

**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

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- 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**

<b>1a</b> Name of plan <u>HR &amp; P SOLUTIONS, INC. 401K SALARY REDUCTION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HR &amp; P SOLUTIONS, INC.</u>  <u>9621 W. SAM HOUSTON PKWY N.,</u> <u>STE 100</u> <u>HOUSTON, TX 77064</u>	<b>1c</b> Effective date of plan <u>01/01/2001</u>  <b>2b</b> Employer Identification Number (EIN) <u>76-0652302</u>  <b>2c</b> Plan Sponsor's telephone number <u>281-880-6525</u>  <b>2d</b> Business code (see instructions) <u>541600</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	JOHN MCKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	JOHN MCKAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2466
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1754
	<b>6a(2)</b>	1692
	<b>6b</b>	0
	<b>6c</b>	523
	<b>6d</b>	2215
	<b>6e</b>	0
	<b>6f</b>	2215
	<b>6g(1)</b>	1496
<b>6g(2)</b>	1251	
<b>6h</b>	2	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2S 2T

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input checked="" type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HR &amp; P SOLUTIONS, INC. 401K SALARY REDUCTION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HR &amp; P SOLUTIONS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>76-0652302</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 37 38 50	TPA	364177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HR & P SOLUTIONS, INC.

76-0652302

(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?
14 50	PLAN ADMINISTRATOR	99329	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	MGMT FEE	93426	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WEINSTEIN ZUGMAN, LLC

20-0453834

(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?
10	AUDITOR	10680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HR &amp; P SOLUTIONS, INC. 401K SALARY REDUCTION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HR &amp; P SOLUTIONS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>76-0652302</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	741121	143516
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	269494	214287
<b>(3)</b> Other .....	<b>1b(3)</b>	14079	11289
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	964056	1050711
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	68804758	79474922
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	70793508	80894725
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	70793508	80894725

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2295958	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	5726117	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2011677	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		10033752
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	67033	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		67033
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2556416	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2556416
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		6836317
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		19493518

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	4656717	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4656717
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		87248
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	463506	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	10680	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	93426	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		567612
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		5311577

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		14181941
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		6237077
(2) From this plan .....	<b>2l(2)</b>		10317801

**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: **KSDT CPA**

(2) EIN: **26-0547877**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	175768
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
PAYCHEX POOLED EMPLOYER 401(K) PLAN	46-5370757	001
AON POOLED EMPLOYER PLAN	22-2232264	001
BLUE TIDE ENVIRONMENTAL LLC EMPLOYEE 401(K) PLAN	36-4829964	001
ARCHITECHTURAL FABRICATION, INC. 401K PLAN	75-2704543	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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>HR &amp; P SOLUTIONS, INC. 401K SALARY REDUCTION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HR &amp; P SOLUTIONS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>76-0652302</u>	

<b>Part I</b>	<b>Distributions</b>
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**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	
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**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): 65-0708495

**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	
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>HR &amp; P SOLUTIONS, INC. 401K SALARY REDUCTION PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>HR &amp; P SOLUTIONS, INC.</b></p>	<p><b>D</b> Administrator's EIN <b>76-0652302</b></p>	

**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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
<b>ACUTE KIDS CARE, LLP DBA ACUTE KIDS URGENT CARE</b>	<b>42-1557025</b>	<b>0.00</b>	<b>67610</b>
<b>AD SERVICES, INC.</b>	<b>74-3103696</b>	<b>3.47</b>	<b>1382094</b>

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<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> 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.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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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
ADDI LLC	81-0636044	0.22	510117
ADVANCED CRANE & HOIST SERVICES, INC.	76-0416169	0.26	1541132
ADVANTIS SERVICES, INC DBA MR. ROOTER DFW & PROVOST SERVICES	65-0569042	1.41	1271186
AGILITY BANK N.A.	85-3702363	3.05	674394
APRIL OLIVER, P.A.	47-3891742	0.41	118311
ARCHITECTURAL FABRICATION, INC.	75-2704543	1.17	0
AUTOSPEC, INC.	76-0421506	0.00	13155
BAC TRAC PLUMBING, L.P.	74-2010560	0.31	592253
BLUE TIDE ENVIRONMENTAL LP	36-4829964	7.61	0

