

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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

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

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

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.

Form 5500 (2024) v. 240311

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	MULTIPLE CONTRA		01/01/2024	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>(a) Total amount of commissions paid 123607</p>	<p>(b) Total amount of fees paid 111352</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

PUCKETT, STEVEN R 900 SOUTH AVE W
WESTFIELD, NJ 07090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104593			4

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

RNR SECURITIES LLC 1802 HEMPSTEAD TURNPIKE
EAST MEADOW, NY 11554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12383			4

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5675			4

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

MORGAN STANLEY & CO ANNUITY AND INS OPS
 1 NEW YORK PLZ FL 12
 NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
956			4

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

ABEL PEO SERVICES 2 CORPORATE DR
 CRANBURY, NJ 08512-3604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	85478	PLAN EXPENSES	0

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

PINNACLE FINANCIAL SERVICES INC 494 SYCAMORE AVE
 SHREWSBURY, NJ 07702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	25874	TPA ONGOING ADMIN REIMBURSEMENT PMT	5

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	2629501
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	48966695

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP VAR ANNUITY W/GUAR FUND

b Balance at the end of the previous year **7b** 4718283

c Additions: (1) Contributions deposited during the year	7c(1)	255249
	7c(2)	
	7c(3)	61255
	7c(4)	44257
	7c(5)	28402
▶ MAY INLC LOAN REPAY/ FORF/ TAKEOVER		

(6) Total additions **7c(6)** 389163

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5107446

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2294934
(2) Administration charge made by carrier.....	7e(2)	1957
(3) Transferred to separate account	7e(3)	162468
(4) Other (specify below)	7e(4)	23441

▶ MAY INLCUDE- LOAN ISSUES/ FORF /FEE CORRECTIVES/ADJUSTMENTS INS PREM

(5) Total deductions **7e(5)** 2482800

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2624646

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	4968	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN LIFE SEPARATE ACCOUNT 4K

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY

c EIN-PN <u>34-0472300-402</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48966750</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ABEL HR MULTI 401(K) AND SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ABEL HR, INC.	D Employer Identification Number (EIN) 22-3163382

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	1000	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	299976	293489
(2) Participant contributions	1b(2)	84231	142800
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	667278	674623
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	55716140	48966750
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4721716	2629500
(15) Other	1c(15)	3396632	4411024

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	64886973	57118186
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	107468	77308
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	107468	77308
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	64779505	57040878

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1824939	
(B) Participants.....	2a(1)(B)	3939264	
(C) Others (including rollovers).....	2a(1)(C)	259880	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6024083
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	46455	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		46455
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	6848880
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	12919418

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5376050
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	5376050
f Corrective distributions (see instructions)	2f	77308
g Certain deemed distributions of participant loans (see instructions).....	2g	92183
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	135307
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	135307
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	5680848

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	7238570
l Transfers of assets:		
(1) To this plan.....	2l(1)	3214068
(2) From this plan	2l(2)	18191265

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		4500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ENGAGE PEO RETIREMENT SAVINGS PLAN	22-3582913	001
TRINET SELECT 401(K) PLAN	13-3867443	333
OCCMD AMC PLATFORM HOLDINGS 401(K) PLAN	99-1640156	001
CARGOMATIC, INC.	46-2163054	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MURDOCK SOLON ARCHITECTS PC 401(K) PLAN	27-2446247	001

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

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

Part II **Participating Employer Information.**

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

2a Name of Participating Employer ABE/1ST AVE MACHINE USA, INC.	2b EIN 05-0573098	2c Percentage of Total Contributions for the Plan Year 0.82	2d Aggregate Account Balances Attributable to Participating Employer 370101
2a Name of Participating Employer ABE/1ST AVE MACHINE USA INC.	2b EIN 05-0573098	2c Percentage of Total Contributions for the Plan Year 1.29	2d Aggregate Account Balances Attributable to Participating Employer 507174

