, INC.	81-5086960	0.45	72318
ABE/AMERICAN PLATINUM BUILDERS, INC.	81-5086960	0.00	0
ABE/ANCHOR MG MANAGEMENT CONSULTANTS, INC.	27-3820533	0.64	568881
ABE/ANCHOR MG MANAGEMENT CONSULTANTS, INC	27-3820533	0.00	0
ABE/ANTHRACITE LEASING CO., INC.	22-3458404	1.08	1271017
ABE/APPLIANCE BROKERS LIMITED	22-3274633	3.92	1330681
ABE/APPLIED CONSULTING INSURANCE AGENCY	22-3706803	0.05	90459
ABE/ARTELLA SOLUTIONS, INC.	83-1308656	0.00	0

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ABE/ARTELLA SOLUTIONS, INC.	83-1308656	0.37	22184
ABE/ATLANTIC STATE ADVISORS	83-2122278	0.00	0
ABE/ATLANTIC STATE ADVISORS INC	83-2122278	0.00	0
ABE/AUXILIUM INTERNATIONAL	46-0942754	0.28	17687
ABE/AUXILIUM INTERNATIONAL	46-0942754	0.92	136643
ABE/AXXIEM CORP	02-0730537	0.00	13368
ABE/BERGEN COUNTY CASA	90-0060769	0.00	25634
ABE/CALIFORNIA NEVADA CEMENT ASSOCIATION	68-0223361	1.51	1439116
ABE/CENTURY DENTAL EAST LLC	26-4180667	0.00	0

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ABE/CENTURY DENTAL GROUP, LLC	51-0433857	0.97	2055340
ABE/CLJ ENTERPRISES, INC.	22-3274150	0.05	53097
ABE/COLUMBUS PARK BEHAVIORAL HEALTH LCSW, LLC	45-2160215	0.23	14369
ABE/COLUMBUS PARK BEHAVIORAL HEALTH LCSW, LLC	45-2160215	0.23	351773
ABE/CONSTRUCTION TECHNOLOGY CORP	22-3207027	0.52	65961
ABE/CONSTRUCTION TECHNOLOGY CORP	22-3207027	0.12	26310
ABE/DA COMPANIES LP	81-3030196	0.00	0
ABE/DA COMPANIES LP	81-3030196	0.00	0
ABE/DANIELLE DIE CUT PRODUCTS	22-2970313	0.18	458383

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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
ABE/DONALD J ROMAN DMD PA	22-3049848	1.00	645067
ABE/FIRST PRIORITY EMERGENCY VEHICLES, INC.	22-3582913	0.00	0
ABE/FIRST PRIORITY EMERGENCY VEHICLES, INC.	22-3582913	3.15	674290
ABE/FOREST FORWARD	85-1581238	0.23	21698
ABE/GENTRUST WEALTH MANAGEMENT, LLC	45-2508616	2.53	1199254
ABE/GENTRUST WEALTH MANAGEMENT, LLC	45-2508616	3.20	1004256
ABE/GENTRUST WEALTH MANAGEMENT, LLC	45-2508616	0.31	133059
ABE/HIDDEN HILL HOSPITALITY CONSTRUCTION AND RENOVATION, INC	84-2808693	1.17	158794
ABE/HI-TECH HEALTH, INC	22-3129888	0.37	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
ABE/HUMANITIX USA LIMITED	34-4956766	0.04	0
2a Name of Participating Employer ABE/ISI INFORMATION SOLUTIONS, INC.	22-3144008	3.42	2019452
2a Name of Participating Employer ABE/THE LAW OFFICES OF JAMES HENNING & ASSOCIATES	87-2364330	0.10	5970
2a Name of Participating Employer ABE/KLS LEGAL SOLUTIONS, LLC.	82-2057464	0.23	77046
2a Name of Participating Employer ABE/KLS LEGAL SOLUTIONS, LLC.	82-2057464	0.00	0
2a Name of Participating Employer ABE/KNOX SECURITY SERVICE, INC.	22-2960110	0.11	405399
2a Name of Participating Employer ABE/KONDLER & ASSOCIATES	22-3333590	0.00	548273
2a Name of Participating Employer ABE/LOBELLO ARTS CORPORATION	46-2680738	0.16	62735
2a Name of Participating Employer ABE/MARC J. BERN & PARTNERS, LLC	47-4187898	0.72	346409