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRETT M. SHANKS, PC	55-0886676	0.00	5748
BUTTING HOUSTON INC.	36-4994264	0.20	71895
CALDWELL EVERSON PLLC	76-0539786	1.88	4851662
CAPROCK MIDSTREAM, LLC	47-2565573	0.51	629288
CASTILLO MISSION FUNERAL HOME, INC.	26-3427417	0.11	32770
CAVERN SOLUTIONS, INC.	46-5452814	3.46	1727983
CEDAR CREEK PROPERTY GROUP, LLC	45-4893270	2.56	834644
CFI SERVICES INC. AND CO-ADOPTING ENTITIES	76-0448431	1.67	1246428
CONTROL FORMS, INC	74-1701099	0.00	227845

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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
COTTON GIN INTERNATIONAL AND CO-ADOPTING ENTITIES	47-3165913	0.29	266051
CPI WIRECLOTH & SCREENS, INC. & CPI LOUISIANA	74-1603364	0.55	2645719
CRAIN GROUP, LLC	20-1621237	2.54	2200165
CRT GC, INC.	82-3854938	0.30	86618
CTC CONTRACTORS, LLC	27-1613382	2.29	465418
DENNARD LASCAR ASSOCIATES, LLC	52-1556751	0.72	1107998
DIGITAL 2000	76-0508482	0.00	21563
D-L FLANGE CORPORATION/GENOYER GROUP INC.	76-0668154	0.00	88225
EPILEPSY FOUNDATION OF TEXAS	74-2141084	0.46	517649

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERNIE'S HARDWARE, INC.	04-3837446	0.10	53287
EXCEL WASTE DISPOSAL, LLC	27-2174951	0.00	3394
FIRST SURGICAL WOODLANDS, LP	20-2153631	0.00	339911
FN SOLUTIONS, INC.	05-0529922	0.00	1
GENERAL SOLUTIONS LTD.	76-0623614	0.00	24267
GLOBAL FABRICATION SERVICES, INC. & PARTICIPATING EMPLOYERS	76-0430885	0.68	301718
GOW COMMUNICATIONS, LLC	20-5153379	1.30	1661967
GAMMATECH INDUSTRIAL, LLC	92-2296385	0.96	84956
HD PUMP & SUPPLY, INC.	04-3837443	0.86	682456

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEANEY GROUP, LLC	27-0743558	0.23	148403
HIGH TECH MACHINE II COMPANY, LLC & COFFEE FOR HIM, LLC	76-0664050	0.47	1163390
HOPPER VENTURES, INC	76-0615367	0.01	100906
HR&P SOLUTIONS, INC.	76-0652302	17.19	13533111
HR&P SOLUTIONS, INC. SUSPENSE PLAN	34-3434343	0.00	9430
I3 OPERATIONS LLC	92-2720209	0.93	904378
INTEGRATED EQUIPMENT, INC.	74-3049145	1.14	1168545
JETECH RENTALS, LLC	81-4750324	0.00	22672
LANARK GROUP LLC	46-4406405	1.20	346256

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGACY LIGHTING, INC.	76-0707328	3.62	1386818
M&M ENGINEERING ASSOCIATES, INC.	39-2067226	0.00	140630
MONCLA MARINE OPERATIONS, LLC & AFFILIATED COMPANIES	61-1616204	0.59	1220907
NEUAG, LLC	32-0578392	0.58	614831
PERSEDO OPERATING COMPANY, LLC	82-3224805	0.03	2371
OXANE MATERIALS, INC.	48-1289069	0.00	988123
PATHPOINT ENERGY, LLC	87-2136099	2.65	625787
PET VET ANIMAL HOSPITALS	74-1889944	0.17	1523277
PIPELINE TECHNIQUE LLC	82-0551134	0.08	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
PRECISION URETHANE & MACHINE, INC.	74-1997878	0.49	136307
QRX MEDICAL MANAGEMENT, LLC	26-0816177	0.00	221710
QUALITY CABLE INSTALLERS LLC	27-1102908	2.21	345507
RADCO MANAGEMENT LLC	76-0652910	0.82	1930157
RAE SECURITY SOUTHWEST, LLC	20-2112688	8.02	5719027
RECONN CONSTRUCTION SERVICES LLC	83-4027747	1.51	503944
SAND HILL GOLF MANAGEMENT LLC	45-4313332	0.40	290210
SAS- STEEL ALLOYS & SERVICES - TEXAS, LLC	81-3982419	5.06	2538077
SAW SUPPLIES LLC	87-4560038	0.08	8313