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

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

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/1ST AVE MACHINE USA, INC.	05-0573098	3.77	1987971
ABE/ABEL PEO SERVICES, INC.	22-3163382	0.00	0
ABE/ABEL HR PEO SERVICES, INC.	22-3163382	3.85	2885444
ABE/AERIAL DESIGN AND BUILD	45-4139465	4.87	2358064
ABE/AGGNE GLOBAL, INC._	84-3040960	1.34	214649
ABE/AGGNE GLOBAL, INC.	84-3040960	1.56	220000
ABE/AHHC SERVICES, LLC	85-3481181	0.00	0
ABE/AHHC SERVICES, LLC.	85-3481181	0.00	0
ABE/ALLIANCE FINANCIAL RESOURCES, LLC	01-0589780	0.29	132184

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/AMERICAN POWER CORD CORP	22-3321888	0.00	1510
ABE/AMERICAN PLATINUM BUILDERS, INC.	81-5086960	0.62	114196
ABE/AMERICAN PLATINUM BUILDERS, INC.	81-5086960	0.00	0
ABE/ANCHOR MG MANAGEMENT CONSULTANTS, INC.	27-3820533	0.12	526280
ABE/ANCHOR MG MANAGEMENT CONSULTANTS, INC	27-3820533	0.00	0
ABE/ANTHRACITE LEASING CO., INC.	22-3458404	1.01	1507431
ABE/APPLIANCE BROKERS LIMITED	22-3274633	3.63	1324251
ABE/APPLIED CONSULTING INSURANCE AGENCY	22-3706803	0.03	97355
ABE/ARTELLA SOLUTIONS, INC.	83-1308656	0.03	2315

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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
ABE/ARTELLA SOLUTIONS, INC.	83-1308656	1.17	76052
ABE/ASHLING DEVELOPMENT LLC	84-3725246	0.00	0
ABE/ATLANTIC STATE ADVISORS	83-2122278	0.00	0
ABE/ATLANTIC STATE ADVISORS INC	83-2122278	0.00	0
ABE/AUXILIUM INTERNATIONAL	46-0942754	0.42	45346
ABE/AUXILIUM INTERNATIONAL	46-0942754	1.39	244021
ABE/AXXIEM CORP	02-0730537	0.00	14847
ABE/BERGEN COUNTY CASA	90-0060769	0.00	14261
ABE/CALIFORNIA NEVADA CEMENT ASSOCIATION	68-0223361	1.60	1479653

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/CENTURY DENTAL EAST LLC	26-4180667	0.00	0
ABE/CENTURY DENTAL GROUP, LLC	51-0433857	0.85	2390617
ABE/CLJ ENTERPRISES, INC.	22-3274150	0.05	59093
ABE/COLUMBUS PARK BEHAVIORAL HEALTH LCSW, LLC	45-2160215	0.00	11891
ABE/COLUMBUS PARK BEHAVIORAL HEALTH LCSW, LLC	45-2160215	0.00	394186
ABE/CONSTRUCTION TECHNOLOGY CORP	22-3207027	0.00	0
ABE/CONSTRUCTION TECHNOLOGY CORP	22-3207027	0.00	0
ABE/FAMILY GUIDING PSYCHOLOGICAL SERVICES, PLLC DBA CREATE O	46-4346052	0.08	156
ABE/FAMILY GUIDING PSYCHOLOGICAL SERVICES, PLLC DBA CREATE O	46-4346052	0.40	23481

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/DA COMPANIES LP	81-3030196	0.00	0
ABE/DA COMPANIES LP	81-3030196	0.00	0
ABE/DANIELLE DIE CUT PRODUCTS	22-2970313	0.24	485960
ABE/DONALD J ROMAN DMD PA	22-3049848	1.22	798894
ABE/FFF HOLD INC.	92-2370770	0.02	1035
ABE/FIRST PRIORITY EMERGENCY VEHICLES, INC.	22-3582913	0.00	0
ABE/FIRST PRIORITY EMERGENCY VEHICLES, INC.	22-3582913	0.00	0
ABE/FOREST FORWARD	85-1581238	0.14	22035
ABE/GENTRUST WEALTH MANAGEMENT, LLC	45-2508616	3.48	1563552

