

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 [X] 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: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): TRION SOLUTIONS, INC.
2b Employer Identification Number (EIN): 46-1334892
2c Plan Sponsor's telephone number: 248-498-8400
2d Business code (see instructions): 812990

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

<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>	12255
<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>	12255
	<b>6a(2)</b>	7890
	<b>6b</b>	0
	<b>6c</b>	661
	<b>6d</b>	8551
	<b>6e</b>	0
	<b>6f</b>	8551
	<b>6g(1)</b>	3897
<b>6g(2)</b>	4088	
<b>6h</b>	150	
<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 2J 2K 3D 2F 2G 2A

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u>
(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 checked="" 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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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><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 <span style="color: blue;">TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">TRION SOLUTIONS, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">46-1334892</span></p>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	17529	22519	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
223527	25899

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

UNKNOWN  
50082 AMERIPRISE FINANCIAL CTR  
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
201090	25899	NW CANNOT CURRENTLY PROVIDE DETAIL	3

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

AMERIPRISE FINANCIAL SERVICES

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22437	0	GAP-CP-HJ3K	3

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	5158113
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	0
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input checked="" type="checkbox"/> other ▶ GIC	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 3658809
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 1231778
	(2) Dividends and credits.....	<b>7c(2)</b> 483
	(3) Interest credited during the year.....	<b>7c(3)</b> 39988
	(4) Transferred from separate account .....	<b>7c(4)</b> 27888284
	(5) Other (specify below)..... ▶ OTHER	<b>7c(5)</b> 51894
	(6) Total additions .....	<b>7c(6)</b> 29212427
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 32871236
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 481219
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 25899
	(3) Transferred to separate account .....	<b>7e(3)</b> 27100156
	(4) Other (specify below)..... ▶ OTHER	<b>7e(4)</b> 100562
(5) Total deductions .....	<b>7e(5)</b> 27707836	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 5163400

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

SCH A NAME/PURPOSE

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><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 <span style="color: blue;">TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">TRION SOLUTIONS, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">46-1334892</span></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	00314	489	01/01/2024	12/31/2024

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

<p><b>(a) Total amount of commissions paid</b></p> <p style="color: blue;">14527</p>	<p><b>(b) Total amount of fees paid</b></p> <p style="color: blue;">433</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

UNKNOWN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12822	433	NW CANNOT CURRENTLY PROVIDE DETAIL	3

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

AMERIPRISE FINANCIAL SERVICES 50082 AMERIPRISE FINANCIAL CTR  
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1705	0	GAP CP NE4F	3

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	2293832
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	27538767

**6** Contracts With Allocated Funds:

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

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

**b** Balance at the end of the previous year ..... **7b** 0

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	2179645
(2) Dividends and credits.....	<b>7c(2)</b>	16
(3) Interest credited during the year.....	<b>7c(3)</b>	4938
(4) Transferred from separate account .....	<b>7c(4)</b>	345397
(5) Other (specify below)..... ▶ OTHER	<b>7c(5)</b>	2771

(6) Total additions ..... **7c(6)** 2532767

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 2532767

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	6330
(2) Administration charge made by carrier.....	<b>7e(2)</b>	433
(3) Transferred to separate account .....	<b>7e(3)</b>	229664
(4) Other (specify below)..... ▶ OTHER	<b>7e(4)</b>	2507

(5) Total deductions ..... **7e(5)** 238934

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2293833

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

SCH A NAME/PURPOSE

<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>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING 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>TRION SOLUTIONS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-1334892</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

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

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

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

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

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

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**(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)

PROACCOUNT NATIONWIDE

10 W NATIONWIDE BLVD  
COLUMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	197226	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)

THE BENEFIT ADVANTAGE

3497 AUBURN ROAD  
AUBURN HILLS, MI 48326

38-3254950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	30738	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)

PPA/TPA VICKI ROSE

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	30267	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)

FENNER MELSTROM AND DOOLING PLC

355 S OLD WOODWARD SUITE 200  
BIRMINGHAM, MI 48009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	14019	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)

IRON FINANCIAL

630 DUNDEE ROAD, SUITE 200  
NORTHBROOK, IL 60062

99-9552241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	6932	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"/>

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE LIFE INSURANCE COMPANY	26	0
(d) Enter name and EIN (address) of source of indirect compensation  NATIONWIDE LIFE INSURANCE COMPANY    ONE NATIONWIDE PLAZA COLUMBUS, OH 43215  31-4056830	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  NO SOURCE TO REPORT	
(a) Enter service provider name as it appears on line 2  AMERIPRISE	26	0
(d) Enter name and EIN (address) of source of indirect compensation  AMERIPRISE    50082 AMERIPRISE FINANCIAL SERVICES MINNEAPOLIS, MN 55474	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  NO SOURCE TO REPORT	
(a) Enter service provider name as it appears on line 2  PPA/TPA VICKI ROSE	26	0
(d) Enter name and EIN (address) of source of indirect compensation  PPA/TPA VICKI ROSE    888 WEST BIG BEAVER RD, STE 1000 TROY, MI 48084	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  NO SOURCE TO REPORT	

