

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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 <u>CARDINAL SERVICES, INC. 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1997</u>					
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) <u>CARDINAL SERVICES, INC.</u> <u>110 ACKERMAN AVENUE</u> <u>COOS BAY, OR 97420</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>93-0985752</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>541-888-9799</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>93-0985752</u>	2c Plan Sponsor's telephone number <u>541-888-9799</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>93-0985752</u>					
2c Plan Sponsor's telephone number <u>541-888-9799</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	MICHAEL FREEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1416
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)	1031
a(2) Total number of active participants at the end of the plan year		6a(2)	548
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	757
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1305
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1305
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1048
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CARDINAL SERVICES, INC. 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL SERVICES, INC.	D Employer Identification Number (EIN) 93-0985752	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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	119304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARDINAL SERVICES, INC.

93-0985752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	24338	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 ☐

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)

(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 ☐

(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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CARDINAL SERVICES, INC. 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL SERVICES, INC.	D Employer Identification Number (EIN) 93-0985752	

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

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)	109404	30763
(2) Participant contributions.....	1b(2)	133508	102266
(3) Other	1b(3)	2092	2460
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)	208968	181085
(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)	11318097	14278207
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	11772069 14594781
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11772069 14594781

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	439624
	(B) Participants	2a(1)(B)	1614478
	(C) Others (including rollovers).....	2a(1)(C)	248141
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2302243
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)	9871
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	9871
(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)	332188
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	332188
(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)		1393969
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4038271
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1078231	
(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)		1078231
f Corrective distributions (see instructions).....	2f		1860
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	143642	
(3) Investment advisory and management fees.....	2i(3)	1916	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		145558
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1225649
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2812622
l Transfers of assets:			
(1) To this plan.....	2l(1)		10090
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EIDE BAILLY, LLP

(2) EIN: 45-0250958

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CARDINAL SERVICES, INC. 401K PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL SERVICES, INC.	D Employer Identification Number (EIN) 93-0985752

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____



Financial Statements
December 31, 2021 and 2020
Cardinal Services, Inc. 401(k) Plan

Cardinal Services, Inc. 401(k) Plan

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December 31, 2021 and 2020

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Independent Auditor's Report

The Board of Trustees
Cardinal Services, Inc. 401(k) Plan
Coos Bay, Oregon

Opinion

We have audited the financial statements of Cardinal Services, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Cardinal Services, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date that 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 for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i-schedule of assets held at end of year as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Tustin, California
October 5, 2022

Cardinal Services, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	\$ 14,278,207	\$ 11,318,097
Notes receivable from participants	181,085	208,968
Contributions receivable		
Participant	102,266	133,508
Employer	30,763	109,404
Other receivables	<u>2,460</u>	<u>2,092</u>
Net Assets Available for Benefits	<u>\$ 14,594,781</u>	<u>\$ 11,772,069</u>

Cardinal Services, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

Additions		
Investment income		
Net appreciation in fair value of investments	\$	1,393,969
Dividends		332,188
		<u>1,726,157</u>
Interest income on notes receivable from participants		<u>9,871</u>
Contributions		
Participant		1,614,478
Employer		439,624
Rollovers		248,141
		<u>2,302,243</u>
Total additions		<u>4,038,271</u>
Deductions		
Benefits paid to participants		1,080,091
Administrative expenses		145,558
		<u>1,225,649</u>
Total deductions		<u>1,225,649</u>
Net Increase Prior to Transfer of Assets		2,812,622
Transfer of assets into the plan		10,090
Net Assets Available for Benefits		
Beginning of year		<u>11,772,069</u>
End of year	\$	<u><u>14,594,781</u></u>

Note 1 - Description of Plan

The following brief description of the Cardinal Services, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Cardinal Services, Inc. is a Professional Employer Organization (PEO). The PEO provides a multiple-employer defined contribution plan for all of the participating employers utilizing its services. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Investment Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Eligibility

Participating employers under the PEO have the option to adopt the following eligibility requirements: Active employees age requirement is either 18 or 21 years of age and upon completion of three consecutive months up to one year of service and 1000 hours. Employees covered by a collective bargaining agreement and non-resident aliens are excluded from participating in the Plan.