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/GENTRUST WEALTH MANAGEMENT, LLC	45-2508616	3.89	1367009
ABE/GENTRUST WEALTH MANAGEMENT, LLC	45-2508616	0.87	200976
ABE/GOODMAN MASON, INC.	38-4052677	1.02	117435
ABE/HIDDEN HILL HOSPITALITY CONSTRUCTION AND RENOVATION, INC	84-2808693	0.91	198334
ABE/HI-TECH HEALTH, INC	22-3129888	0.00	0
ABE/HUMANITIX USA LIMITED	36-4956766	0.00	0
ABE/ISI INFORMATION SOLUTIONS, INC._	22-3144008	0.08	82366
ABE/ISI INFORMATION SOLUTIONS, INC.	22-3144008	6.20	2496556
ABE/THE LAW OFFICES OF JAMES HENNING & ASSOCIATES	87-2364330	0.40	29399

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/KARLVILLE DEVELOPMENT, LLC	65-0989770	0.00	122264
ABE/KARLVILLE DEVELOPMENT, LLC_	65-0989770	0.00	0
ABE/CIPS FENCE CO INC DBA KING FENCE	13-4049813	0.10	5344
ABE/KLS LEGAL SOLUTIONS, LLC.	82-2057464	0.21	94441
ABE/KLS LEGAL SOLUTIONS, LLC.	82-2057464	0.00	0
ABE/KNOX SECURITY SERVICE, INC.	22-2960110	0.00	156486
ABE/KONDLER & ASSOCIATES	22-3333590	0.00	10526
ABE/LOBELLO ARTS CORPORATION	46-2680738	0.18	79675
ABE/MAC FAB COMPANY, INC. DBA MCA FAB	56-1345903	2.97	1108058

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/MARC J. BERN & PARTNERS, LLC	47-4187898	0.83	408633
ABE/MARC J. BERN & PARTNERS, LLC	47-4187898	2.31	283072
ABE/MARIO BULFAMANTE & SONS LANDSCAPING, INC	13-3614976	0.00	41469
ABE/MCC RECYCLING SERVICES	20-3601994	0.00	92199
ABE/MILL POND ASSOCIATES LLC	22-3809797	0.00	214348
ABE/MPV PROPERTIES LLC	27-1645678	0.00	0
ABE/MUDGE, INC.	88-1427228	0.67	92952
ABE/MURDOCK SOLON ARCHITECTS	22-2446247	0.00	0
ABE/MURDOCK SOLON ARCHITECTS	22-2446247	0.00	0

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ABE/MY PET'S BRACE LLC DBA MY PET'S BRACE	27-3191279	1.08	62329
ABE/NEWMAN LAW ASSOCIATES PLLC	46-1952250	2.27	555272
ABE/NEW YORK REHABILITATIVE SERVICES LLC	77-0618878	0.00	0
ABE/OCCMD GROUP, P.A.	75-2893870	3.43	0
ABE/OWENS LOGISTICS GROUP LLC	27-4511350	3.71	1142081
ABE/OWENS TRUCKMEN INC	94-9463388	0.82	937516
ABE/OWENS TRUCKMEN INC	94-9463388	6.16	3784293
ABE/PLAINSBORO FAMILY PHYSICIANS PENSION	22-2759003	0.00	10307
ABE/ENTERTAINMENT SERVICES AND TECHNOLOGY ASSOCIATION	33-0274349	0.00	0