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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
ABE/MARC J. BERN & PARTNERS, LLC	47-4187898	1.38	151145
2a Name of Participating Employer ABE/MARIO BULFAMANTE & SONS LANDSCAPING, INC	2b EIN 13-3614976	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 39397
2a Name of Participating Employer ABE/MCC RECYCLING SERVICES	2b EIN 20-3601994	2c Percentage of Total Contributions for the Plan Year 0.39	2d Aggregate Account Balances Attributable to Participating Employer 83019
2a Name of Participating Employer ABE/MILL POND ASSOCIATES LLC	2b EIN 22-3809797	2c Percentage of Total Contributions for the Plan Year 0.10	2d Aggregate Account Balances Attributable to Participating Employer 195617
2a Name of Participating Employer ABE/MPV PROPERTIES LLC	2b EIN 27-1645678	2c Percentage of Total Contributions for the Plan Year 6.83	2d Aggregate Account Balances Attributable to Participating Employer 14582049
2a Name of Participating Employer ABE/MUDGE, INC.	2b EIN 88-1427228	2c Percentage of Total Contributions for the Plan Year 0.34	2d Aggregate Account Balances Attributable to Participating Employer 48324
2a Name of Participating Employer ABE/MURDOCK SOLON ARCHITECTS	2b EIN 22-2446247	2c Percentage of Total Contributions for the Plan Year 0.83	2d Aggregate Account Balances Attributable to Participating Employer 419079
2a Name of Participating Employer ABE/MURDOCK SOLON ARCHITECTS	2b EIN 22-2446247	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 41042
2a Name of Participating Employer ABE/NEWMAN LAW ASSOCIATES PLLC	2b EIN 46-1952250	2c Percentage of Total Contributions for the Plan Year 1.87	2d Aggregate Account Balances Attributable to Participating Employer 384172

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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
ABE/NEW YORK REHABILITATIVE SERVICES LLC	77-0618878	1.61	0
ABE/OCCMD GROUP, P.A.	75-2893870	6.84	753869
ABE/OWENS LOGISTICS GROUP LLC	27-4511350	3.12	792139
ABE/OWENS TRUCKMEN INC	94-9463388	0.79	764961
ABE/OWENS TRUCKMEN INC	94-9463388	5.83	2842925
ABE/PLAINSBORO FAMILY PHYSICIANS PENSION	22-2759003	0.00	8868
ABE/ENTERTAINMENT SERVICES AND TECHNOLOGY ASSOCIATION	33-0274349	0.00	131628
ABE/PLASA MEDIA INC.	33-0274349	0.52	662417
ABE/PRIDE BUILDERS, LLC	13-4041805	0.00	2011

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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
ABE/PROGRESSIVE APARTMENT MANAGEMENT, LLC	47-1097636	0.00	0
ABE/PROTHEX, INC.	26-1326175	0.00	375104
ABE/RADVIEW SOFTWARE, INC.	22-3516667	0.00	0
ABE/RADVIEW SOFTWARE INC.	22-3516667	0.00	69558
ABE/RE/MAX FIRST REALTY	22-3185041	0.00	146425
ABE/RICHARD W. WESTREICH, MD PLLC_	36-4642631	0.00	0
ABE/RICHARD W. WESTREICH, MD PLLC	36-4642631	0.62	333065
ABE/RICKS SADDLE SHOP INC	22-2677100	0.81	1450439
ABE/RIPKA & ASSOC. LLP	26-1793808	0.06	38730