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

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

<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

<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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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 <u>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRION SOLUTIONS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>46-1334892</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS AGGR 2025 R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
<b>c</b> EIN-PN <u>24-7000000-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS AGGR 2035 R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
<b>c</b> EIN-PN <u>24-7000000-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS AGGR 2045 R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
<b>c</b> EIN-PN <u>24-7000000-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3813</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS AGGR 2055 R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
<b>c</b> EIN-PN <u>24-7000000-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS AGGR RTRMT R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
<b>c</b> EIN-PN <u>24-0000000-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34861</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS CNSRV 2025 R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
<b>c</b> EIN-PN <u>24-7000000-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS CNSRV 2045 R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
<b>c</b> EIN-PN <u>24-7000000-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS CNSRV RTRMT R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>562224</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2025 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2035 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>57224</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2045 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLEX FOCUS MODERATE 2055 FUND CLASS</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-0000002-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD RTRMT R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35034</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS CNSRV 2065 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>32</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2065 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT GREAT GRAY TRUST</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>17936</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PTNM STBL VAL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>CIT PUTNAM INVESTMENTS</b>		
<b>c</b> EIN-PN <b>24-7000000-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>973622</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<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>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING 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>TRION SOLUTIONS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-1334892</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>	585105	336322
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	177224	48529
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4235	6446
<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>	1142936	2042192
<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>	47381482	96696169
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	3658809	7451945
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	52949791	106581603
<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>	91772	30835
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	91772	30835
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	52858019	106550768

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3770716	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	8292741	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2971975	
(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>		15035432
<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>	44926	
<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>	87632	
<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>		132558
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> 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>		5303387
<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>		20471377

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	5920453	
(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>		5920453
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<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>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	279183	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(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>		279183
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		6199636

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		14271741
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		42371379
(2) From this plan .....	<b>2l(2)</b>		2950371

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)		X	
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CONTEYOR US INC	47-1360531	001
FAMILY CENTERED HOME HEALTHCARE INC 401(K) PLAN	87-4947770	001
HOMESTEAD HEALTH CARE 401(K) PLAN	38-3269038	001
FIRST STUDENT, INC RETIREMENT SAVINGS PLAN	52-2205403	002

**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 <b>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING 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>TRION SOLUTIONS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-1334892</b>	

<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** **0**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): **04-3157927**

**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**

<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>6 b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>6 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 03 / 31 / 2014 (MM/DD/YYYY) and the Opinion Letter serial number J395410A.

<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="text-align: center; font-size: 1.2em;"><b>2024</b></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>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING 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>TRION SOLUTIONS, INC.</b></p>	<p><b>D</b> Administrator's EIN <b>46-1334892</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
LAKESHORE FENTON WOODS SENIOR LIVING LLC	99-4808661	0.00	17757
RANDALL RESIDENCE GOVERNOR'S POINTE	38-3442743	0.00	404909

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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 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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RANDALL RESIDENCE GOVERNOR'S PORT	27-2780745	0.00	26994
RANDALL RESIDENCE VILLA AT THE LAKE	26-3033584	0.00	598423
RANDALL RESIDENCE WHITE OAKS RETIREMENT RESIDENCE	38-2631172	0.00	552381
WOMENS EXCELLENCE ELITE MEDICAL MANAGEMENT SOLUTIONS	87-4369991	0.00	27989
WOMENS EXCELLENCE ENDOMETRIOSIS TREATMENT CENTER OF AMERICA	85-4329216	0.00	11303
WOMENS EXCELLENCE WOMEN'S HEALTHCARE ASSOCIATES OF OAKLAND, PLLC	38-3469515	0.01	359803
360 FIRE & FLOOD SOUTHFIELD	83-3113950	0.03	1024806
360 FIRE & FLOOD FLORIDA	84-4705868	0.00	54597
360 FIRE & FLOOD GRAND RAPIDS	85-3627333	0.00	169472

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

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3D INDUSTRIES DBA CERTAPRO OF SOUTH DENVER	26-1614911	0.00	35501
544 STUDIO, LLC DBA BANKER & BRISEBOIS CO	38-0324950	0.00	135730
ACE EQUIPMENT LEASING	11-3646623	0.00	742016
ACE FORWARDING	38-3277213	0.03	1294244
ADVANCED ENTERTAINMENT CENTER, INC. (ZLED LIGHTING)	52-2069529	0.00	234639
ADVANTAGE LENDING CORP.	26-0590018	0.00	161004
AIL HOSPITALITY LLC	47-4373724	0.00	10765
AILCA HOSPITALITY LLC	84-5115991	0.00	93
AKER INK	26-0351602	0.00	488986

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ALL ABOARD DAYCARE, INC.	65-0372459	0.00	162792
ALLEGAN CARE OPERATING CO ALLEGAN ELY	27-1008139	0.00	439388
AMERICA GROUP WEALTH MANAGEMENT	26-2709327	0.00	191526
AMROBOTICS L.L.C.	86-3173263	0.00	31824
A-OK COOLING & HEATING, CORP	38-1735333	0.00	282371
ARSENAL POWERSPORTS SAME OWNER AS SKYLINE MOTORSPORTS - DWANY CANNADY	84-2798977	0.00	41143
ATRIA VASULAR AND VEIN PLLC	84-3688992	0.00	69299
AUBURN HILLS CHAMBER OF COMMERCE	38-2977082	0.00	883
AUTO KONNECT, LLC	26-0385325	0.01	1307056