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ABE/ENTERTAINMENT SERVICES AND TECHNOLOGY ASSOCIATION	33-0274349	0.46	718949
ABE/PRIDE BUILDERS, LLC	13-4041805	0.00	2252
ABE/PROGRESSIVE APARTMENT MANAGEMENT, LLC	47-1097636	0.00	0
ABE/PROTHEX, INC.	26-1326175	0.00	405714
ABE/RADVIEW SOFTWARE, INC.	22-3516667	0.00	0
ABE/RADVIEW SOFTWARE INC.	22-3516667	0.00	75181
ABE/RE/MAX FIRST REALTY_	46-3193350	0.42	25996
ABE/RE/MAX FIRST REALTY	46-3193350	0.05	166279
ABE/RICHARD W. WESTREICH, MD PLLC_	36-4642631	0.00	0

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ABE/RICHARD W. WESTREICH, MD PLLC	36-4642631	0.96	427079
ABE/RICKS SADDLE SHOP INC	22-2677100	0.94	1732174
ABE/RIPKA & ASSOC. LLP	26-1793808	0.07	47094
ABE/RIPKA & ASSOC. LLP_	26-1793808	0.17	71823
ABE/SMITH AFFILIATED CAPITAL CORP.	13-3105799	1.70	3113474
ABE/SPECIAL GUESTS, INC.____	47-4158201	0.00	0
ABE/SPECIAL GUESTS, INC.	47-4158201	0.66	193785
ABE/SPECIAL GUESTS, INC.	47-4158201	0.68	370212
ABE/STRONGCORD INFRASTRUCTURE SYSTEMS MANAGEMENT	27-0664976	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/TEK EXPRESS, INC.	11-3549186	0.00	0
ABE/TEK EXPRESS, INC.	11-3549186	0.00	0
ABE/THE BIG WORD INC	20-1491811	0.11	276961
ABE/THE BIG WORD INC	20-1491811	0.00	468936
ABE/THE HUNGRY PUPPY CORPORATION	22-3403566	1.89	1819237
ABE/THE RACQUET AND TENNIS CLUB	13-1194010	4.61	1217416
ABE/TIMOTHY'S CENTER FOR GARDENING	22-3762382	0.00	0
ABE/THE RACQUET AND TENNIS CLUB	13-1194010	9.98	7707636
ABE/VANTAGE CONSULTING GROUP	22-3275499	0.27	170992

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABE/VANTAGE CONSULTING GROUP	22-3275499	2.12	1031334
ABE/VISTA ASSOCIATES, INC.	37-1748695	0.92	127384
ABE/VOLI VODKA LLC	90-0995551	0.00	35972
ABE/WEST END EXPRESS COMPANY INC.	11-2163771	0.00	0
ABE/ZITO PARTNERS	27-3864403	0.38	89725
ABE/ZNEIMER & ZNEIMER PC	26-1323592	1.23	686782

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Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID _____



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

**FINANCIAL REPORT
DECEMBER 31, 2024**



INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the accompanying financial statements of Abel HR Multi 401(k) and Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") 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 DOL 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 for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Part IV, Line 4i - Schedule of Assets (Held At End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL 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 DOL Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Wiss & Company

WISS & COMPANY, LLP

Florham Park, New Jersey
March 2, 2026

ABEL HR MULTI 401(k) AND SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31,	
	2024	2023
Investments, at fair value:		
Money market fund	\$ -	\$ 1,000
Pooled separate accounts	48,966,750	55,716,140
Self directed brokerage accounts	<u>4,411,024</u>	<u>3,396,632</u>
	<u>53,377,774</u>	<u>59,113,772</u>
Investment at contract value -		
Group annuity contract with insurance company	<u>2,629,500</u>	<u>4,721,716</u>
Receivables:		
Notes receivable from participants	674,623	667,278
Employer	293,489	299,976
Participants	<u>142,800</u>	<u>84,231</u>
	<u>1,110,912</u>	<u>1,051,485</u>
 Total Assets	 57,118,186	 64,886,973
 LIABILITIES		
Excess contributions payable	<u>77,308</u>	<u>107,468</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 57,040,878</u>	 <u>\$ 64,779,505</u>