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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
ABE/RIPKA & ASSOC. LLP_	26-1793808	0.16	57022
2a Name of Participating Employer ABE/SMITH AFFILIATED CAPITAL CORP.	2b EIN 13-3105799	2c Percentage of Total Contributions for the Plan Year 2.57	2d Aggregate Account Balances Attributable to Participating Employer 2826945
2a Name of Participating Employer ABE/SPECIAL GUESTS, INC._	2b EIN 47-4158201	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer ABE/SPECIAL GUESTS, INC.	2b EIN 47-4158201	2c Percentage of Total Contributions for the Plan Year 0.53	2d Aggregate Account Balances Attributable to Participating Employer 137814
2a Name of Participating Employer ABE/SPECIAL GUESTS, INC.	2b EIN 47-4158201	2c Percentage of Total Contributions for the Plan Year 0.81	2d Aggregate Account Balances Attributable to Participating Employer 295932
2a Name of Participating Employer ABE/STRONGCORD INFRASTRUCTURE SYSTEMS MANAGEMENT	2b EIN 27-0664976	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer ABE/TEK EXPRESS, INC.	2b EIN 11-3549186	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer ABE/TEK EXPRESS, INC.	2b EIN 11-3549186	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer ABE/THE BIG WORD INC	2b EIN 20-1491811	2c Percentage of Total Contributions for the Plan Year 0.18	2d Aggregate Account Balances Attributable to Participating Employer 258711

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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
ABE/THE BIG WORD INC	20-1491811	0.00	542430
ABE/THE HUNGRY PUPPY CORPORATION	22-3402566	1.87	1742529
ABE/THE RACQUET AND TENNIS CLUB	13-1194010	2.08	930233
ABE/TIMOTHY'S CENTER FOR GARDENING	22-3762382	1.10	857985
ABE/THE RACQUET AND TENNIS CLUB	13-1194010	8.64	7780416
ABE/VANTAGE CONSULTING GROUP	22-3275499	0.25	127939
ABE/VANTAGE CONSULTING GROUP	22-3275499	2.14	880057
ABE/VISTA ASSOCIATES, INC.	37-1748695	0.87	73975
ABE/VOLI VODKA LLC	90-0995551	0.00	32492

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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
ABE/WEST END EXPRESS COMPANY INC.	11-2163711	2.66	1974805
ABE/ZITO PARTNERS	27-3864403	0.30	60320
ABE/ZNEIMER & ZNEIMER PC	26-1323592	1.16	557905
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

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



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

**FINANCIAL REPORT
DECEMBER 31, 2023**



Wiss & Company, LLP
100 Campus Drive, Suite 400
Florham Park, NJ 07932
(973) 994-9400 • wiss.com

INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the accompanying financial statements of Abel HR Multi 401(k) and Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements 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 ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Part IV, Line 4i - Schedule of Assets (Held At End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are 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).



WISS & COMPANY, LLP

Florham Park, New Jersey
February 19, 2025

ABEL HR MULTI 401(k) AND SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31,	
	2023	2022
Investments, at fair value:		
Money market fund	\$ 1,000	\$ 1,000
Pooled separate accounts	55,716,140	47,649,271
Self directed brokerage accounts	<u>3,396,632</u>	<u>2,751,641</u>
	<u>59,113,772</u>	<u>50,401,912</u>
Investment at contract value -		
Group annuity contract with insurance company	<u>4,721,716</u>	<u>4,684,949</u>
Receivables:		
Notes receivable from participants	667,278	602,766
Employer	299,976	315,749
Participants	<u>84,231</u>	<u>88,591</u>
	<u>1,051,485</u>	<u>1,007,106</u>
Total Assets	64,886,973	56,093,967
LIABILITIES		
Excess contributions payable	<u>107,468</u>	<u>23,528</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 64,779,505</u>	<u>\$ 56,070,439</u>

See accompanying notes to financial statements.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment gain -		
Net appreciation in fair value of investments		\$ 9,588,427
Interest income on participant loans		40,345
Contributions:		
Participants	\$ 3,943,225	
Employer	1,783,943	
Rollovers	<u>35,909</u>	
		<u>5,763,077</u>
Total Additions		15,391,849