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AWS BUILDING & EQUIPMENT	20-4445379	0.00	27799
BERRY GREEN MANAGEMENT INC	85-1909086	0.00	9402
BEYOND THE GREEN DBA X-GOLF NOVI	92-3550860	0.00	46854
BLARNEY STONE BROADCASTING	61-1684119	0.00	11433
BLOOMFIELD MASSAGE LUXE SHELBY 3	86-2820469	0.00	1370667
BLOOMINGDALE CARE OPERATING COMPANY BLOOMINGDALE MEADOW WOOD	83-0500169	0.00	76290
BOWERS HARBOR VINEYARDS	38-3012338	0.00	332697
BOYER, ST. PIERCE & AULL, PLLC	88-3025670	0.00	7490
BRIARWOOD HOME HEALTHCARE, INC. DBA INTERIM OF OAKLAND COUNTY	20-0779645	0.00	106539

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BRINES REFRIGERATION NEW NAME ARES HOLDINGS, LLC DBA NEXTECH	38-3026193	0.02	791580
C&T MANAGEMENT - DBA H&R BLOCK OF KINGSLEY	26-2950773	0.00	1119888
CAPITAL 4 GROWTH LLC	81-0909367	0.00	194445
CARSWELL ENVIRONMENT INC	45-4943729	0.00	366227
CHART HOUSE ENERGY, LLC	80-0428735	0.00	7341
CLARITI CONSULTING LLC SAME OWNER AS FENEX CONSULTING LLC	93-1629114	0.01	444810
CLAWSON LODGING LLC	83-1980959	0.00	119
COMMUNITY ECO POWER - COVANTA-JOANNE DIEL	83-3105513	0.00	228188
CONTEGO SERVICES GROUP, LLC	45-1830330	0.00	33004

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CONTEYOR US INC	47-1360531	0.00	21588
CORE CLEANING SERVICE LLC CONTROLLED GRP W CORE PROPERTY RES	85-3993944	0.00	44745
CORE PROPERTY RESTORATION LLC CONTROLLED GRP W CORE CLEANING SRVC	47-1052771	0.00	15483
CORRIGAN ENTERPRISES, INC.	36-4856246	0.27	30573558
DATA TECH CAFE INC.	36-4695240	0.00	18155
DETROIT ORTHOPAEDIC INSTITUTE, PLLC	93-3897592	0.00	10969
DHADE & ASSOCIATES PC	27-0710667	0.00	506
DJC INVESTMENTS	45-0536938	0.00	46
DRN MOVING INC.	65-1018576	0.00	67834

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DYNAMIC HVAC, INC.	38-3731231	0.00	644936
EDSON FARMS NATURAL FOODS, INC.	26-0671099	0.00	298080
EDTEC CENTRAL, LLC	38-3551348	0.01	1363899
EMERGENCY RESTORATION	11-3652175	0.00	642489
EPIC PERSONNEL PARTNERS, LLC	46-3456667	0.00	5265
ESA FABRICATION, LLC	20-1806273	0.00	15047
EXECUTIVE COUNCIL CHARITIES	27-3923417	0.00	318081
F.I.T. FINANCIAL, INC.	84-2575254	0.00	19632
FAMILIES AGAINST NARCOTICS INC. (DBA FACE ADDICTION)	26-2302028	0.01	2059216

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FAMILY CENTERED HOME HEALTHCARE SERVICES	81-4947770	0.00	34915
FEATHERSTONE MOMENTS LLC	47-4875901	0.00	8334
FENEX CONSULTING LLC SAME OWNER AS CLARITI CONSULTING LLC	47-5301516	0.04	4190524
FHE NEW JERSEY, LLC	81-1068528	0.00	45579
FLOWERHIRE LLC	82-4376178	0.01	483780
FOREVER CARE HOMES	45-4508451	0.00	111962
FREIGHT HORSE	45-3869568	0.00	876
FULL VIEW PRODUCTIONS, LLC	27-1112014	0.00	17368
FULLER MANUFACTURING II, INC.	84-4879344	0.00	44473

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GENERAL CHEMICAL	38-2320423	0.01	244795
GENERAL SPORTS BASEBALL LLC DBA UNITED SHORE PROF BASEBALL LEAGUE	47-3848371	0.01	566175
GEORGE OLIVER DESIGN	83-1589245	0.00	30852
GRAND BEACH RESORT PARTNERS LLC	88-0554591	0.00	44446
GRATIOT LODGE LLC	82-1203111	0.00	6
GREAT LAKES WEALTH PLANNING	46-2337832	0.00	265761
HEALTHCARE STORAGE SOLUTIONS, CORP DBA UNICAS MEDICAL	20-2523701	0.00	25741
HERCULES ELECTRIC VEHICLES	83-2957549	0.00	43772
HISPANIC IT EXECUTIVE COUNCIL (HITEC)	20-5975604	0.01	357393

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HOLLANDER, LONE & MAXBAUER LLC	38-3266862	0.00	95985
IF METALWORKS (IRON FETISH METALWORKS, INC.)	04-3541011	0.00	291073
ILLUUM COSMETIC SURGERY ILL-LE-UM	85-2247128	0.00	72906
IMS LABORATORY, LLC	76-0770762	0.00	235668
INSTINCTIVE METALS, LLC	87-1575027	0.00	3579
INTERNATIONAL AUTOMOTIVE OVERSIGHT BUREAU	38-3518710	0.03	3438610
INTERNATIONAL FILTRATION SERVICES, INC.	88-1561836	0.03	803441
KHURANA LAW FIRM PC	47-1125859	0.00	264060
KNIGHTSBRIDGE	98-0584491	0.00	256747