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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
SCHIRRMEISTER DIAZ-ARRASTIA BREM LLP	20-0439249	1.80	5333867
SNOW GARRETT WILLIAMS, CPA	75-2353675	3.95	2415354
SOUTHAMPTON MONTESSORI	26-2103147	0.14	926917
SOUTH CENTRAL ELECTRIC LLC	81-1825356	1.18	101229
STARLIGHT PEDIATRIC URGENT CARE, LLC	46-2917909	0.00	18953
PREMIER MECHANICAL, LLC	85-4123565	1.09	481024
TEJAS ENGINEERING MANAGEMENT, LLC	81-0086709	0.13	952990
TALKE USA, INC	46-5370757	0.00	0
THE UNIVERSITY OF HOUSTON ALUMNI ASSOCIATION	74-1367041	0.00	411300

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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
TITAN WORLDWIDE LOGISTICS, LP	20-1514525	0.00	4392
TRANSMAR DISTRIBUTION SERVICES, LTD.	76-0231435	0.00	2277
TRITON CONSTRUCTION CO., INC.	76-0537088	0.00	365
TWI NORTH AMERICA, LLC	98-0533547	0.00	220233
UHD TECHNOLOGY SOLUTIONS, LLC	93-4040922	0.87	222043
WATERFIELD MIDSTREAM, LLC	83-0951339	0.00	175479
WESTHEIMER PLUMBING & HARDWARE	76-0481616	0.00	619906
WHOLELIFE AUTHENTIC CARE	84-1857050	0.21	35658
WILLOW CREEK SURGERY CENTER, LP	26-2857056	0.00	398498

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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
WIND POWER ELECTRIC CONSTRUCTION, LLC	20-5585563	0.00	2096
EDEN GREEN	82-2354603	2.57	214152
A&S ENGINEERS, INC.	76-0606133	1.20	4995221
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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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

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

ACK ID \_\_\_\_\_

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**HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN**

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

YEAR ENDED DECEMBER 31, 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
HR&P Solutions, Inc. 401(k) Salary Reduction Plan

### **Opinion on the 2024 Financial Statements**

We have audited the accompanying financial statements of HR&P Solutions, Inc. 401(k) Salary Reduction Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of HR&P Solutions, Inc. 401(k) Salary Reduction Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the HR&P Solutions, Inc. 401(k) Salary Reduction Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the 2024 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.

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 HR&P Solutions, Inc. 401(k) Salary Reduction 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.

**INDEPENDENT AUDITOR'S REPORT** (Continued)**Auditor's Responsibilities for the Audit of the 2024 Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the HR&P Solutions, Inc. 401(k) Salary Reduction 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 HR&P Solutions, Inc. 401(k) Salary Reduction Plan's ability to continue as a going concern for a reasonable period of time.

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.

**INDEPENDENT AUDITOR'S REPORT** (Continued)

**Other Matters**

*2024 Supplemental Schedules Required by ERISA*

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements, but are 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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their 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 information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*2023 Financial Statements*

The financial statements of the HR&P Solutions, Inc. 401(k) Salary Reduction Plan as of December 31, 2023, were audited by other auditors whose report dated September 18, 2024 expressed an unmodified opinion on those financial statements.