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	4,202,309	
Deemed distributions	7,901	
Administrative expenses	<u>170,576</u>	
Total Deductions		<u>4,380,786</u>

NET INCREASE 11,011,063

Add: Transfers to the Plan	2,566,617	
Less: Transfers out of the Plan	<u>4,868,614</u>	
Net transfers out of the Plan		(2,301,997)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year		<u>56,070,439</u>
End of year		<u>\$ 64,779,505</u>

See accompanying notes to financial statements.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan:

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

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

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

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

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

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

Forfeitures - Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures are used to reduce the Company's discretionary contributions to the Plan or administrative expenses for the year. Forfeitures to the Plan were \$21,414 and there were no forfeitures used to reduce Plan expenses or reduce the Company's discretionary contribution to the Plan in 2023. Further, there were \$1,245 in forfeitures transferred in from three employer organizations entering the Plan in 2023. There were \$125,368 and \$104,060 of unapplied forfeitures at December 31, 2023 and 2022, respectively.

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

Note 2 - Summary of Significant Accounting Policies:

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

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

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

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

Contributions - Participant contributions are made on a pre-tax or after tax Roth basis, through voluntary payroll deductions as elected by each participant.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent participant loans are reclassified as deemed distributions based upon the terms of the Plan document.

Benefit Payments - Benefits are recorded when paid.

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

Excess Contributions Payable - For the years ended December 31, 2023 and 2022, the Plan did not meet the requirements for the non-discrimination test and various participants have contributed in excess of established IRC limitations. As a result, excess contributions of \$107,468 and \$23,528 is recorded as a liability in the accompanying Statements of Net Assets Available for Benefits as a reduction of participant-directed contributions for the years ending 2023 and 2022, respectively. The excess contributions were reimbursed after each year-end.

Subsequent Events - The Plan Administrator has evaluated events from December 31, 2023 through February 19, 2025, the date the financial statements were available to be issued. The effect of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

Note 3 - Certified Investment Information:

The Plan Administrator has elected the method of annual reporting compliance permitted by 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 Disclosures under ERISA. Accordingly, the Custodian, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- a) Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, excluding self-directed investments of \$3,396,632 and \$2,751,641 at December 31, 2023 and 2022, respectively.
- b) Investment gain, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023, excluding approximately \$112,000 of net investment gains from self-directed accounts.
- c) Investment information included in the Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023, as shown on the ERISA-required supplemental schedule of assets (held at end of year).

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule of assets (held at end of year).

Note 4 - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements", establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The carrying amounts of contributions receivable and notes receivable from participants included in the accompanying Statements of Net Assets Available for Benefits approximated fair value at December 31, 2023 and 2022 and are not presented in the following tables. The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- 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.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value is as follows:

Investments at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 1,000	\$ -	\$ -	\$ 1,000
Self directed brokerage accounts	<u>3,396,632</u>	<u>-</u>	<u>-</u>	<u>3,396,632</u>
Total investments in fair value hierarchy	<u>\$ 3,397,632</u>	<u>\$ -</u>	<u>\$ -</u>	<u>3,397,632</u>
Pooled separate accounts (a)				<u>55,716,140</u>
Total investments at fair value				<u>\$ 59,113,772</u>

Investments at Fair Value as of December 31, 2022

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 1,000	\$ -	\$ -	\$ 1,000
Self directed brokerage accounts	<u>2,751,641</u>	<u>-</u>	<u>-</u>	<u>2,751,641</u>
Total investments in fair value hierarchy	<u>\$ 2,752,641</u>	<u>\$ -</u>	<u>\$ -</u>	<u>2,752,641</u>
Pooled separate accounts (a)				<u>47,649,271</u>
Total investments at fair value				<u>\$ 50,401,912</u>

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

Transfers in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2023 and 2022, there were no significant transfers in or out of levels 1, 2, or 3.

