# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

**B** This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

**D** Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
FIRSTSTAR HR RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 334

**1c** Effective date of plan 10/01/1997

**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)
ESSENTIAL HR, INC.
FIRSTSTAR HR

4455 LBJ FRWY 1080
DALLAS, TX 75244

**2b** Employer Identification Number (EIN) 75-2545443

**2c** Plan Sponsor's telephone number 904-278-1150

**2d** Business code (see instructions) 561300

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | MICHELLE NOLAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | MICHELLE NOLAN |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 470 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 328 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 365 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 165 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 530 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 530 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 320 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 380 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 3 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 2F 2G 2J 2K 2T 2V 3D

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | General assets of the sponsor |

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

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| FIRSTSTAR HR RETIREMENT SAVINGS PLAN | | 334 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| ESSENTIAL HR, INC. | 75-2545443 | |

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 38 50 | TPA | 83219 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

SLAVIC MUTUAL FUND MANAGEMENT

59-2749576

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | INVESTMENT MGMT | 34511 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

FIDUCIARY PARTNERS INV CONSULTING

2729 STATE ROAD 580
SUITE C
CLEARWATER, FL 33761

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 | INV ADVISORY | 12949 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

FIDUCIARY PARTNERS RETIREMENT GROUP

2729 STATE ROAD 580
SUITE C
CLEARWATER, FL 33761

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 51 | INV ADVISORY | 12948 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FIRSTSTAR HR RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 334

**C** Plan sponsor's name as shown on line 2a of Form 5500
ESSENTIAL HR, INC.

**D** Employer Identification Number (EIN)
75-2545443

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 105145 | 190826 |
| **(2)** Participant contributions | 1b(2) | 113267 | 168274 |
| **(3)** Other | 1b(3) | 3523 | 9707 |
| **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) | 283619 | 341632 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 15973292 | 19302114 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 16478846 | 20012553 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 16478846 | 20012553 |

## 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) | 691885 | |
| **(B)** Participants | 2a(1)(B) | 1350916 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 60992 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2103793 |
| **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) | 28028 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 28028 |
| **(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) | 566227 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 566227 |
| **(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) | | 0 |
| **(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) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1765678 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4463726 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1156985 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1156985 |
| f Corrective distributions (see instructions) | 2f | | 37911 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 83219 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 60409 | |
| (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) | | 143628 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1338524 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3125202 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 504821 |
| (2) From this plan | 2l(2) | | 96316 |

## 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)** [X] 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)** [X] 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: RONALD W. CLAYBORN, CPA **(2)** EIN: 51-4641519

**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.) | **4a** | | 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.) | **4b** | | 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.) | **4c** | | 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.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 450000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | 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? | **4g** | | 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? | **4h** | | 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.) | **4i** | 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.) | **4j** | | 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? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | 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. | **4n** | X | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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) |
|---|---|---|
| PAL JACKSONVILLE 401K PLAN & TRUST | 23-7323006 | 001 |
| | | |
| | | |
| | | |

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FIRSTSTAR HR RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 334

**C** Plan sponsor's name as shown on line 2a of Form 5500
ESSENTIAL HR, INC.

**D** Employer Identification Number (EIN)
75-2545443

## 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): 65-0708495

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

| | | | |
|---|---|---|---|
| **6** | **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| | **b** Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| | **c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) | 6c | |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No

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

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

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

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

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A .

| SCHEDULE MEP (Form 5500) | MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration | 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)<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

| | |
|---|---|
| **A** Name of plan<br>FIRSTSTAR HR RETIREMENT SAVINGS PLAN | **B** Three-digit Plan number (PN)..... ▶ 334 |
| **C** Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>ESSENTIAL HR, INC. | **D** Administrator's EIN<br>75-2545443 |

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

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

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

## Part II Participating Employer Information.

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

| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
|---|---|---|---|
| ESSENTIAL HR INC DBA FIRSTSTAR HR | 75-2545443 | 34.01 | 8619424 |
| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
| STEEL BEACH PRODUCTIONS | 59-3405757 | 0.00 | 166257 |