Entry Date

Employees may enter the Plan upon the first day of the month after satisfying the Plan's eligibility requirements.

Contributions

Each year, the participants may contribute up to 100% of their pretax annual compensation, subject to Internal Revenue Code (IRC) limitations, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified benefit or contribution plans. Participants who have attained age 50 before the end of the Plan year are allowed to make catch-up contributions to the Plan. Participants may also make Roth 401(k) contributions into the Plan. Participants may also contribute amounts representing distributions from other qualified plans (rollover).

The adoption agreement allows participating employers the following contribution options:

Elective Deferrals Only

There are no employer contributions. The plan allows pre-tax and Roth 401(k) contributions.

Discretionary Matching Contributions

The matching contribution is equal to a pre-determined percentage of the participant's elective deferral up to a pre-determined percentage of the participant's compensation during each pay period.

Employers may select whole percentages between 1% and 100%. The match is funded each payroll.

Employers can also select a maximum amount of contributions to be funded each year.

Non-Elective Profit-Sharing Contribution

Discretionary profit sharing is determined by the board of directors each year. Employees are required to be employed on the last day of the year.

Safe Harbor Elections

Safe Harbor Matching Contribution

The employer is required to contribute to each active participant in an amount equal to 100% of the participant's elective deferrals which range from 2% to 6% of the participant's compensation for each payroll period.

Safe Harbor Non-Elective Contribution

The employer is required to contribute to each active participant in an amount equal to 3% of the participant's compensation for the plan year.

Safe Harbor Matching Contribution (Basic)

The employer is required to make a matching contribution to each active participant in an amount equal to 100% of the participant's elective deferrals up to 2% of the participant's compensation and 50% of the next 2% of the participant's compensation for each payroll period.

During the year ended December 31, 2021, the employer contributions matching amounted to \$359,198, profit sharing contributions amounted to \$83,345 and qualified non-elective contributions of \$248.

The Plan includes an auto-enrollment provision whereby certain participating employers allow for employees to be automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions invested in a designated age-weighted target date fund until changed by the participant.

Participant Accounts

Each participant's account is credited with the employer's contributions made on behalf of the participant, as well as allocations of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's earnings and losses, account balances or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment to the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily. For the adopting agreements with an auto-enrollment feature, if no investment is made by the participant, the automatic contributions will be invested into the applicable Vanguard Target Retirement Fund.

Vesting

Participants are immediately vested in their deferral contributions, safe harbor matching and safe harbor non-elective employer contributions plus actual earnings thereon. Vesting in the employer's discretionary matching contribution and non-elective profit-sharing contributions plus actual earnings thereon, is based on years of continuous service. A participant becomes 100% vested after six years of credited service, upon attainment of normal retirement age, early retirement age, retirement due to disability, death, or termination of the Plan.

Forfeitures

At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$5,611 and \$1,655, respectively. These accounts will be used to reduce future employer contributions and/or offset plan expenses. During the year ended December 31, 2021, employer contributions were reduced by \$3,836 from forfeited non-vested accounts.

Notes Receivable from Participants

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. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, unless the proceeds of the note were used to acquire the participant's residence, in which case the loan terms can range up to 15 years. A participant may have no more than two outstanding notes at any one time.

The Plan adopted the provisions of the Coronavirus Aid, Relief, and Economic Security Act ("C.A.R.E.S.") which allowed for the increase in loan amounts up to the lesser of \$100,000 or 100% of account balances, for loans taken after March 27, 2020, for eligible participants. In addition, participants may elect to suspend loan payments for the period of March 27, 2020, through December 31, 2020.

Payment of Benefits

Upon termination of service, 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, receive monthly installments, or defer payments until reaching age 70 1/2. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Participants may also elect to take distributions from their deferred contribution account to the extent necessary to meet a financial hardship, in accordance with the regulations and rulings of the IRC. After a withdrawal, a stipulated period of time must lapse, as defined by the Plan, before a participant can make additional deferred contributions.