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L&J ENTERPRISES	82-1827141	0.00	97444
LABELLE MANAGEMENT, INC.	38-2722014	0.00	1199112
LABOR CONNECTIONS, LLC	46-2653265	0.00	4
LAKESHORE CARING CORP (LAKESHORE WOODS)	38-2843946	0.00	267944
LANDMARK SYSTEMS	38-3235038	0.00	203547
LEGACY CAPITAL PARTNERS MAINE, LLC	85-3462343	0.00	93607
LIVONIA LODGE, LLC	47-3961640	0.00	16427
LOCALLIVE NETWORKS	82-2519037	0.00	207559
LOGICAL OWL LLC	81-1107936	0.01	149845

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LTC AUTOMOTIVE INC.	38-3393966	0.00	4
LUCERNE INTERNATIONAL	38-3110218	0.00	612017
M. SHAPIRO MANAGEMENT COMPANY, LLC	26-4115043	0.03	1319408
MARION LODGE INC DBA HOLIDAY INN EXPRESS	81-3301127	0.00	47
MISSION POINT HEALTH CAMPUS OF JACKSON JACKSON	26-1987917	0.00	11226
BINGHAM FARMS FINANCE	88-2342891	0.07	314915
MISSION POINT NURSING AND PHYSICAL REHABILITATION ISHPEMING	85-1145190	0.00	4376
MISSION POINT OF BELDING BELDING	84-3210195	0.00	169034
MISSION POINT OF BEVERLY HILLS, LLC	85-4096747	0.00	92481

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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
MISSION POINT OF CLARKSTON, LLC	85-4165925	0.00	149539
MISSION POINT OF CLAWSON, LLC	85-4143646	0.00	10980
MISSION POINT OF CLINTON TOWNSHIP, LLC	85-4185578	0.00	13899
MISSION POINT OF DETROIT	46-4529542	0.00	88739
MISSION POINT OF ELMWOOD	82-1803578	0.00	10424
MISSION POINT OF FLINT, LLC	85-4217152	0.00	85183
MISSION POINT OF GRANDVILLE	87-2204276	0.00	86900
MISSION POINT OF HOLLY	46-2363985	0.00	146986
MISSION POINT OF LAS VEGAS	88-3200525	0.00	13591

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

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MISSION POINT OF MADISON HEIGHTS, LLC	85-4309622	0.00	86770
MISSION POINT OF ROSCOMMON ROSCOMMON	85-1050113	0.00	36419
MISSION POINT OF SUPERIOR WOODS, LLC	85-4289597	0.00	261077
MISSION POINT OF WARREN, LLC	85-4251863	0.00	144521
MISSION POINT OF WOODWARD	82-1809375	0.00	15364
MKX ENTERPRISES LLC	86-1302938	0.00	10813
MOBILE TECH 360 LLC	93-4555900	0.00	48202
MOORINGS CONSULTING, LLC DBA SHOPPERS' VIEW	47-3322352	0.00	136973
MOUNT PLEASANT OPERATIONS, LLC	92-3488660	0.00	192127

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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
MT. CLEMENS HOUSING COMMISSION	45-5272001	0.00	306020
NATIONAL TECHNOLOGY MANAGEMENT DBA SR PARTNERS - FROM HR CHORUS	20-8371359	0.01	1130928
NEW HAVEN LODGE	47-1600658	0.00	285
NICSAM PERSONNEL INC DBA BAKER PERSONNEL TEMPS	42-1575385	0.00	201
NORTHERN CAPITAL INSURANCE AGENCY SERVICES, LLC	26-2577134	0.00	341019
NORTHERN MICHIGAN GLASS	38-3576327	0.01	1516072
OKEMOS LODGE INC	88-3262483	0.00	53
OLIVER LAW GROUP P.C.	45-4680958	0.00	146807
PACIFICA SENIOR LIVING, LLC	46-3847979	0.00	241

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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
PROFESSIONAL GRAPHIC NETWORK, INC.	38-2729847	0.00	4590
PROSPERA HEALTHCARE ABA, LLC	86-3669420	0.01	618995
RANDALL RESIDENCE AT ENCORE	83-0704263	0.00	26099
RANDALL RESIDENCE AT GATEWAY PARK	87-4218765	0.00	1263
RANDALL RESIDENCE AT ROYALTON	47-2794088	0.00	361102
RANDALL RESIDENCE OF DECATUR LLC	81-5150952	0.00	300653
RANDALL RESIDENCE OF GOVERNOR'S VILLAGE	38-3506820	0.00	433618
RANDALL RESIDENCE OF SERENITY VALLEY HEALTHCARE	46-4932127	0.00	76506
RANDALL RESIDENCE OF TIPP CITY LLC	45-4507863	0.00	579884

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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
RANDALL RESIDENCE, LLC	38-3507570	0.05	2701926
RANDALL RESIDNECE OF WEST MILTON		0.00	31789
RED E PARTS *HAS A DB PLAN (SRB)	20-3891119	0.01	1424622
RESIDENTS FIRST, LLC	27-2129469	0.00	30416
ROY CHIROPRACTIC CENTERS PLLC DBA SINCERE CHIROPRACTIC	46-5745731	0.00	26834
SALTY MAC BREWING COMPANY, LLC	93-3635561	0.00	23944
SARAH ELSWICK MD PLLC DBA REVITALIZE PLASTIC SURGERY AND MEDICAL SPA	93-1979962	0.00	19505
SAVY & SONS	26-3459843	0.01	343343
SEEL, LLC	80-0393724	0.01	81725