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

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

## 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 |
|---|---|---|---|
| LIGHTHOUSE CARE CENTER | 62-1869854 | 0.00 | 62547 |
| SPRUCE CREEK PRESERVE HOA INC | 59-3094260 | 0.00 | 5862 |
| THE MARTIN ANDERSEN GRACIA ANDERSEN FDN | 59-6166589 | 4.49 | 1081250 |
| FOCUS HEALTHCARE LLC | 33-0802990 | 0.00 | 176472 |
| GRIMES CONTRACTING INC | 59-3284135 | 0.00 | 675 |
| NORTH FLORIDA WEB PRESS INC | 59-3249666 | 0.00 | 5622 |
| HEART CENTER OF THE TREASURE COAST | 65-1077388 | 0.00 | 2287 |
| FLORIDA CENTER FOR RECOVERY INC | 04-3698633 | 0.00 | 171504 |
| HRH SAFETY HEALTH ENTERPRISE INC | 75-3213962 | 0.00 | 3025 |

**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 |
|---|---|---|---|
| GREENER GARDENS OF CENTRAL FLORIDA INC | 59-3706245 | 0.00 | 1227 |
| ACCUCARE NURSING SERVICE INC | 65-0583500 | 0.00 | 37307 |
| HAGAN HOLDING COMPANY DBA HOWCO ENVIRONMENTAL | 59-2613500 | 0.00 | 245804 |
| PROFESSIONAL PAYROLL SOLUTIONS DBA EMPLOYEE PROF SUSPENSE | 20-2020202 | 0.00 | 138729 |
| AOK TIRE MART II INC DG WILLIAMS DBA AOK TIRE MART | 59-2892822 | 1.56 | 330143 |
| CPR INSURANCE GROUP LLC | 46-3597101 | 18.59 | 1803080 |
| GULF STATE SIGNS | 59-2517107 | 1.78 | 393244 |
| SKI INC | 65-1029133 | 11.17 | 3271537 |
| WISEMAN VENTURES INC | 20-8102745 | 2.16 | 454268 |

**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 |
|---|---|---|---|
| CLASS A MANAGEMENT LLC | 27-0243142 | 0.19 | 21189 |
| ARW SYSTEMS LLC DBA VIYU NETWORK SOLUTIONS | 20-0955787 | 2.51 | 557604 |
| BW REBAR LLCBW REBAR MANAGEMENT | 82-4536919 | 7.43 | 835953 |
| POLICE ATHLETIC LEAGUE OF JACKSONVILLE INC | 23-7323006 | 0.08 | 0 |
| IMAGEONE JANITORIAL SERVICES INC | 59-3695872 | 2.88 | 293205 |
| MO STEEL FABRICATOR ERECTOR INC | 65-1159086 | 1.83 | 51195 |
| HITCHING POST DISTRIBUTING INC | 81-0766157 | 0.60 | 174940 |
| LEGIONNAIRE INTERNATIONAL LTD CO | 68-0621342 | 3.06 | 64619 |
| HUSLEY HULSEY LLC DBA LINDSAY GLASS SYSTEMS | 20-4240663 | 7.68 | 674780 |

**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 III Pooled Employer Plan Information

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

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

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

ACK ID _____

FirstStarHR

# 2025 RETIREMENT SAVINGS PLAN

Clayborn
Accounting & Financial Services

RONALD W. CLAYBORN CPA
100 IH 45N SUITE 108
CONROE, TX 77301

# FirstStar HR Retirement Savings Plan

# FINANCIAL REPORT

# Years Ended December 31, 2025 and 2024

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# CLAYBORN ACCOUNTING AND FINANCIAL SERVICES INC.

## RONALD W. CLAYBORN

**CERTIFIED PUBLIC ACCOUNTANT**

**100 IH 45 North, Suite 108**
**Box 118**
**Conroe, TX 77301**

**Phone: 936-539-5455**
**Fax: 936-539-5472**
**ron@clayborncpa.com**


Independent Auditor's Report under ERISA Section 103(a)(3)(C)

To the Administrative Committee of
The FirstStar HR Retirement Savings Plan

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

We have performed an audit of the accompanying financial statements of FirstStar HR Retirement Savings 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 statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 & 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025 & 2024 stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audit and on the procedures performed as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report:

- The amounts and disclosures in the 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 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 a qualified institution that management determined satisfies the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 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 obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management**

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 FirstStar HR Retirement Savings 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.