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 set forth in the ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 2 - Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are recorded as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net asset available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Note 3 - Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

Cardinal Services, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	Level 1	Level 2	Level 3	Total
December 31, 2021				
Mutual funds	\$ 14,278,207	\$ -	\$ -	\$ 14,278,207
Investments at fair value	<u>\$ 14,278,207</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,278,207</u>
December 31, 2020				
Mutual funds	\$ 11,318,097	\$ -	\$ -	\$ 11,318,097
Investments at fair value	<u>\$ 11,318,097</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,318,097</u>

Note 4 - Tax Status

The Plan uses a pre-approved plan document sponsored by Slavic Integrated Administration Inc, DBA Slavic, which received an advisory letter from the Internal Revenue Service (IRS), dated March 31, 2014, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Effective April 1, 2022, the Plan was restated as required by government regulations every six years. The Plan received an opinion letter from the IRS dated June 30, 2020, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and being operating in compliance with the applicable requirements of the IRC.

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

Note 5 - Transfer of Assets

As a participating employer joins the PEO, the plan assets from the participating employer's previous plan can be transferred into the Plan. For the year ended December 31, 2021, \$10,090 was transferred into the Plan from various participating employers.

Note 6 - Related Party and Party-in-Interest Transactions

Certain Plan investments consist of mutual funds as managed by Fidelity Investments, the trustee as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

The PEO provides certain administrative services to the participating employers pursuant to a service agreement between the Plan and the employers. The PEO receives compensation for its services. During the year ended December 31, 2021, direct compensation amounted to \$24,338.

Note 7 - 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.

Note 8 - Subsequent Events

Effective April 1, 2022, the plan was amended and restated to include all required provisions to comply with recent legislative and regulatory changes

The Plan sponsor has evaluated subsequent events through October 5, 2022, the date which the financial statements were available to be issued



Supplementary Information
December 31, 2021

Cardinal Services, Inc. 401(k) Plan

Cardinal Services, Inc. 401(k) Plan
Schedule H, Line 4i – Schedule of Assets Held at the End of Year
December 31, 2021
Plan: 001

EIN: 93-0985752

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Vanguard Target Retirement 2025	Mutual Funds	**	\$ 2,294,612
	Vanguard Total Stock Market Index Admiral	Mutual Funds	**	1,745,268
	Vanguard Target Retirement 2035	Mutual Funds	**	1,347,144
	Vanguard 500 Index Admiral	Mutual Funds	**	1,164,777
	Vanguard Short-Term Federal Admiral	Mutual Funds	**	850,128
	Vanguard Target Retirement 2030	Mutual Funds	**	837,463
	Vanguard Target Retirement 2045	Mutual Funds	**	765,388
	Vanguard Federal Money Market	Mutual Funds	**	531,988
	Vanguard Target Retirement 2020	Mutual Funds	**	485,902
	Vanguard Target Retirement 2040	Mutual Funds	**	453,505
	Vanguard Information Technology Index Ad	Mutual Funds	**	449,550
	American Funds EuroPacific R6	Mutual Funds	**	431,492
	Vanguard Target Retirement 2055	Mutual Funds	**	419,889
	Vanguard US Growth Admiral	Mutual Funds	**	296,084
	Vanguard Target Retirement 2050	Mutual Funds	**	292,247
	Vanguard Small Cap Growth Index Adm	Mutual Funds	**	261,079
	American Funds New Perspective R6	Mutual Funds	**	226,623
	Vanguard Mid Cap Value Index Admiral	Mutual Funds	**	215,021
	iShares MSCI EAFE International Index K	Mutual Funds	**	186,341
	Vanguard Small Cap Index Admiral	Mutual Funds	**	150,066
	Vanguard Industrial Index Admiral	Mutual Funds	**	145,588
	Vanguard Short-Term Bond Index Admiral	Mutual Funds	**	124,092
	Vanguard Mid Cap Index Admiral	Mutual Funds	**	114,064
	Fidelity US Bond Index	Mutual Funds	**	113,874
	Vanguard Target Retirement 2060	Mutual Funds	**	74,255
	Vanguard Value Index Admiral	Mutual Funds	**	64,511
	DFA Real Estate Securities	Mutual Funds	**	59,632
	Vanguard Short-Term Inf Prot Index Admir	Mutual Funds	**	47,263
	Vanguard Mid Cap Growth Index Admiral	Mutual Funds	**	39,183
	Vanguard Target Retirement 2065 Inv	Mutual Funds	**	16,334
	DFA Emerging Markets Core Equity	Mutual Funds	**	13,902
	Principal Investors High Yield II	Mutual Funds	**	12,721
	Vanguard Target Retirement 2015	Mutual Funds	**	12,422
	Vanguard Energy Index Admiral	Mutual Funds	**	10,675
	Vanguard Inflation Protected Securities	Mutual Funds	**	10,009
	Vanguard Intermediate-Term Bond Index Ad	Mutual Funds	**	4,209
	Vanguard Target Retirement Income	Mutual Funds	**	3,851
	JPMorgan Core Plus Bond Fund R6	Mutual Funds	**	3,715
	Vanguard Small Cap Value Index Adm	Mutual Funds	**	2,404
	Invesco Oppenheimer Gold & Special Miner	Mutual Funds	**	933
				<u>14,278,207</u>
*	Notes receivable from participants	Maturing 2022-2026 at interest rates of 3.00-6.25%		<u>181,085</u>
	Total			<u>\$ 14,459,292</u>