**KSDT CPA**

Weston, Florida  
October 7, 2025

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
<b>INVESTMENTS, AT FAIR VALUE</b>	\$ 79,474,922	\$ 68,804,758
<b>CONTRIBUTIONS RECEIVABLE</b>	369,092	1,024,694
<b>NOTES RECEIVABLE FROM PARTICIPANTS</b>	<u>1,050,711</u>	<u>964,056</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 80,894,725</u>	<u>\$ 70,793,508</u>

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

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

### ADDITIONS:

Net appreciation in fair value of investments	\$ 6,836,317
Interests and dividends	<u>2,623,449</u>
Total investment income	<u>9,459,766</u>

### Contributions:

Participants	5,726,117
Employers	2,295,958
Rollovers	<u>2,011,677</u>
Total contributions	<u>10,033,752</u>

**TOTAL ADDITIONS** 19,493,518

### DEDUCTIONS:

Benefit payments	4,743,965
Administration fees	<u>567,612</u>
<b>TOTAL DEDUCTIONS</b>	<u>5,311,577</u>

**NET CHANGE IN NET ASSETS BEFORE TRANSFERS** 14,181,941

Transfers to this Plan 6,237,077

Transfers from this Plan (10,317,801)

**NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS** 10,101,217

**NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING** 70,793,508

**NET ASSETS AVAILABLE FOR BENEFITS - ENDING** \$ 80,894,725

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

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

### NOTE 1. DESCRIPTION OF THE PLAN

The following description of the HR&P Solutions, Inc. 401(k) Salary Reduction Plan (the Plan) provides only general information. For more complete information, participants should refer to the Plan instrument, a copy of which is on file in the office of the Plan sponsor.

#### *General*

The Plan was formed effective January 1, 2001 by HR&P Solutions, Inc. (the Plan Administrator). This Plan is a multiple-employer plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan.

#### *Eligibility*

The Plan covers all employees, as defined in the Plan, of the adopting employers (the Employers) who have completed the age and service requirements selected by the Employer in the Adoption Agreement. New Employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation occurs on the first of any month after completing each Employers' age and service requirements.

#### *Funding*

Each year participants may contribute from 1% up to 98% of pre-tax annual compensation, after-tax compensation, or combination thereof as defined in the Plan. According to Internal Revenue Service (IRS) rules, the deferral may not exceed \$23,000 in 2024 and \$22,500 in 2023. Participants who have reached at least age 50 may contribute an additional catch-up yearly contribution of \$7,500 during 2024 and 2023. Eligible participants may also contribute amounts representing distributions from other qualified benefit or contribution plans.

Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a 401(k) safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Discretionary employer-provided non-elective (profit-sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan.

#### *Participant Accounts*

Each participant's account is credited with the participant's contribution and, if applicable, employer-provided matching contributions, allocations of employer-provided non-elective (profit sharing) contributions, Plan earnings (losses), and charged with management or service fees and allocation of any administrative expenses paid by the Plan.

Allocations are based on participant earnings or account balances, as defined by the Plan. Additional administrative fees are charged by the custodian upon fund withdrawal. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

### NOTE 1. DESCRIPTION OF THE PLAN (Continued)

#### *Vesting*

Participants are immediately vested in their elective contributions, rollover contributions, and any qualified non-elective contribution plus actual earnings thereon. Each adopting Employer selects among three options for vesting employer contributions. Under the first option, employer contributions are 20% vested after two years of service, and 20% for each additional year of service. Under the second option, employer contributions are not vested until after three years of service at which time the contributions are 100% vested. The third option is full and immediate vesting, or any accelerated vesting that vests sooner than the first option. Participants become fully vested upon attainment of normal retirement age (65) while being employed by the Administrator or the Employers. Participants also become fully vested on all balances upon death or disability while an employee of the Administrator or the Employers.

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the Plan calendar year. See each respective employer's adoption agreement for any variations in the time of service requirement.

#### *Investment Options*

Participants may direct contributions to any of the investment options offered by the Plan. The investment options include money market funds and various stock and bond funds. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments (see Note 3).