**Auditor's Responsibilities**

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

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

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

Our audit 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 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 plan assets held for investment, form 5500 schedule H, part IV, line 4i are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the form and content of the information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Additionally, the information in the supplemental schedules 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).

*Clayborn Accounting and Financial Services Inc.*

Ronald W Clayborn, CPA

Ronald W. Clayborn, CPA
Conroe, TX
October 12, 2026

# FirstStar HR Retirement Savings Plan

## Statement of Net Assets Available for Benefits

### December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| ***ASSETS:*** | | |
| **Participant directed investments-at fair value** | **$ 19,302,114** | **$ 15,973,292** |
| **Participant loans** | **341,632** | **283,619** |
| **Total Investments** | **19,643,746** | **16,256,911** |
| **Receivables:** | | |
| **Employee contribution** | **168,274** | **113,267** |
| **Employee loan payment** | **9,707** | **3,523** |
| **Employer contribution** | **190,826** | **105,145** |
| **Total Receivables** | **368,807** | **221,935** |
| **TOTAL ASSETS** | **$ 20,012,553** | **$ 16,478,846** |
| ***LIABILITIES:*** | | |
| **Accounts payable & accrued expenses** | **$ -** | **$ -** |
| **Net Assets Available for Benefits** | **$ 20,012,553** | **$ 16,478,846** |

**The accompanying footnotes are an integral part of these financial statements**

## FirstStar HR Retirement Savings Plan

### Statement of Changes in Net Assets Available for Benefits

**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| ***Additions:*** | | |
| **Investment income:** | | |
| **Net gain, (loss) in fair value of investments** | **$ 1,765,678** | **$ 956,251** |
| **Dividends** | **566,227** | **366,544** |
| **Interest Income on participant loans** | **28,028** | **12,289** |
| | **2,359,933** | **1,335,084** |
| **Contributions:** | | |
| **Rollovers, Transfer of assets** | **565,813** | **6,862,011** |
| **Participant contributions** | **1,350,916** | **869,255** |
| **Employer contributions** | **691,885** | **364,672** |
| ***Total Additions*** | **4,968,547** | **9,431,022** |
| ***Reductions:*** | | |
| **Administrative expenses** | **(143,628)** | **(94,587)** |
| **Corrective distributions** | **(37,911)** | **(25,560)** |
| **Transfer of Asset from Plan** | **(96,316)** | **(107,102)** |
| **Benefits paid to participants** | **(1,156,985)** | **(1,155,216)** |
| ***Total Reductions*** | **(1,434,840)** | **(1,382,465)** |
| ***Net Increase/(Decrease) in assets available for benefits*** | **3,533,707** | **8,048,557** |
| ***Net Assets Available for Benefits:*** | | |
| **Beginning of year** | **16,478,846** | **8,430,289** |
| **End of year** | **$ 20,012,553** | **$ 16,478,846** |

**The accompanying footnotes are an integral part of these financial statements**

# FirstStar HR Retirement Savings Plan

## Footnotes to Financial Statements
## For the years ended December 31, 2025 and 2024

### NOTE A - DESCRIPTION OF PLAN

The following description of the FirstStar HR ("Company") Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement and the Summary Plan Description for more complete information about the Plan's provisions.

Effective January 1, 2017 the Plan name was changed from GPS Financial Services Inc., dba Employee Professionals Retirement Savings Plan to FirstStar HR Retirement Savings Plan. The plan Sponsor changed from GPS Financial Service Inc. to Essential HR Inc., dba FirstStar HR (Essential). The underlying worksite employers PEO services were transferred to Essential and the 401(k) plan was altered to reflect that change. No changes to the substantial elements of the Plan or its operation occurred as a result of the name change and the plan sponsor change.

### General

The Plan is a voluntary employee contribution plan under Internal Revenue Code Section 401(k), originally adopted on October 1, 1997. It is subject to the provisions of the Employee Retirement Income Security Act (*ERISA*). To reflect the co-employment relationship among the company, affiliates, and other employers and the employees, the Plan qualifies as a multiple employer plan as described in section 413(c) of the Internal Revenue Code (IRC). In addition, the Company and the worksite employers can, at their discretion, match employee contributions as provided in the schedule of requirements and benefits applicable to the specific worksite employer. Participants should refer to the Summary Plan Description or plan document for a more complete description of the Plan's provisions, and their specific worksite employers' plan terms.