* A party in-interest as defined by ERISA

** Not applicable for a participant-directed plan.

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

CARDINAL SERVICES, INC. 401K PLAN

PLAN # 001

EIN # 93-0985752

(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		186,340
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		16,334
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		64,511
	Fidelity	FXNAX - Fidelity US Bond Index Fund		150,066
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		4,209
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		12,423
	Principal	PHYTX - Principal Investors High Yield II		2,405
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		292,247
	American Funds	RNPGX - American Funds New Perspective R6		226,623
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		933
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		10,675
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		59,632
	Vanguard	VENAX - Vanguard Energy Index Admiral		12,721
	Vanguard	VFIAX - Vanguard 500 Index Admiral		1,164,777
	Vanguard	VILVX - Vanguard Target Retirement 2060 Instl		145,587
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		114,063
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		113,874
	Vanguard	VIRSX - Vanguard Target Retirement 2040-Instl		449,550
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		419,890
	Vanguard	VITFX - Vanguard Target Retirement 2035 Instl		1,347,144
	Vanguard	VITLX - Vanguard Target Retirement 2045 Instl		850,128
	Vanguard	VITRX - Vanguard Target Retirement Income Instl		3,851
	Vanguard	VITVX - Vanguard Target Retirement 2015 Instl		13,902
	Vanguard	VITWX - Vanguard Target Retirement 2020 Instl		485,902
	Vanguard	VIVLX - Vanguard Target Retirement 2055 Instl		531,987
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		453,505
	Vanguard	VMGMX - Vanguard Mid-Cap Growth Index Fund Admiral Shares		47,263
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		261,080
	Vanguard	VRIVX - Vanguard Target Retirement 2025 Instl		2,294,613
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		215,022
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		765,388
	Vanguard	VSIAx - Vanguard Small Cap Value Index Fund Admiral Shares		3,715
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		124,093
	Vanguard	VSXFX - Vanguard Target Retirement 2065 Instl		39,182
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		10,009
	Vanguard	VTRLX - Vanguard Target Retirement 2050 Instl		431,493
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		1,745,268
	Vanguard	VTTWX - Vanguard Target Retirement 2030 Instl		837,463
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		74,256
	Vanguard	VWUAX - Vanguard Us Growth Admiral		296,084
	Participant Loans	3.00% - 6.00%		181,083