See accompanying notes to financial statements.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment gain -		
Net appreciation in fair value of investments		\$ 6,848,880
Interest income on participant loans		46,455
Contributions:		
Participants	\$ 3,939,264	
Employer	1,824,939	
Rollovers	<u>259,880</u>	
		<u>6,024,083</u>
Total Additions		12,919,418

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	5,453,358	
Deemed distributions	92,183	
Administrative expenses	<u>135,307</u>	
Total Deductions		<u>5,680,848</u>

NET INCREASE 7,238,570

Add: Transfers to the Plan	3,214,068	
Less: Transfers out of the Plan	<u>18,191,265</u>	
Net transfers out of the Plan		(14,977,197)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year		<u>64,779,505</u>
End of year		<u>\$ 57,040,878</u>

See accompanying notes to financial statements.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan:

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

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

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

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

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

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

Forfeitures - Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures are used to reduce the Company's discretionary contributions to the Plan or administrative expenses for the year. Forfeitures to the Plan in 2024 were \$53,876. There were no forfeitures used to reduce Plan expenses or reduce the Company's discretionary contribution to the Plan in 2024. Furthermore, there were \$6,455 in forfeitures transferred in from one employer organization entering the Plan in 2024 and \$10,287 in forfeitures transferred out from four employer organizations leaving the Plan in 2024. There were \$179,253 and \$125,368 of unapplied forfeitures at December 31, 2024 and 2023, respectively.

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

Note 2 - Summary of Significant Accounting Policies:

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

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

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred. Delinquent participant loans are reclassified as deemed distributions based upon the terms of the Plan document.

Benefit Payments - Benefits are recorded when paid.

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

Excess Contributions Payable - For the years ended December 31, 2024 and 2023, the Plan did not meet the requirements for the non-discrimination test and various participants have contributed in excess of established IRC limitations. As a result, excess contributions of \$77,308 and \$107,468 are recorded as a liability in the accompanying Statements of Net Assets Available for Benefits as a reduction of participant-directed contributions for the years ending 2024 and 2023, respectively. The excess contributions were reimbursed after each respective year-end.

Subsequent Events - The Plan Administrator has reviewed and evaluated events from December 31, 2024 through March 2, 2026, the date the financial statements were available to be issued. The effect of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

Effective January 1, 2025, the Plan Sponsor approved a change in the Third-Party Administrator ("TPA") and recordkeeper of the Plan's assets. As of that date, National Professional Planning Group, Inc. will no longer serve as the TPA or recordkeeper, and Economic Group Pension Services, Inc. will assume TPA and recordkeeping responsibilities.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3 - Certified Investment Information:

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Custodian, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- a) Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, excluding self-directed investments of \$4,411,024 and \$3,396,632 at December 31, 2024 and 2023, respectively.
- b) Investment gain, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.
- c) Investment information included in the Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, as shown on the ERISA-required supplemental schedule of assets (held at end of year).

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

Note 4 - Fair Value Measurements:

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurements", establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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.

- *Pooled separate accounts*: Valued at their “accumulation unit value” (“AUV”). The separate account is valued daily as the number of accumulation units held multiplied by the AUV. (See Note 5)
- *Self-directed brokerage accounts*: Valued at the closing price reported on the active market in which the various investments are traded. The self-directed brokerage account consists primarily of common stocks, bonds, and mutual and exchange funds which are valued at the closing price in the active market in which the security is traded.
- *Money market fund*: Valued at transaction price. Carrying value approximates fair value.

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

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

Investments at Fair Value as of December 31, 2024

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Self directed brokerage accounts	\$ 4,411,024	\$ -	\$ -	\$ 4,411,024
Total investments in fair value hierarchy	\$ 4,411,024	\$ -	\$ -	4,411,024
Pooled separate accounts (a)				48,966,750
Total investments at fair value				\$ 53,377,774

Investments at Fair Value as of December 31, 2023

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Transfers in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of levels 1, 2, or 3.