### Plan Administration

The management and administration of the Plan is the responsibility of the Company and its designee. The Company has designated Mid-Atlantic Trust Company as the trustee of all the Plan's assets including substantially all the responsibility for investment, reinvestment, control and disbursement of the funds of the Plan. Slavic Integrated Administration, Inc. has been designated as the record keeper to perform certain reporting and administrative functions, as well as accounting for participant information.

### Eligibility

Pursuant to the election set forth in each worksite employers' Election Agreement, certain worksite employees are eligible to participate in the Plan. The eligibility period applicable to a worksite employee is based on the eligibility option elected in the applicable Election Agreement made by the worksite employers. Age requirements for participation range from no requirement to the 21 years of age maximum defined by the code. Service requirements range from no prior service required to 1 year of service.

### Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, including catch-up contributions as defined in the Plan, and subject to limits established by tax laws. Participants may also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

Pursuant to the elections set forth in each of the applicable Election Agreements, certain worksite employees may receive one or more of the following types of Company contributions: (a) matching contributions, (b) qualified non-elective contributions, and (c) discretionary profit-sharing contributions. The contribution basis is set from time to time by each employer. All contributions are in the form of cash.

Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan currently offers multiple mutual funds for participants.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and is charged with an allocation of administrative and investment expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service in the specific worksite employers; vesting schedules vary by employer; however, all participants are 100% vested after six years of accredited service.

**Participant Loans**

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.5% and are determined by the Plan's participating organizations. Principal and interest are paid to the participants' accounts through payroll deductions and must be done at least quarterly.

**Payment of Benefits**

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, or by the purchase term-certain non-transferable annuity. Furthermore, participants may withdraw funds from their accounts for financial hardship.

**Normal Retirement**

A participant shall be entitled to a benefit at the date of actual retirement and attainment of age 65, as defined, equal to 100% of the balance in the respective participant's account as of the date of distribution. Until a participant actually terminates employment, the retirement benefit shall not be paid, and the participant shall continue to be treated in all respects as a participant.

**Early Retirement**

Upon reaching age 59 1/2, a participant may apply to the administrator (but not more than once during any 12-month period) for a lump-sum distribution of any portion of the participant's account to the extent such account is fully vested.

**Forfeited Accounts**

Forfeited non-vested accounts totaled $5,105 and $2,405 for the years ended December 31, 2025 and 2024, respectively. Forfeitures may be reallocated to participant accounts, used to reduce employer contributions or to pay Plan expenses. Forfeitures were used to reduce plan expenses for the year ended December 31, 2025 and 2024.

**Administrative Expenses**

Generally, administrative expenses are paid by the Plan; however, certain administrative expenses have been paid by the Company. For the year ended December 31, 2025 and 2024, the Plan paid recordkeeping and administration fees to Slavic Integrated Administration, investment management fees to Slavic Mutual Fund Management and advisory fees to Fiduciary Partners Investment Consulting and Fiduciary Partners Retirement Group. For the year ended December 31, 2025 and 2024 the plan paid advisory fees to Mid-Atlantic Trust company. The plan sponsor paid audit fees of $15,000 and $13,000 for the years ended December 31, 2025 and 2024.

**Contract & Management/Advisory Fees**

| | 2025 | 2024 |
|---|---|---|
| Slavic Integrated Administration (SIA) | $ 83,219 | $ 63,498 |
| Slavic Mutual Fund Management (SMF) | 34,511 | 15,887 |
| Fiduciary Partners Investment Consulting | 12,949 | 11,482 |
| Fiduciary Partners Retirement Group | 12,949 | 3,720 |
| Total Contract & Management/Advisory Fees | $ 143,628 | $ 94,587 |

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

**Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets for plan benefits and reported amounts for the net changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

**Investments and Income Recognition**

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are stated at the net asset value of shares held by the Plan at year end.

The Plan presents in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments. Purchases and sales of securities are recorded on a trade-date basis. Gains or losses on sale of investments are determined by specific identification method. Interest income is recorded as received. Dividends are recorded on the ex-dividend date

**Payment of Benefits**

Benefits are recorded when paid.

**Date of Management Review**

Subsequent events were evaluated through October 12, 2026, which is the date the financial statements were available to be issued.