Multiple-Employer Plan Participating Employer Information

CARDINAL SERVICES, INC. 401K PLAN		PLAN # 001	EIN #	93-0985752
(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions	
A Better Bar LLC DBA Rye Restaurant	27-1159664	3,633	0.03%	
A Quality Construction Co LLC	47-3800272	23,070	0.16%	
Abiding Joy, LLC	83-2829882	1,039	0.01%	
Advanced Property Management	26-1228556	10,054	0.07%	
Alliance Counseling Center	20-4438598	158,546	1.11%	
American Painting (The Conard Company)	93-1238457	13,286	0.09%	
Anna Marie Moran OD	51-7749100	1,768	0.01%	
Armadillo Roofing, Inc	93-1241105	5	0.00%	
Ascensions Child Development Program, LLC	81-4830786	1,412	0.01%	
At Your Service Construction, LLC	47-3855232	1,754	0.01%	
Autowerks Exclusive LLC	20-8967659	2,710	0.02%	
Bassett-Hyland Energy Company	93-0764831	3,233,169	22.64%	
Bayshore Auto Repair	46-0516275	9,412	0.07%	
Belisle's Dentures by Design	54-4153812	0	0.00%	
Books by the Bay	90-0255639	2,137	0.01%	
Bradford Place, LLC	91-1863982	2,994	0.02%	
Brown Livestock LLC	91-1811860	1,783	0.01%	
Bully Garden Supply LLC	45-4954648	6,647	0.05%	
Cafe Dejeuner	54-4606900	1,251	0.01%	
Canterberry Roofing LLC	83-1310581	19,755	0.14%	
Cardinal Services SUSPENSE PLAN	22-5112256	150,726	1.06%	
Cardinal Services, Inc.	93-0985752	1,870,009	13.10%	
Central Oregon Building Maintenance	82-4351174	6,192	0.04%	
Central Oregon Evaluation & Related Company	27-4043050	8,514	0.06%	
Central Window Washing & Janitorial	93-1299913	10,537	0.07%	
CFE LLC	26-0711985	15,151	0.11%	
Charlie Tree Service	46-1403406	1,670	0.01%	
Checkerberry's Flowers and Gifts	93-1213188	2,140	0.01%	
Christian Logging LLC	82-4853126	150,041	1.05%	
Cleanline Painting, LLC	83-3869787	1,622	0.01%	
Coburg Road Car Wash, Inc	45-3818437	33,215	0.23%	
Colbee, LLC	20-0800746	2,699	0.02%	
Combined Communications, Inc.	93-0993152	798,359	5.59%	
Comfort Construction, LLC	27-2236147	14,686	0.10%	
Coos Bay Downtown Association	93-0824903	6,552	0.05%	
Coos Bay Properties R.E. LLC	46-4650687	33,274	0.23%	
Coos Bay/North Bend Visitors Convention Bureau	93-1241434	36,225	0.25%	
Dale C. Johnson, Lawyer	93-1239650	4,203	0.03%	
Dale Luoma Painting & Design, Inc	93-1243789	20,648	0.14%	
Dane E. Smith	93-1277194	0	0.00%	
Darling's Lawn Service	27-2660862	1,325	0.01%	
Deer Haven Construction, Inc.	26-4097316	3,793	0.03%	
Deschutes Dental Center	93-1199296	222,514	1.56%	
DHFFITNESS LLC	81-4122147	4,912	0.03%	
Diamond Lake Mini Storage LLC	26-1636183	4,616	0.03%	
Dirty Dog Grooming LLC	82-5061876	2,377	0.02%	
Double R Builders Corporation	45-5435212	4,049	0.03%	
Eagle Ridge Construction, LLC	46-1104699	7,090	0.05%	
Edstar, Inc. DBA Terry's Diner	93-1091974	15,020	0.11%	
Egyptian Theatre Preservation Association	68-0624507	10,761	0.08%	
Electric Hospital	93-0799648	7,169	0.05%	
Eric M Cadwell DDS PLLC dba PureCare Dental of Bend	27-2905707	718,886	5.03%	
Eugene Pallet Enterprises, Inc	46-3776672	24,525	0.17%	
Falken Construction LLC	47-4992934	2,093	0.01%	
Feige & Associates, Inc.	46-0484870	5,634	0.04%	
Flowerland Nursery	47-4417449	1,197	0.01%	
Fred Hodecker Inc dba Mid-State Fertilizer	93-0569384	1,049,547	7.35%	
Gardencraft	14-2486606	68	0.00%	
Glenwood Mobile Home Park	85-6132140	167	0.00%	
Gold Beach Wood Floors & Construction	93-1297644	411	0.00%	
Gold Coast Swim Team	42-1641386	150	0.00%	
Golder Co. Inc	93-0684930	10,542	0.07%	
Gooneys Sports Bar	93-1168548	912	0.01%	
Great Northern Trailer Works, Inc & Co-adopting Companies	30-0299070	2,378	0.02%	
Greek Apron Catering LLC	81-2908132	6,881	0.05%	
Hagen Construction LLC	83-2286279	8,860	0.06%	
Hallowed Construction	81-5155153	2,804	0.02%	
Hans Johnson	54-1029628	2,622	0.02%	
Harvest Store	54-1845135	3	0.00%	
Health Insurance Strategies LLC	71-1027208	472,618	3.31%	
Hess Ventures, LLC	84-4174096	3,746	0.03%	
Highway Deli Mart	20-2262832	9,395	0.07%	
Hilton Fuel and Supply Company & Co-Adopting Companies	93-0743417	242,211	1.70%	
Immortal Threads, Inc ABN Fibers and Stitches	37-1694681	4,053	0.03%	
Integral Youth Services	93-0981933	12,718	0.09%	
J & R Custom Canopy	93-1294355	188,048	1.32%	