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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
SEG AUTOMOTIVE NORTH AMERICA, LLC	38-3992949	0.02	2299824
SELECTIVE INDUSTRIES, INC.	38-3216581	0.00	379292
SHELBY 3 LLC	87-3649204	0.00	20767
SILVA PROPERTY MANAGEMENT	47-3317528	0.00	217468
SILVER LINING VENTURES	88-4047899	0.00	19895
SILVERLINE LENDING LLC	83-3235266	0.00	374004
SKILLTRADE, INC. (FORMER NAME REPLAY EDUCATION, INC.)	99-3575274	0.00	719
SLW WARREN LLC	92-2910946	0.03	3570911
SMART BUSINESS SOURCE, LLC (FORMERLY GLOBAL OFFICE SOLUTIONS, LLC)	38-3435808	0.00	110989

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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
SOLUTIONS MEDICAL	82-2345231	0.00	3506
2a Name of Participating Employer SORT OF STEPHANIE, LLC	83-3913850	0.00	2225
2a Name of Participating Employer SOUND PRODUCTION ENTERTAINMENT FORMERLY JP LEASING LLC	38-3145039	0.00	899579
2a Name of Participating Employer STAFFWORKS GROUP - WISCONSIN, INC.	46-1541910	0.00	179067
2a Name of Participating Employer STATELINE CONSTRUCTION & MAINTENANCE	01-0878459	0.00	13205
2a Name of Participating Employer STERLING AGENCY, INC.	38-3329317	0.00	28237
2a Name of Participating Employer STICKLEME, LLC	27-0859226	0.00	375532
2a Name of Participating Employer STRICTLY 2SP, LLC	27-0793290	0.00	42161
2a Name of Participating Employer SYNERGY HOMECARE OF NORTH LEON		0.00	53860

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

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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
TBSX VENTURES LLC DBA ELYSIUM CULTIVATION	84-3204492	0.00	29202
TEAM TRANSFORMATION SOLUTIONS, LLC (MISSION POINT)	87-4788658	0.00	840283
TENTHIRTEEN, LLC	93-3909378	0.00	5390
THE ENGINEERING COMPANY LLC	81-2136937	0.00	22
THE SIMPLE LIFE LLC	45-2580342	0.00	5264
TLEC CORP	83-1075892	0.00	118905
TOTAL LAB SOLUTIONS	88-2220829	0.01	158831
TRAVERSE CONNECT	47-2891252	0.01	1097645
TRION SOLUTIONS INC	46-1334892	0.00	8901613

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

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TROY CHAMBER OF COMMERCE	38-1973921	0.00	199745
TROY FOOT & ANKLE	51-0453546	0.00	7651
TWO MEN AND A TRUCK	38-3139381	0.01	910210
UNISTAR HOSPITALITY SERVICES	46-2944803	0.01	254868
VETECH, LLC	46-4394036	0.00	112152
VETERANS ALLIANCE, LLC	84-3592682	0.01	544760
WEDGEWOOD PROPERTY MANAGEMENT	20-0040610	0.00	90111
WFQ	46-2575897	0.01	412388

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

**FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION  
Years Ended December 31, 2024 and 2023**

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

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# FMD

## CPAs & Strategic Advisors

### INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the accompanying financial statements of Trion Solutions, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

#### **Opinion**

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

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

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

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

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

**Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

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

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

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

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

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

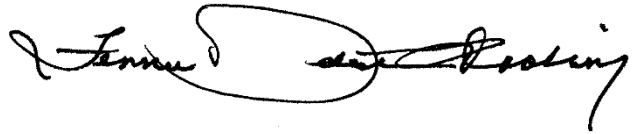
**Other Matter - Supplemental Schedules Required by ERISA**

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

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

In our opinion—

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

A handwritten signature in black ink, appearing to read "Fenner Melstrom & Dooling". The signature is written in a cursive, flowing style with a large loop at the end.

FENNER, MELSTROM & DOOLING, PLC

OCTOBER 13, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

	<u>2 0 2 4</u>	<u>2 0 2 3</u>
<b>ASSETS</b>		
INVESTMENTS AT FAIR VALUE .....	\$96,696,169	\$47,381,482
INVESTMENTS AT CONTRACT VALUE .....	<u>7,451,945</u>	<u>3,658,809</u>
TOTAL INVESTMENTS .....	<u>104,148,114</u>	<u>51,040,291</u>
CASH .....	<u>6,446</u>	<u>4,235</u>
<b>RECEIVABLES</b>		
PARTICIPANT CONTRIBUTIONS.....	48,529	177,224
EMPLOYER CONTRIBUTIONS .....	336,322	585,105
NOTES RECEIVABLE FROM PARTICIPANTS.....	<u>2,042,192</u>	<u>1,142,936</u>
TOTAL RECEIVABLES .....	<u>2,427,043</u>	<u>1,905,265</u>
TOTAL ASSETS.....	<u>106,581,603</u>	<u>52,949,791</u>
<b>LIABILITIES</b>		
EXCESS CONTRIBUTIONS PAYABLE.....	<u>30,835</u>	<u>91,772</u>
TOTAL LIABILITIES .....	<u>30,835</u>	<u>91,772</u>
NET ASSETS AVAILABLE FOR BENEFITS .....	<u><u>\$106,550,768</u></u>	<u><u>\$52,858,019</u></u>

SEE ACCOMPANYING NOTES

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

STATEMENTS OF CHANGES IN  
NET ASSETS AVAILABLE FOR BENEFITS  
Years Ended December 31, 2024 and 2023