**Participant Loans**

Participant loans represent loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan repayment and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefits payment is recorded.

**Risks and Uncertainties**

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

**Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

**New Pronouncements and Standards**

The Plan has considered all new accounting pronouncements issued by the Financial Accounting Standards Board or other standard setting bodies that do not require adoption until a future date and concluded that such pronouncements are not expected to have a material impact on the Plan's financial statements.

**NOTE C – PLAN ASSETS – CERTIFIED BY MID-ATLANTIC TRUST COMPANY**

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Mid-Atlantic Trust Company.

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520. 103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. An excerpt of the report is below detailing the information to which the trustee's certification applies:

> *Mid Atlantic Trust Company ("MATC", the "Company" or "Service Organization") is a South Dakota chartered non-depository trust organization that provides directed trustee, custody, sub-custody, recordkeeping or paying agent services for its institutional customers, which include institutional investors, financial institutions, trust companies, and retirement trusts (collectively, "Institutional Customers" or "Institutional Accounts") and Advisor Custody Customers, (collectively, "Advisor Custody" or "Advisor Accounts"). MATC hereby certifies that the data contained in the enclosed schedule is a complete and accurate disclosure of information contained in its ordinary business record in compliance with 29 CFR 2520.103-5(d).*

The Trustee has certified the following to be complete and accurate:

# FirstStar HR Retirement Savings Plan

## Footnotes to Financial Statements
## For the years ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Investments, at fair value:** | $ 19,302,114 | $ 15,973,292 |
| **Notes Receivable from Participants** | $ 341,632 | $ 283,619 |
| **Net appreciation in fair value of investments** | $ 1,765,678 | $ 956,251 |
| **Dividends and Investment Income** | $ 566,227 | $ 366,544 |
| **Interest income on notes receivable from participants** | $ 28,028 | $ 12,289 |

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

The following is a schedule of mutual fund investments and pooled insurance contracts that represent five percent or more of the Plan 's net assets

**As of December 31, 2025**

| Fund Name | Shares | PPS | Fund Value 12/31/2025 |
|---|---|---|---|
| Vanguard Total Stock Market Index Admira | 22,696.069 | $ 163.20 | $ 3,703,999 |
| Fidelity 500 Index | 15,579.861 | $ 237.72 | 3,703,644 |
| Vanguard Intermediate-Term Bond Index A( | 277,688.532 | $ 10.56 | 2,932,391 |
| Vanguard Federal Money Market | 1,961,969.020 | $ 1.00 | 1,961,969 |
| iShares MSCI EAFE International Index K | 49,612.149 | $ 19.38 | 961,484 |
| Vanguard Consumer Staples Index | 8,370.929 | $ 104.11 | 871,497 |
| Positions less than 5% | | | 5,167,130 |
| Total | | | $ 19,302,114 |

**As of December 31, 2024**

| Fund Name | Shares | PPS | Fund Value 12/31/2024 |
|---|---|---|---|
| Vanguard Total Stock Market Index Admira | 23,924.49 | $ 141.03 | $ 3,374,070 |
| Fidelity 500 Index | 13,808.64 | $ 204.19 | 2,819,585 |
| Vanguard Intermediate-Term Bond Index A( | 245,154.63 | $ 10.13 | 2,483,416 |
| Vanguard Federal Money Market | 1,658,279.42 | $ 1.00 | 1,658,279 |
| Vanguard Consumer Staples Index | 9,593.15 | $ 104.24 | 999,990 |
| iShares MSCI EAFE International Index K | 48,168.06 | $ 15.27 | 735,526 |
| Positions less than 5% | | | 3,902,424 |
| Total | | | $ 15,973,292 |

## NOTE D — FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

For the years ended December 31, 2025 and 2024, the Plan only holds assets that require level 1 inputs.

### Level 1 fair values

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024

| | | Fair Value Measurements at the End of the Reporting Period Using: | |
|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
| **12/31/2025** | | | |
| **Total mutual funds** | **$ 19,302,114** | **19,302,114** | **-** |
| **Total assets at fair value** | **$ 19,302,114** | **$ 19,302,114** | **$ -** |
| **12/31/2024** | | | |
| **Total mutual funds** | **$ 15,973,292** | **15,973,292** | **-** |
| **Total assets at fair value** | **$ 15,973,292** | **$ 15,973,292** | **$ -** |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31 2025 and 2024 are reported in net appreciation (depreciation) in fair value of investments.