Jay Morris Construction	54-3881375	7,907	0.06%
Jerry's Outdoor Power & Outerwear	93-1160858	382	0.00%
Joseph Arpaia, M.D.	93-1300974	1,104	0.01%
Joseph Brown Woodworking	54-3064595	3,178	0.02%
Just Bucket Excavation, Inc.	93-1297540	83,274	0.58%
Koos Bay Mixer	43-2107519	380,397	2.66%
Kronsberg Construction, Inc.	91-1849631	3	0.00%
KSI Agency Inc. dba Farmers Insurance	47-4956482	40	0.00%
Kunert Electric, LLC	93-1235309	4,444	0.03%
L B Engineering	91-1786228	91,882	0.64%
LD Financial LLC	52-1760137	1,347	0.01%
Let's Talk Diversity Coalition, Inc.	81-3530015	6,737	0.05%
Luminare Press	45-2450128	8,717	0.06%
Mark Hanrahan Construction	54-4667344	11,412	0.08%
Mark Hosmer Painting	56-1900074	5,787	0.04%
Martin' Plumbing & Electric Supply, Co. DBA Perrys Supply	27-4420381	82,491	0.58%
Mel's Marine Service, Inc	93-1163136	29,522	0.21%
Michael Simmons Construction	56-6082376	658	0.00%
Mingus Park Pool	93-0729779	1,241	0.01%
Moe's Super Lube Inc.	93-1170904	50,818	0.36%
Moles Veterinary Clinic, INC	46-4734934	364,812	2.56%
Morrell Logging, LLC	20-2231310	157,927	1.11%
Mother's Natural Grocery Sheri McGrath	47-1655047	626	0.00%
Mountain View Imports	81-0566196	104,478	0.73%
Mulberry Court LLC	36-7675848	7,996	0.06%
Nancy Devereux Center, Inc.	93-0822406	13,792	0.10%
Nathan Perry Heating & Air Conditioning	46-1869165	47,320	0.33%
Natural Felt, Inc. & Co-adopting Companies	81-1155022	6,860	0.05%
NEB, Inc	80-0773276	1,021	0.01%
North Bend Lanes	93-0463122	448,567	3.14%
Norton Mini Storage	55-5648188	15	0.00%
Noster Kitchen, LLC	82-0642155	1,064	0.01%
NW Industrial Hydraulics, Inc	74-3093572	250,118	1.75%
Nye Beach Caf�	68-0572406	133	0.00%
O'Brien Construction & Design, LLC	30-0782419	3,760	0.03%
OHM Equity Partners LLC	56-2561927	1,053	0.01%
Oregon Bay Properties, LLC	80-0507637	93	0.00%
Oregon Resources Corporation	93-1010006	19,728	0.14%
Osprey Cafe	47-1287661	6,796	0.05%
Outback Wildfire, LLC	83-3579958	1,913	0.01%
Pacific Village Mobile Home Park	86-0958567	2,288	0.02%
Paladin Data Corporation	93-0927111	1	0.00%
Paradise Golf LLC DBA Senior Helpers Portland West	83-0701706	12,418	0.09%
Phil Bernhardt & Sons General Contractors LLC	57-1228652	1,569	0.01%
Philomath Towne Pump	27-0474086	81,800	0.57%
Pho The Good Times LLC	45-5145902	4,673	0.03%
Plummers Plumbing	90-0131869	11,465	0.08%
ProVend Services LLC	20-2586445	1,529	0.01%
R&R Roofing, LLC	36-4900557	1,337	0.01%
R3 Homes, LLC	84-4656631	2,763	0.02%
Radius Design, LLC	81-0970249	921	0.01%
Ramshack Enterprises, Inc	20-3488206	10,500	0.07%
REACH Redmond	47-1465358	19,812	0.14%
Resort Spas & Billiards	32-0113508	88,330	0.62%
Reynolds Consultation, Inc. ABA Senior Helpers of Salem	26-3339495	13,455	0.09%
Richard Weaver Construction	57-4601745	818	0.01%
Rodeo Steakhouse & Grill	27-2349585	2	0.00%
Rogue Rock Gym LLC	20-2638117	2,991	0.02%
Ronald L DeLuca Revocable Trust	52-2669521	2,554	0.02%
Rosewood Homeowners Cooperative	36-4947669	985	0.01%
Roy A. Ott General Contractor	54-5862017	2,253	0.02%
Run! Day Camp For Dogs, LLC	87-0812765	29,116	0.20%
Russell Dean Anderson dba Russell Anderson Contracting	51-8885297	420,008	2.94%
S & L Enterprises DBA Chubb's and related companies	27-1244674	29,379	0.21%
Sand to Hand, Inc.	86-1337335	26	0.00%
Scott's Fast Market Inc. & Related Company	38-3675578	18,087	0.13%
Seafood Enterprises LLC	27-1438667	8,242	0.06%
Shock Construction, LLC	82-1210414	29	0.00%
Sidney's Indoor Garden and Lighting Corp	47-4629332	4,816	0.03%
Signature Imports Inc	93-1047985	0	0.00%
Single Tree Electric & Consultants, LLC	93-1221730	13,447	0.09%
Siuslaw Watershed Council	93-1234456	28,779	0.20%
Skogman Flooring	83-3944168	597	0.00%
Skylight Homebuilders Inc.	47-2071785	11,881	0.08%
Smith's Bayway Market	80-0773393	11,626	0.08%
Smokin' Friday BBQ	46-0698491	1	0.00%
Solo Cafe	55-3592317	1,998	0.01%
South Coast Construction	93-1151926	12,990	0.09%
South Coast Family Harbor	46-3458457	938	0.01%
Southern Oregon Fine Meats	83-2864288	4,524	0.03%
Southwest Rehabilitation	93-1269641	16,910	0.12%
Southwestern Oregon Workforce Investment Board	47-3873798	219,297	1.54%