	<u>2 0 2 4</u>	<u>2 0 2 3</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
INVESTMENT INCOME		
NET APPRECIATION		
IN FAIR VALUE OF INVESTMENTS.....	\$ 3,836,948	\$ 5,385,282
DIVIDENDS.....	1,466,439	1,063,165
INTEREST .....	<u>44,926</u>	<u>60,772</u>
TOTAL INVESTMENT INCOME .....	<u>5,348,313</u>	<u>6,509,219</u>
INTEREST INCOME ON NOTES		
RECEIVABLE FROM PARTICIPANTS .....	<u>87,632</u>	<u>61,593</u>
CONTRIBUTIONS		
PARTICIPANTS .....	8,292,741	6,082,695
EMPLOYER.....	3,770,716	2,900,188
ROLLOVER AND OTHER.....	<u>2,971,975</u>	<u>988,166</u>
TOTAL CONTRIBUTIONS .....	<u>15,035,432</u>	<u>9,971,049</u>
TOTAL ADDITIONS .....	<u>20,471,377</u>	<u>16,541,861</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
BENEFITS PAID TO PARTICIPANTS.....	5,920,453	8,194,688
ADMINISTRATION EXPENSES .....	<u>279,183</u>	<u>733,716</u>
TOTAL DEDUCTIONS .....	<u>6,199,636</u>	<u>8,928,404</u>
NET INCREASE .....	14,271,741	7,613,457
TRANSFER OF ASSETS TO PLAN.....	42,371,379	9,297,722
TRANSFER OF ASSETS FROM PLAN.....	(2,950,371)	(8,608,619)
NET ASSETS AVAILABLE		
FOR BENEFITS, BEGINNING OF YEAR .....	<u>52,858,019</u>	<u>44,555,459</u>
NET ASSETS AVAILABLE		
FOR BENEFITS, END OF YEAR.....	<u>\$106,550,768</u>	<u>\$52,858,019</u>

SEE ACCOMPANYING NOTES

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**1. DESCRIPTION OF PLAN**

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

**GENERAL**

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

**PARTICIPANT CONTRIBUTIONS**

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

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**1. DESCRIPTION OF PLAN (continued)**

PARTICIPATING COMPANY CONTRIBUTIONS

Aggregate Participating Company contributions (which vary by Participating Company as previously described) of \$3,770,716 and \$2,900,188 were made for the years ended December 31, 2024 and 2023, respectively. Participants direct the investment of such contributions as described above. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and Company safe harbor matching contributions, as well as allocations of the Company's additional matching and profit sharing contributions and Plan earnings (losses). Participant accounts are charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

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

NOTES RECEIVABLE FROM PARTICIPANTS

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

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**1. DESCRIPTION OF PLAN (continued)**

PAYMENT OF BENEFITS

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

FORFEITED ACCOUNTS

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$5,027 and \$116.872, respectively. Forfeited nonvested accounts are used to reduce administrative expenses. Any remaining forfeited nonvested accounts can be used to reduce employer contributions or be allocated to participants in accordance with the provisions of the Plan.

RISKS AND UNCERTAINTIES

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

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

BASIS OF ACCOUNTING

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

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

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2024 and 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

EXCESS CONTRIBUTIONS PAYABLE

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

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

EXPENSES

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

DATE OF MANAGEMENT'S REVIEW

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued. The Company had no subsequent event to disclose.

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**3. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset or liability;</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**3. FAIR VALUE MEASUREMENTS (continued)**

MUTUAL FUNDS

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

COLLECTIVE TRUSTS

Valued at the NAV of the units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

BROKERAGE ACCOUNTS

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	LEVEL 1	OTHER*	TOTAL FAIR VALUE
MUTUAL FUNDS.....	\$94,331,330	\$ -	\$94,331,330
BROKERAGE ACCOUNTS ....	680,055	-	680,055
COLLECTIVE TRUSTS .....	-	1,684,784	1,684,784
 TOTAL INVESTMENTS			
AT FAIR VALUE .....	\$95,011,385	\$ 1,684,784	\$96,696,169

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**3. FAIR VALUE MEASUREMENTS (continued)**

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

	LEVEL 1	OTHER*	TOTAL FAIR VALUE
MUTUAL FUNDS.....	\$46,979,499	\$ -	\$46,979,499
BROKERAGE ACCOUNTS ....	401,983	-	401,983
COLLECTIVE TRUSTS .....	-	-	-
 TOTAL INVESTMENTS			
AT FAIR VALUE .....	\$47,381,482	\$ -	\$47,381,482

\* - Certain investments are measured at NAV per share (or its equivalent) on a non-active market and have not been classified in the fair value hierarchy. The fair value amount presented in this table is intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

***Fair Value of Investments in Entities that Use Net Asset Value***

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 and 2023, respectively.

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
<b>December 31, 2024</b>				
Collective Trusts	\$ 1,684,784	N/A	Daily	Daily

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
<b>December 31, 2023</b>				
Collective Trusts	\$ -	N/A	Daily	Daily

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**4. CERTIFIED INFORMATION**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide Trust Company.

**5. INVESTMENT CONTRACT WITH INSURANCE COMPANY**

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

The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.72% for the first quarter, and 1.82% for the next three quarters of 2024.

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

(continued on next page)

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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

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

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (a) An uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, (d) a material amendment to the agreements without the consent of the issuer.

**6. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the investment custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Direct fees paid by the Plan for recordkeeping and administrative services amounted to \$197,226 and \$536,978 for 2024 and 2023, respectively. In addition, fees paid by the Plan for investment management services are included in net appreciation/(depreciation) in fair value of investments.