## NOTE E – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated April 17, 2008, that the Plan and its amendments are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with requirements of the Internal Revenue Code.

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effect of a tax position is recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken or expected to be taken. The Plan has no material uncertain tax positions. The Plan is not subject to income taxes. The Plan is open for examination for the tax years including 2025, 2024 and 2023, however there are currently no audits or examinations for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years 2022 and preceding.

## NOTE F - RELATED PARTY/EXEMPT PARTY-IN-INTEREST TRANSACTIONS

During 2025 and 2024 the Plan's Administrator, Michelle Nolan, served as the benefits director for the Company. Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services for the Plan at no cost to the Plan.

Certain Plan investments, amounting to $19,302,114 and $15,973,292 on December 31, 2025 and December 31, 2024, respectively, are participant directed funds managed by the Trustee: Mid-Atlantic Trust Company for the year ended December 31, 2025 and 2024 and Slavic Mutual Fund Management, Fiduciary

Partners Investment Consulting and Fiduciary Partners Retirement Group for the year ended December 31, 2025 and 2024, as defined by the Plan. Under ERISA, these transactions qualify as exempt party-in-interest transactions. The fees paid for these services are included as reductions in assets available for plan benefits as Trustee fees, administrative expenses and other for the years ended December 31, 2025 and 2024, respectively.

## NOTE G – RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

There were no items for reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Form 5500.

## NOTE H – PLAN MERGER

During the year ended December 31, 2024, the FirstStar HR Retirement Savings Plan (the "Plan") merged with the Highpoint Administrative Services Inc. 401(k) Plan. The merger was completed in accordance with ERISA requirements and resulted in the transfer of all assets, liabilities, and participant accounts from the Highpoint Administrative Services Inc. 401(k) Plan into the Plan.

The assets transferred totaled approximately $6,862,011, and participants of the Highpoint Administrative Services Inc. 401(k) Plan became participants of the FirstStar HR Retirement Savings Plan under the same terms and conditions applicable to other plan participants. The merger did not result in any change to the Plan's provisions, eligibility, or benefit structure.

Management has determined that the merger does not materially affect the Plan's net assets available for benefits other than the increase in total plan assets resulting from the transfer.

# FirstStar HR Retirement Savings Plan

## Three-digit plan number 334

## Employer identification number 75-2545443

## Fiscal plan year beginning 01/01/25, and ending 12/31/25

**Schedule of Plan Assets Held for Investment, Form 5500, Schedule H, Part IV, Line 4i**

| ( a ) | f issue, borrower, lessor, c | ( c ) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | ( d ) Cost | ( e ) Current Value |
|---|---|---|---|---|
| | Vanguard | VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares | n/a | $3,703,998 |
| | Fidelity | FXAIX - Fidelity 500 Index Fund | n/a | 3,703,645 |
| | Vanguard | VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares | n/a | 2,932,391 |
| | Vanguard | VMFXX - Vanguard Federal Money Market Fund Investor Shares | n/a | 1,961,969 |
| | BlackRock | BTMKX - iShares MSCI EAFE International Index Fund Class K | n/a | 961,483 |
| | Vanguard | VCSAX - Vanguard Consumer Staples Index | n/a | 871,497 |
| | Vanguard | VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares | n/a | 821,770 |
| | Fidelity | FISDB - Fidelity SDBA | n/a | 492,251 |
| | Vanguard | VTIAX - Vanguard Total International Stock Index Fund Admiral Shares | n/a | 475,241 |
| | Vanguard | VSMAX - Vanguard Small-Cap Index Fund Admiral Shares | n/a | 405,952 |
| | Wells Fargo | SGRHX - Wells Fargo Growth R6 | n/a | 342,415 |
| | Vanguard | VGPMX - Vanguard Precious Metals | n/a | 322,868 |
| | AllianceBernstein | QUAZX - AB Small Cap Growth Portfolio CL Z | n/a | 302,238 |
| | Vanguard | VUIAX - Vanguard Utilities Index Admiral | n/a | 262,126 |
| | American Funds | RWIGX - American Funds Capital World G & I R6 | n/a | 259,650 |
| | American Funds | RERGX - American Funds EuroPacific Growth Fund Class R6 | n/a | 230,938 |
| | MFS | MEIKX - MFS Value Fund Class R5 | n/a | 216,337 |
| | Vanguard | VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares | n/a | 190,277 |
| | Principal | PHYFX - Principal High Yield R6 | n/a | 138,790 |
| | JPMorgan | UBVFX - JPMorgan Undiscovered Mgs Discipl Value | n/a | 125,899 |
| | Victory | VEVRX - Victory Sycamore Established Value R6 | n/a | 115,458 |
| | Metropolitan West | MWTSX - Metropolitan West Total Return Cl P | n/a | 108,421 |
| | Vanguard | VMGRX - Vanguard Mid Cap Growth | n/a | 104,536 |
| | Gabelli Funds/Ssga | GABXX - Gabelli Us Treasury Money Market | n/a | 101,770 |
| | American Funds | RLBGX - American Funds American Balanced R6 | n/a | 70,141 |
| | BlackRock | MKLOX - BlackRock Global Allocation K | n/a | 65,097 |
| | Vanguard | VFIRX - Vanguard Short Term Treasury Admiral | n/a | 9,940 |
| | American Funds | RCWGX - American Funds Capital World Bond R6 | n/a | 5,016 |
| | Participant loans | Participants loans @ 4.25% to 9.5% with various maturity dates | n/a | 341,632 |
| | Total | | | $ 19,643,746 |