Note 5 - Pooled Separate Accounts with Insurance Company:

The Plan has entered into pooled investment contracts with the Custodian at December 31, 2023 and 2022. The Custodian maintains the contributions in a pooled account. The pooled account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses assessed by the Custodian. Redemptions are allowed for participants daily, however, in the event of a complete redemption, the Plan is subject to a one-year redemption notice period which may be waived by the Trustee. There are no unfunded commitments at December 31, 2023 and 2022.

Note 6 - Group Annuity Contract with Insurance Company:

The Plan holds investments in a fully benefit-responsive group annuity contract with the Custodian during 2023 and 2022. This account seeks to avoid investment risk by obtaining a fixed interest rate guaranteed by the insurance companies.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Under the fixed annuity option, the insurance companies guarantee a specified periodic payment to annuitants. There are no reserves against fair value for credit risk of the contract issuer or otherwise. There is no specific formula used to determine the crediting interest rate and the rate is not tied to the performance of the set of underlying assets. The Group Annuity Contracts promises contract value for a benefit event (termination, death, disability and retirement); however, there is a possible market adjustment when funds are withdrawn prior to their maturity. The Group Annuity Contracts interest rate closely tracks current rates and are declared before each quarter. The average yield and crediting interest rates for 2023 and 2022 were 2.54% and 1.94%, respectively.

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

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

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

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7 - Plan Termination:

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

Note 8 - Notes Receivable from Participants:

Participants may obtain loans from the Plan at a minimum of \$1,000 up to a maximum of 50% of their vested account balance or \$50,000, whichever is less. Loans are collateralized by the participant's account balance and bear interest at the rate of 4.25% - 9.50%. Loans are generally payable through payroll deductions within 5 years, and only one loan per participant may be outstanding in a twelve-month period.

Note 9 - Tax Status:

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

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

Note 10 - Risks and Uncertainties and Concentration of Risk:

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

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

The Plan's investment in two funds comprise approximately 26% and 25% of total investments for 2023 and 2022, respectively. In addition, there was one investment that compromised approximately 11% and 16% of the self-directed brokerage account in 2023 and 2022, respectively.

Note 11 - Party-in-Interest:

Certain Plan investments are managed by the Custodian of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. National Professional Planning Group, Inc serves as the Plan's recordkeeper and Fiduciary Plan Partners provides investment consulting services. Total administrative expenses paid to the Custodian, record keeper and investment advisor totaled \$128,874 in 2023.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2023

EIN 22-3163382

PLAN NUMBER: 333

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description	(e) Fair Value
	Pooled Separate Accounts:		
	Vanguard	VG Target Ret 2040 Inv SABF	\$ 8,306,550
	Vanguard	VG Target Ret 2030 Inv SABD	8,021,724
	Vanguard	VG 500 Index SACG	6,252,816
	American	AmerFunds Grw of America SA6K	4,665,190
	Vanguard	VG Target Ret 2025 Inv SABC	3,042,577
	Vanguard	VG Target Ret 2050 Inv SABH	2,485,495
	Vanguard	VG Target Ret 2020 Inv SABB	2,480,741
	Vanguard	VG LifeStrat Grw SAB1	2,374,038
	State Street	SS S&P MidCp Idx SACD	1,991,856
	Vanguard	VG Target Ret Inc Inv SABM	1,808,844
	State Street	SS Rsl Sml Cap Grw NL SAA9	1,672,215
	PIMCO	PIMCO Sht Term Fund Instl SAA5	1,531,689
	Vanguard	VG Windsor Fund Admrl SABQ	1,522,522
	Vanguard	VG Target Ret 2035 Inv SABE	1,220,135
	American	American Funds New World SA6J	1,106,009
	Vanguard	VG LifeStrat Mod Grw SAB2	1,048,397
	DFA	DFA US Sm Cp Val Inst SA7M	1,019,442
	Vanguard	VG Dev Markets Idx Admrl SACH	881,373
	Vanguard	VG Target Ret 2060 Inv SABL	848,763
	Baird	Baird Aggregate Bond Inst SAEJ	745,734
	American	AmerFunds Int Grw&Inc SA6F	584,823
	Vanguard	VG Target Ret 2045 Inv SABG	419,161
	Baird	Baird Core Plus Bond Inst SAEK	358,714
	BlackRock	BlackRock Infpro Bond SA6N	344,786
	Vanguard	VG Target Ret 2070 Inv AABX	303,211
	Vanguard	VG LifeStrat Cons Grw SAAZ	301,364
	Vanguard	VG Target Ret 2055 Inv SABK	200,035
	Vanguard	VG REI Fund Admiral Shrs SAB5	158,229
	Vanguard	VG LifeStrategy Income SAEP	15,340
	Vanguard	VG Target Ret 2065 Inv SAEN	4,367
			<u>55,716,140</u>
	Group Annuity Contract -		
*	Lincoln	Guaranteed Account	4,721,716
	Self Directed Brokerage Accounts -		
	Various	Various	3,396,632
	Money Market Fund -		
	PNC Bank	Money Market Fund	1,000
*	Notes receivable from participants	Interest rates between 4.25% - 9.50%	667,278
			<u>\$ 64,502,766</u>