Note 5 - Pooled Separate Accounts with Insurance Company:

The Plan has entered into pooled investment contracts with the Custodian at December 31, 2024 and 2023. The Custodian maintains the contributions in a pooled account. The pooled account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses assessed by the Custodian. Redemptions are allowed for participants daily, however, in the event of a complete redemption, the Plan is subject to a one-year redemption notice period which may be waived by the Trustee. There are no unfunded commitments at December 31, 2024 and 2023.

Note 6 - Group Annuity Contract with Insurance Company:

The Plan holds investments in a fully benefit-responsive group annuity contract with the Custodian during 2024 and 2023. This account seeks to avoid investment risk by obtaining a fixed interest rate guaranteed by the insurance companies.

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

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

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Under the fixed annuity option, the insurance companies guarantee a specified periodic payment to annuitants. There are no reserves against fair value for credit risk of the contract issuer or otherwise. There is no specific formula used to determine the crediting interest rate and the rate is not tied to the performance of the set of underlying assets. The Group Annuity Contracts promises contract value for a benefit event (termination, death, disability and retirement); however, there is a possible market adjustment when funds are withdrawn prior to their maturity. The Group Annuity Contracts interest rate closely tracks current rates and are declared before each quarter. The average yield and crediting interest rates for 2024 and 2023 were 2.77% and 2.54%, respectively.

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

1. The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the Trust to be tax-exempt under Section 501(a) of the IRC.
2. Premature termination of the contracts
3. Plan termination or merger

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

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

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

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

Note 7 - Plan Termination:

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

Note 8 - Notes Receivable from Participants:

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

Note 9 - Tax Status:

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

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

ABEL HR MULTI 401(k) AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 10 - Risks and Uncertainties and Concentration of Risk:

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

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

The Plan's investments in three funds comprise approximately 39% of total investments for 2024 and two funds comprised approximately 26% of total investments for 2023. In addition, there are two investments that comprise approximately 27% of the self-directed brokerage accounts for 2024 and one investment that comprised approximately 11% of the self-directed brokerage accounts for 2023.

Note 11 - Party-in-Interest:

Certain Plan investments are managed by the Custodian of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. National Professional Planning Group, Inc serves as the Plan's recordkeeper, and Fiduciary Plan Partners provides investment consulting services. Total administrative expenses paid to the Custodian, recordkeeper and investment advisor totaled \$135,307 in 2024.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2024

EIN 22-3163382

PLAN NUMBER: 001

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value	
Pooled Separate Accounts:			
Vanguard	VG Target Ret 2040 Inv SABF	\$ 8,472,125	
Vanguard	VG Target Ret 2030 Inv SABD	7,715,544	
American	AmerFunds Grw of America SA6K	5,826,766	
Vanguard	Vanguard 500 Index SACG	3,762,349	
Vanguard	VG Target Ret 2050 Inv SABH	3,504,180	
Vanguard	VG LifeStrat Grw SAB1	2,630,157	
Vanguard	VG Target Ret 2020 Inv SABB	1,531,646	
Vanguard	VG Target Ret Inc Inv SABM	1,487,158	
Vanguard	VG Target Ret 2035 Inv SABE	1,432,200	
Vanguard	VG Target Ret 2060 Inv SABL	1,362,900	
State Street	SS Rsl Sml Cap Grw NL SAA9	1,197,718	
Vanguard	VG Windsor Fund Admrl SABQ	1,031,693	
PIMCO	PIMCO Sht Term Fund Instl SAA5	1,005,731	
American	American Funds New World SA6J	912,381	
Vanguard	VG LifeStrat Mod Grw SAB2	890,329	
Vanguard	VG Target Ret 2045 Inv SABG	831,450	
State Street	SS S&P MidCp Idx SACD	789,827	
Baird	Baird Aggregate Bond Inst SAEJ	730,071	
American	AmerFunds Int Grw&Inc SA6F	543,991	
Vanguard	VG Target Ret 2055 Inv SABK	537,227	
DFA	DFA US Sm Cp Val Inst SA7M	473,527	
BlackRock	BlackRock Infpro Bond SA6N	403,098	
Baird	Baird Core Plus Bond Inst SAEK	386,202	
Vanguard	VG Target Ret 2025 Inv SABC	412,498	
Vanguard	Vanguard Target Ret 2070 AABX	348,580	
Vanguard	VG Dev Markets Idx Admrl SACH	328,304	
Vanguard	VG LifeStrat Cons Grw SAAZ	206,032	
Vanguard	VG REI Fund Admiral Shrs SAB5	125,008	
Vanguard	VG Target Ret 2065 Inv SAEN	85,844	
Vanguard	VG LifeStrategy Income SAEP	2,215	
		<u>48,966,750</u>	
	Group Annuity Contract -		
*	Lincoln	Guaranteed Account	2,629,500
	Self Directed Brokerage Accounts -		
	Various	Various	4,411,024
*	Notes receivable from participants	Interest rates between 4.25% - 9.50%	674,623
			<u>\$ 56,681,897</u>