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

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

**FIRSTSTAR HR RETIREMENT SAVINGS PLAN** **PLAN #334** **EIN # 75-2545443**

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | BlackRock | BTMKX - iShares MSCI EAFE International Index Fund Class K | | 961,483 |
| | Fidelity | FISDB - Fidelity Self-Directed Brokerage Account | | 492,251 |
| | Fidelity | FXAIX - Fidelity 500 Index Fund | | 3,703,645 |
| | Gabelli Funds/Ssga | GABXX - Gabelli Us Treasury Money Market | | 101,770 |
| | MFS | MEIKX - MFS Value Fund Class R5 | | 216,337 |
| | BlackRock | MKLOX - BlackRock Global Allocation K | | 65,097 |
| | Metropolitan West | MWTSX - Metropolitan West Total Return Cl P | | 108,421 |
| | Principal | PHYFX - Principal High Yield R6 | | 138,790 |
| | AllianceBernstein | QUAZX - AB Small Cap Growth Portfolio CL Z | | 302,238 |
| | American Funds | RCWGX - American Funds Capital World Bond R6 | | 5,015 |
| | American Funds | RERGX - American Funds EuroPacific Growth Fund Class R6 | | 230,938 |
| | American Funds | RLBGX - American Funds American Balanced R6 | | 70,141 |
| | American Funds | RWIGX - American Funds Capital World G & I R6 | | 259,650 |
| | Wells Fargo | SGRHX - Wells Fargo Growth R6 | | 342,415 |
| | JPMorgan | UBVFX - JPMorgan Undiscovered Mgs Discipl Value | | 125,899 |
| | Vanguard | VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares | | 190,277 |
| | Vanguard | VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares | | 2,932,391 |
| | Vanguard | VCSAX - Vanguard Consumer Staples Index | | 871,497 |
| | Victory | VEVRX - Victory Sycamore Established Value R6 | | 115,458 |
| | Vanguard | VFIRX - Vanguard Short Term Treasury Admiral | | 9,940 |
| | Vanguard | VGPMX - Vanguard Precious Metals | | 322,868 |
| | Vanguard | VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares | | 821,770 |
| | Vanguard | VMFXX - Vanguard Federal Money Market Fund Investor Shares | | 1,961,969 |
| | Vanguard | VMGRX - Vanguard Mid Cap Growth | | 104,536 |
| | Vanguard | VSMAX - Vanguard Small-Cap Index Fund Admiral Shares | | 405,952 |
| | Vanguard | VTIAX - Vanguard Total International Stock Index Fund Admiral Shares | | 475,241 |
| | Vanguard | VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares | | 3,703,998 |
| | Vanguard | VUIAX - Vanguard Utilities Index Admiral | | 262,126 |
| | Participant Loans | 2.00 - 9.50 % | | 341,632 |

//classification/confidential