* Indicates party-in-interest

See independent auditors' report.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2023

EIN 22-3163382

PLAN NUMBER: 333

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description	(e) Fair Value
	Pooled Separate Accounts:		
	Vanguard	VG Target Ret 2040 Inv SABF	\$ 8,306,550
	Vanguard	VG Target Ret 2030 Inv SABD	8,021,724
	Vanguard	VG 500 Index SACG	6,252,816
	American	AmerFunds Grw of America SA6K	4,665,190
	Vanguard	VG Target Ret 2025 Inv SABC	3,042,577
	Vanguard	VG Target Ret 2050 Inv SABH	2,485,495
	Vanguard	VG Target Ret 2020 Inv SABB	2,480,741
	Vanguard	VG LifeStrat Grw SAB1	2,374,038
	State Street	SS S&P MidCp Idx SACD	1,991,856
	Vanguard	VG Target Ret Inc Inv SABM	1,808,844
	State Street	SS Rsl Sml Cap Grw NL SAA9	1,672,215
	PIMCO	PIMCO Sht Term Fund Instl SAA5	1,531,689
	Vanguard	VG Windsor Fund Admrl SABQ	1,522,522
	Vanguard	VG Target Ret 2035 Inv SABE	1,220,135
	American	American Funds New World SA6J	1,106,009
	Vanguard	VG LifeStrat Mod Grw SAB2	1,048,397
	DFA	DFA US Sm Cp Val Inst SA7M	1,019,442
	Vanguard	VG Dev Markets Idx Admrl SACH	881,373
	Vanguard	VG Target Ret 2060 Inv SABL	848,763
	Baird	Baird Aggregate Bond Inst SAEJ	745,734
	American	AmerFunds Int Grw&Inc SA6F	584,823
	Vanguard	VG Target Ret 2045 Inv SABG	419,161
	Baird	Baird Core Plus Bond Inst SAEK	358,714
	BlackRock	BlackRock Infpro Bond SA6N	344,786
	Vanguard	VG Target Ret 2070 Inv AABX	303,211
	Vanguard	VG LifeStrat Cons Grw SAAZ	301,364
	Vanguard	VG Target Ret 2055 Inv SABK	200,035
	Vanguard	VG REI Fund Admiral Shrs SAB5	158,229
	Vanguard	VG LifeStrategy Income SAEP	15,340
	Vanguard	VG Target Ret 2065 Inv SAEN	4,367
			<u>55,716,140</u>
	Group Annuity Contract -		
*	Lincoln	Guaranteed Account	4,721,716
	Self Directed Brokerage Accounts -		
	Various	Various	3,396,632
	Money Market Fund -		
	PNC Bank	Money Market Fund	1,000
*	Notes receivable from participants	Interest rates between 4.25% - 9.50%	667,278
			<u>\$ 64,502,766</u>

* Indicates party-in-interest

See independent auditors' report.