#### *Payment of Benefits*

Upon retirement or separation from service with the Employers, the participant may elect to receive a single lump-sum cash payment. Also, upon reaching age 59½, participants may receive a lump-sum cash payment for any portion of their vested accounts on a yearly basis.

#### *Forfeitures*

Forfeitures may be used to restore other forfeitures, reduce future employer contributions, reallocate as employer contributions, or to pay Plan expenses. The forfeiture balances available for use were \$64,569 and \$67,114 as of December 31, 2024 and 2023, respectively. During the year ended December 31, 2024, \$15,329 in forfeitures were used to reduce Employers' matching contributions.

#### *Notes Receivable from Participants*

Participants may borrow from their accounts from \$1,000 up to a maximum of 50% of their vested account balance or \$50,000 minus the highest outstanding balance of loans in the past 12 months, whichever is less. Loan terms would not exceed 5 years unless the loan was for the purchase of a primary residence. The maximum loan term for a primary residence is 15 years. The loans would be secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates provided by local lending institutions.

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

### NOTE 1. DESCRIPTION OF THE PLAN (Continued)

#### *Notes Receivable from Participants* (Continued)

Loans are only available to Plan participants who are active employees of the Plan Administrator or Employers, therefore, they become payable in full upon termination of employment. Participant loans had an outstanding balance for the years ended December 31, 2024 and 2023 of \$1,050,711 and \$964,056, respectively, with interest rates ranging between 4.25% and 10.50% and various maturities through 2039.

### NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### *Basis of Accounting and Use of Estimates*

The accompanying financial statements have been prepared on the accrual basis of accounting, except that benefits are recorded when paid. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### *Withdrawals and Exchanges*

Withdrawals and exchanges between investment fund options by participants are recorded based upon the specific proceeds and cost of the investment at the date of withdrawal or exchange.

#### *Investment Valuation and Income Recognition*

Investments are reported at fair value (see Note 3). 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 (see Note 3 for discussion of fair value measurements).

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

#### *Concentration of Credit Risk*

Financial instruments, which potentially expose the Plan to concentrations of credit risks, as defined by GAAP, consist primarily of contributions receivable and investments. The Plan invests in mutual funds which, inherent in the fair market value determination, include the risk factor of credit worthiness for each individual debt security.

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

### NOTE 3. FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value, expands disclosures about fair value measurements, and establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair value summarized as follows:

Level 1: Inputs using 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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.

The following is a description of the valuation methods used for assets measured at fair value.

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

The following table presents the Plan's fair value hierarchy for investments measured at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 79,474,922</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 79,474,922</u>

The following table presents the Plan's fair value hierarchy for investments measured at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 68,804,758</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 68,804,758</u>

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

### NOTE 4. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

Slavic Integrated Administration, Inc. (SIA), the Plan's third-party administrator receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2024 was \$364,177.

Slavic Mutual Funds Management Corporation (SMF), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2024 was \$93,426.

The Plan Administrator charges the Plan to cover various Plan administrative expenses. The Plan administrative expenses are remitted to the Plan Administrator through a quarterly fee. For the year ended December 31, 2024, the annual expense reimbursement was \$99,329.

The party-in-interest transactions above are exempt from prohibited transaction rules of ERISA.

### NOTE 5. RISKS AND UNCERTAINTIES

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

### NOTE 6. PROHIBITED TRANSACTIONS

The Department of Labor's (DOL) regulation 29 CFR 2510.3-102 requires that participant contributions be remitted to the Plan on the earliest date on which they can be reasonably segregated from the Company's general assets. Failure to remit participant contributions to the Plan in a timely manner results in a prohibited transaction, which must be separately reported to the DOL and may result in penalties to the Plan Administrator.

During 2023, the participant deferrals of two payroll files totaling \$175,768 were not remitted timely to the Plan. Subsequent to the due date, but prior to the Plan's year-end, the Administrator remitted the contributions. Correction of interest and investment gain was to be subsequently remitted. These are shown as corrected in the Schedule of Delinquent Participant Contributions.

There were no such late remittances during 2024.