* Indicates party-in-interest

See independent auditors' report.

ABEL HR MULTI 401(k) AND SAVINGS PLAN

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2024

EIN 22-3163382

PLAN NUMBER: 001

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value	
Pooled Separate Accounts:			
Vanguard	VG Target Ret 2040 Inv SABF	\$ 8,472,125	
Vanguard	VG Target Ret 2030 Inv SABD	7,715,544	
American	AmerFunds Grw of America SA6K	5,826,766	
Vanguard	Vanguard 500 Index SACG	3,762,349	
Vanguard	VG Target Ret 2050 Inv SABH	3,504,180	
Vanguard	VG LifeStrat Grw SAB1	2,630,157	
Vanguard	VG Target Ret 2020 Inv SABB	1,531,646	
Vanguard	VG Target Ret Inc Inv SABM	1,487,158	
Vanguard	VG Target Ret 2035 Inv SABE	1,432,200	
Vanguard	VG Target Ret 2060 Inv SABL	1,362,900	
State Street	SS Rsl Sml Cap Grw NL SAA9	1,197,718	
Vanguard	VG Windsor Fund Admrl SABQ	1,031,693	
PIMCO	PIMCO Sht Term Fund Instl SAA5	1,005,731	
American	American Funds New World SA6J	912,381	
Vanguard	VG LifeStrat Mod Grw SAB2	890,329	
Vanguard	VG Target Ret 2045 Inv SABG	831,450	
State Street	SS S&P MidCp Idx SACD	789,827	
Baird	Baird Aggregate Bond Inst SAEJ	730,071	
American	AmerFunds Int Grw&Inc SA6F	543,991	
Vanguard	VG Target Ret 2055 Inv SABK	537,227	
DFA	DFA US Sm Cp Val Inst SA7M	473,527	
BlackRock	BlackRock Infpro Bond SA6N	403,098	
Baird	Baird Core Plus Bond Inst SAEK	386,202	
Vanguard	VG Target Ret 2025 Inv SABC	412,498	
Vanguard	Vanguard Target Ret 2070 AABX	348,580	
Vanguard	VG Dev Markets Idx Admrl SACH	328,304	
Vanguard	VG LifeStrat Cons Grw SAAZ	206,032	
Vanguard	VG REI Fund Admiral Shrs SAB5	125,008	
Vanguard	VG Target Ret 2065 Inv SAEN	85,844	
Vanguard	VG LifeStrategy Income SAEP	2,215	
		<u>48,966,750</u>	
Group Annuity Contract -			
* Lincoln	Guaranteed Account	2,629,500	
Self Directed Brokerage Accounts -			
Various	Various	4,411,024	
* Notes receivable from participants	Interest rates between 4.25% - 9.50%	674,623	
		<u>\$ 56,681,897</u>	

* Indicates party-in-interest

See independent auditors' report.