Sporks a la Cart, LLC	46-2453749	453	0.00%
Stonehaven Masonry	83-2128135	1,028	0.01%
Storage 2U, LLC	81-4438262	224,505	1.57%
Sunset Bay Golf Course	93-0831903	1,411	0.01%
Sweet Creek, Inc	20-4103952	1,370	0.01%
The Butcher Shop, Inc.	90-0226540	3,793	0.03%
The Great Outdoors Grill	27-2993224	4,313	0.03%
The Retirement Planning Group	93-1066440	17,745	0.12%
The Steel Outlet, Inc. & Co-adopting Companies	36-4704195	17,181	0.12%
The Vault Taphouse	46-3752939	3,328	0.02%
Three Sisters Landscaping	54-1860981	13,141	0.09%
TNT Market	93-0918469	149,011	1.04%
Travel Southern Oregon Coast	82-1190062	18,558	0.13%
Triune In-Home Care, LLC & Co-adopting Companies	82-1146183	267,851	1.88%
Tropical Beach Tanning and Wellness, LLC	81-3193603	3	0.00%
Umpqua Landscape Maintenance LLC	27-3382617	270	0.00%
Uncle Jim's Ala Cart	93-0911731	1,736	0.01%
Waibel Ranches LLC	26-1793503	508,483	3.56%
Western Water Development Corp.	93-1080296	10,665	0.07%
Whales Tail Candy & Gifts	80-0544016	341	0.00%
Wheel Fun Rentals	55-0827739	5,504	0.04%
Whit Industries	52-8592728	1,950	0.01%
White Cloud Enterprises	54-3219935	4,889	0.03%
Williams Machine and Fabrication	93-1042300	4	0.00%
Wingspread Mobile Home Park	68-0447175	1,048	0.01%
Zimmerman Construction Inc	93-1235506	81	0.00%