### NOTE 7. TAX STATUS

The Plan is exempt from Federal income taxes under Internal Revenue Code (IRC) and, therefore, no provision for Federal income taxes has been made. In addition, the Plan is required to operate in conformity with the IRC to maintain the tax-exempt status. The master prototype plan from which the Plan was drafted received a favorable determination from the Internal Revenue Service on June 30, 2020. Although the Plan has been amended since receiving the determination letters, the Plan Administrator believes the Plan is designed to operate and is currently being operated in compliance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

## NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

### **NOTE 7. TAX STATUS (Continued)**

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 (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. Management believes that the Plan is no longer subject to such audits for tax periods prior to 2021.

### **NOTE 8. SUBSEQUENT EVENTS**

Management has evaluated subsequent events for the Plan through October 7, 2025, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2024

# HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN

EMPLOYER IDENTIFICATION NUMBER - #76-0652302

PLAN NUMBER – 001

FORM 5500 – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<u>Mutual Funds:</u>			
	Vanguard	Vanguard Total Stock Market Index Admira	**	\$ 16,846,048
	Vanguard	Vanguard Intermediate-Term Bond Index Ad	**	7,604,907
	Vanguard	Vanguard Federal Money Market	**	7,333,631
	Fidelity	Fidelity 500 Index	**	5,762,091
	Vanguard	Vanguard Target Retirement 2035	**	3,811,831
	Vanguard	Vanguard Consumer Staples Index	**	3,725,783
	Vanguard	Vanguard Target Retirement 2030	**	3,597,925
	Vanguard	Vanguard Target Retirement 2040	**	2,977,074
	BlackRock	iShares MSCI EAFE International Index K	**	2,796,622
	Vanguard	Vanguard Target Retirement 2045	**	2,036,773
	Vanguard	Vanguard Target Retirement 2025	**	1,805,440
	Principal	Principal Large Cap Growth	**	1,518,599
	Vanguard	Vanguard Information Technology Index Ad	**	1,510,400
	Vanguard	Vanguard Target Retirement 2055	**	1,398,005
	Vanguard	Vanguard Target Retirement 2050	**	1,339,110
	Vanguard	Vanguard High Dividend Yield Index Admir	**	1,194,097
	Invesco	Invesco Discovery Mid Cap Growth Fund RI	**	987,591
	BlackRock	BlackRock Health Sciences Svc	**	943,827
	Vanguard	Vanguard Utilities Index Admiral	**	852,553
	JPMorgan	JPMorgan U.S. Research Enhanced Equity F	**	833,146
	Vanguard	Vanguard Small Cap Value Index Adm	**	789,385
	Vanguard	Vanguard Target Retirement 2060	**	789,348
	Vanguard	Vanguard Target Retirement 2020	**	732,364
	American Funds	American Funds New Perspective R6	**	725,183
	American Funds	American Funds EuroPacific R6	**	712,175
	Vanguard	Vanguard Mid Cap Index Admiral	**	688,258
	Vanguard	Vanguard Industrial Index Admiral	**	652,199
	Vanguard	Vanguard Small Cap Index Admiral	**	574,853
	Vanguard	Vanguard Short-Term Federal Admiral	**	570,907
	T. Rowe Price	T. Rowe Price Int'l Equity Index	**	482,027
	Vanguard	Vanguard Small Cap Growth Index Adm	**	479,456
	Fidelity	Fidelity Emerging Markets Index	**	403,882
	Vanguard	Vanguard Total World Stock Index Admiral	**	400,753
	Vanguard	Vanguard Total Bond Market Index Admiral	**	361,651
	Vanguard	Vanguard Short-Term Bond Index Admiral	**	334,264
	Vanguard	Vanguard Mid Cap Value Index Admiral	**	327,350
	Fidelity	Fidelity Advisor Materials I	**	254,877
	Vanguard	Vanguard Target Retirement 2065 Inv	**	246,154
	Vanguard	Vanguard Inflation Protected Securities	**	244,220
	Vanguard	Vanguard Target Retirement Income	**	237,366
	Vanguard	Vanguard Energy Index Admiral	**	231,723
	Franklin	Franklin Utilities R6	**	195,330
	Vanguard	Vanguard Real Estate Index Admiral	**	159,579
	Vanguard	Vanguard Target Retirement 2070	**	5,946
	Vanguard	Vanguard Cash Reserves Federal Adm	**	219
		Total investments		79,474,922
	* Notes receivable from participants	Interest at 4.25% to 10.50% maturities through 2039	**	1,050,711
		Total		\$ 80,525,633

\* Party-in-interest as defined by ERISA.