Processing and administration fees were paid to The Benefit Advantage, Inc. (TBA). TBA is the third-party administrator and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for these services amounted to \$61,005 and \$121,032 for the years ended December 31, 2024 and 2023, respectively.

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**6. PARTY-IN-INTEREST TRANSACTIONS (continued)**

Index Core provides investment advisory services to the Plan, and therefore qualifies as party-in-interest. Direct fees paid to Index Core by the Plan during 2024 and 2023 for investment advisory services were \$0 and \$22,751, respectively.

Iron Financial provides investment advisory services to the Plan, and therefore qualifies as party-in-interest. Direct fees paid to Iron Financial by the Plan during 2024 and 2023 for investment advisory services were \$6,932 and \$0, respectively.

Professional services were provided to the Plan by Fenner, Melstrom & Dooling, PLC (“FMD”). FMD is the Plan’s auditor, and therefore qualifies as party-in-interest. Fees paid by the Plan for services amounted to \$14,019 and \$52,955 for the years ended December 31, 2024 and 2023, respectively.

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

**7. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in employer contributions.

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

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**8. TAX STATUS**

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**9. RECLASSIFICATION OF PRIOR PERIOD**

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

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

EIN #46-1334892 - PLAN#001  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(Schedule H, Line 4 (i))  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
MUTUAL FUNDS				
	Aberdeen	Emerging Markets ex-China Institutional	*	\$ 2,806
	AllianceBernstein	Global Bond Fund	*	28,313
	AllianceBernstein	Global Bond Fund Z	*	1,342,321
	American Beacon	International Equity Fund Class R6	*	1,278
	American Beacon	International Equity Fund R5	*	5,474
	American Funds	2045 Target Date Retirement Fund	*	27,833
	American Funds	2050 Target Date Retirement Fund	*	835
	American Funds	Europacific Growth Fund	*	22,774
	American Funds	Growth Fund of America R6	*	18,063
	American Funds	The New Economy Fund	*	60,094
	American Funds	New World Fund	*	11,998
	Avantis	Emerging Markets Equity Fund Institutional	*	3,129,479
	Avantis	US Large Cap Value Fund	*	3,655,262
	Avantis	US Small Cap Value Fund	*	1,081,488
	Blackrock	Hi Yield Bond Portfolio	*	2,659,101
	Blackrock	Ishares MSCI EAFE International Index Fund	*	59,675
	Blackrock	Mid Cap Growth Equity Inst	*	21,298
	Blackrock	Strategic Income Opportunities Portfolio	*	2,452
	Blackrock	Total Return Fund	*	1,593,420
	Calvert	International Responsible Index	*	124,207
	Columbia	Select Large Cap Growth Fund	*	13,949
	Columbia	Global Technology Fund Institutional	*	714
	DFA	Emerging Markets Core Equity 2 Institutional	*	107,673

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

EIN #46-1334892 - PLAN#001  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(Schedule H, Line 4 (i))  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	DFA	Global Real Estate Securities Institutional	*	\$ 9,295
	DFA	Inflation-Protections Securities	*	807
	DFA	U.S. Large Cap Value Institutional	*	9,450
	DFA	U.S. Targeted Value Institutional	*	24,681
	Diamond Hill	Mid Cap Fund	*	1,965,684
	DodgeCox	International Stock Fund	*	4,099,054
	DWS	Science and Technology Fund S	*	685
	Federated Hermes	Government Obligations Fund Premier	*	97,957
	Federated Hermes	Institutional High Yield Bond Fund Institutional Shares	*	756,014
	Federated Hermes	Institutional High Yield Bond Fund R6	*	271,963
	Fidelity	500 Index Fund	*	14,351,055
	Fidelity	Inflation-Protected Bond Index	*	116,084
	Fidelity	International Index Fund	*	4,018,170
	Fidelity	Low-Priced Stock Fund K6	*	1,432
	Fidelity	Mid Cap Index Fund	*	35,186
	Fidelity	Small Cap Index Fund	*	34,247
	Fidelity	US Bond Index Fund	*	5,169,963
	Fidelity	Biotechnology Fund Class I	*	25,652
	Fidelity	Balanced Fund Class I	*	1,685
	Fidelity	Government Money Market Fund K6	*	105
	Fidelity	Multi-Asset Index Fund	*	1,729,335
	Fidelity	Select Semiconductors Portfolio	*	648
	Fidelity	Select Technology Portfolio	*	680

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

EIN #46-1334892 - PLAN#001  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(Schedule H, Line 4 (i))  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Franklin Templeton	Global Bond Fund Advisor	*	\$ 239
	Franklin Templeton	Global Bond Fund R6	*	239
	Goldman Sachs	GQG Partners International Opportunities Fund Class R6	*	4,046,725
	Guggenheim	Floating Rate Strategies Fund Institutional	*	143
	Invesco	Growth and Income Fund R5	*	5,803
	Invesco	Opportunity International Growth Y	*	5,966
	Janus Henderson	Global Technology and Innovation N	*	79,538
	JP Morgan	Core Plus Bond Fund	*	837
	JP Morgan	Equity Income I	*	2,111
	JPMorgan	Equity Income R5	*	3,277,826
	JPMorgan	Growth Advantage R6	*	63,910
	JP Morgan	Large Cap Growth R6	*	3,432,121
	JP Morgan	Mid Cap Value R6	*	23,441
	JP Morgan	Small Cap Value	*	692
	JP Morgan	U.S. Treasury Plus Money Market Premier	*	68,516
	Legal & General	Commodity Strategy Fund Institutional	*	1,644,658
	Loomis Sayles	Growth Fund Y	*	703
	MFS	Mid Cap Growth Fund Class R6	*	1,982,319
	MFS	Research Fund	*	2,726
	MFS	Value Fund R6	*	3,501
*	Nationwide	Bailard Technology and Science Fund Class R6	*	645
*	Nationwide	Investor Destinations Conservative Fund	*	70,697
*	Nationwide	Loomis All Cap Growth Fund	*	3,823,888