\*\* Cost information not required for participant-directed investments.

The accompanying independent auditor's report should be read with this supplementary schedule.

**HR&P SOLUTIONS, INC. 401(k) SALARY REDUCTION PLAN**

EMPLOYER IDENTIFICATION NUMBER - #76-0652302

PLAN NUMBER – 001

FORM 5500 – SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2024

Participant Contributions Transferred Late to the Plan	Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51	Year
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Pending Correction in VFCP		
Check here if Late Participant Loan Repayments are included <input checked="" type="checkbox"/>					
\$175,768	-	-	-	\$175,768	2023

The accompanying independent auditor’s report should be read with this supplementary schedule.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

HR&P SOLUTIONS, INC. 401K SALARY REDUCTION PLAN

PLAN # 001

EIN # 76-0652302

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Dimensional Fund Advisors	BTMKX - iShares MSCI EAFE International Index K		2,796,622
	Fidelity	FMFEX - Fidelity Advisor Materials I		254,876
	Fidelity	FPADX - Fidelity Emerging Markets Index		403,881
	Franklin/Templeton	FUFRX - Franklin Utilities R6		195,329
	Fidelity	FXAIX - Fidelity 500 Index		5,762,091
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity F		833,146
	Invesco	OEGIX - Invesco Discovery Mid Cap Growth Fund RI		987,591
	T. Rowe Price	PIEQX - T. Rowe Price Int'l Equity Index		482,027
	Principal	PLGIX - Principal Large Cap Growth		1,518,599
	Federated Hermes	POIXX - Federated Prime Obligation Fund		0
	American Funds	RERGX - American Funds EuroPacifc R6		712,175
	American Funds	RNPGX - American Funds New Perspective R6		725,183
	BlackRock	SHISX - BlackRock Health Sciences Svc		943,827
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		244,220
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		7,604,907
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		334,264
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		361,651
	Vanguard	VCSAX - Vanguard Consumer Staples Index		3,725,783
	Vanguard	VENAX - Vanguard Energy Index Admiral		231,723
	Vanguard	VFFVX - Vanguard Target Retirement 2055		1,398,005
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,339,110
	Vanguard	VFORX - Vanguard Target Retirement 2040		2,977,074
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		159,579
	Vanguard	VHYAX - Vanguard High Dividend Yield Index Admir		1,194,097
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		688,258
	Vanguard	VINAX - Vanguard Industrial Index Admiral		652,199
	Vanguard	VITAX - Vanguard Information Technology Index Ad		1,510,400
	Vanguard	VLVXX - Vanguard Target Retirement 2065 Inv		246,154
	Vanguard	VMFXX - Vanguard Federal Money Market		7,333,631
	Vanguard	VMRXX - Vanguard Cash Reserves Federal Adm		219
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		327,350
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		479,456
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		570,907
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		789,385
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		574,853
	Vanguard	VSVNX - Vanguard Target Retirement 2070		5,946
	Vanguard	VTHRX - Vanguard Target Retirement 2030		3,597,925
	Vanguard	VTINX - Vanguard Target Retirement Income		237,366
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,036,773
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		16,846,048
	Vanguard	VTTHX - Vanguard Target Retirement 2035		3,811,831
	Vanguard	VTTSX - Vanguard Target Retirement 2060		789,348
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,805,440
	Vanguard	VTWAX - Vanguard Total World Stock Index Admiral		400,753
	Vanguard	VTWNX - Vanguard Target Retirement 2020		732,364
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		852,553
	Participant Loans	4.25% - 10.50%		1,050,711