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SEE ACCOMPANYING NOTES

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

EIN #46-1334892 - PLAN#001  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(Schedule H, Line 4 (i))  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Northwestern Mutual	Geneva Small Cap Growth Institutional	*	\$ 13,725
	Nuveen	Lifecycle Index 2010 Fund	*	8,096
	Nuveen	Lifecycle Index 2015 Fund	*	16,276
	Nuveen	Lifecycle Index 2020 Fund	*	166,476
	Nuveen	Lifecycle Index 2025 Fund	*	855,631
	Nuveen	Lifecycle Index 2030 Fund	*	1,549,789
	Nuveen	Lifecycle Index 2035 Fund	*	507,149
	Nuveen	Lifecycle Index 2040 Fund	*	2,326,475
	Nuveen	Lifecycle Index 2045 Fund	*	1,233,156
	Nuveen	Lifecycle Index 2050 Fund	*	931,921
	Nuveen	Lifecycle Index 2055 Fund	*	343,500
	Nuveen	Lifecycle Index 2060 Fund	*	386,332
	Nuveen	Lifecycle Index 2065 Fund	*	97,238
	Nuveen	Lifecycle Index Retirement Income Fund	*	18,112
	Nuveen	High Yield Income I	*	304
	PGIM	High Yield Z	*	314
	PGIM	Total Return Bond R6	*	3,445,296
	Pimco	Emerging Markets Local Currency Bond Institutional	*	135
	Pimco	Real Return Fund	*	2,096,564
	Pimco	Commodity Real Return Strategy Institutional	*	50,091
	Principal	Global Real Estate Securities	*	1,990,896
	Prudential	Global Real Estate Fund	*	2,863
	Putnam	Growth Opportunities Fund	*	685
	Putnam	Large Cap Growth Fund Y	*	685
	T Rowe Price	Large Cap Growth Fund	*	45,113
	Vanguard	Federal Money Market Investor	*	1,286
	Vanguard	500 Index Admiral	*	4,539

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

EIN #46-1334892 - PLAN#001  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(Schedule H, Line 4 (i))  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard	Balanced Index Admiral	*	\$ 1,242,591
	Vanguard	Developed Markets Index Admiral	*	1,277,234
	Vanguard	Emerging Markets Stock Index Admiral	*	812,654
	Vanguard	Explorer Admiral	*	1,100,169
	Vanguard	FTSE Social Index Fund Admiral	*	157,710
	Vanguard	Global Equity Investor	*	9,795
	Vanguard	Global ESG Select Stock Admiral	*	1,912
	Vanguard	Growth Index Admiral Fund	*	1,282,685
	Vanguard	Intermediate-Term Treasury Index Fund	*	71,710
	Vanguard	Mid Cap Value Index Admiral	*	1,639
	Vanguard	Mid Cap Index Admiral	*	1,649,024
	Vanguard	Real Estate Index Fund Admiral	*	418,559
	Vanguard	Small-Cap Index Fund	*	1,633,224
	Vanguard	Small Cap Growth Index Admiral	*	35,511
	Vanguard	Total International Bond Index Fund	*	71,527
	Vanguard	Total Stock Market Index Fund	*	1,839,981
	Vanguard	Total World Stock Index Admiral	*	8,877
	Vanguard	Value Index Fund	*	811,150
	Vanguard	Wellsley Income Admiral	*	584,472
	Virtus AllianzGI	Focused Growth Institutional	*	<u>676</u>
	TOTAL MUTUAL FUNDS			94,331,330
	Great Gray Trust	Flex Focus Conservative 2065 Fund	*	33
	Great Gray Trust	Flex Focus Moderate 2065	*	17,937
	Great Gray Trust	Flex Focus Aggressive 2035 Fund	*	33
	Great Gray Trust	Flex Focus Aggressive 2045 Fund	*	3,814

(continued on next page)

SEE ACCOMPANYING NOTES

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

EIN #46-1334892 - PLAN#001  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
(Schedule H, Line 4 (i)) (continued)  
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Great Gray Trust	Flex Focus Aggressive Retirement Fund Class	*	\$ 34,862
	Great Gray Trust	Flex Focus Conservative 2035 Fund	*	562,224
	Great Gray Trust	Flex Focus Moderate 2035 Fund	*	57,224
	Great Gray Trust	Flex Focus Moderate Retirement Fund Class R1	*	35,035
	Putnam	Stable Value	*	<u>973,622</u>
	TOTAL COLLECTIVE TRUSTS			1,684,784
*	Nationwide	Interest Bearing Cash	*	6,446
*	Nationwide	Fixed Select Investment Contract	*	7,451,945
*	Nationwide	Participant Directed Brokerage Accounts	*	680,055
	Participant Loans	Interest rate 3.25% to 9.75%, maturity dates through October 2025; participant account balances	- 0 -	<u>2,042,192</u>
				<u>\$106,196,752</u>

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

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

SEE ACCOMPANYING NOTES