

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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>ALTERNATIVE SERVICES - OREGON, INC. 403B/ERISA TAX SHELTERED ANNUITY PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/1995</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>ALTERNATIVE SERVICES - OREGON, INC.</u> <u>7165 SW FIR LOOP, SUITE 200</u> <u>TIGARD, OR 97223</u>
2b	Employer Identification Number (EIN) <u>93-1014288</u>
2c	Plan Sponsor's telephone number <u>503-941-5256</u>
2d	Business code (see instructions) <u>611000</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.	10/14/2022	ANNE-MARIE SMITH
	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	533
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)	211
a(2) Total number of active participants at the end of the plan year		6a(2)	166
b Retired or separated participants receiving benefits.....		6b	25
c Other retired or separated participants entitled to future benefits		6c	326
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	517
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	518
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	511
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	33
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 2H 2L 2M 2F			
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) ☒ <u>1</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 ALTERNATIVE SERVICES - OREGON, INC. 403B/ERISA TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERNATIVE SERVICES - OREGON, INC.	D Employer Identification Number (EIN) 93-1014288

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	13163639	510	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year	7b	84852
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	2331
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	2331
d	Total of balance and additions (add lines 7b and 7c(6))	7d	87183
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14840
	(2) Administration charge made by carrier.....	7e(2)	39
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	14879
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	72304

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 ALTERNATIVE SERVICES - OREGON, INC. 403B/ERISA TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERNATIVE SERVICES - OREGON, INC.	D Employer Identification Number (EIN) 93-1014288	

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)

NATIONWIDE

31-4156830

(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	NONE	31261	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AMERIPRISE FINANCIAL SERVICES

50082 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(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 50	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	16718	Yes ☐ No ☒

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

WELLS THOMAS LLC

469 WEST MAIN STREET SUITE 202
BRANFORD, CT 06405

(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	NONE	7206	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)

MORGAN STANLEY

36-3145972

(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 50	NONE	6712	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 ALTERNATIVE SERVICES - OREGON, INC. 403B/ERISA TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERNATIVE SERVICES - OREGON, INC.	D Employer Identification Number (EIN) 93-1014288	

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)	150917	150000
(2) Participant contributions.....	1b(2)	3769	0
(3) Other	1b(3)	2662	5832
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20314	23772
(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)		
(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)	3764744	4413688
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	84852	72304
(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	4027258 4665596
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	4027258 4665596

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)	175159
	(B) Participants	2a(1)(B)	103754
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	278913
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)	
	(F) Other	2b(1)(F)	2087
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2087
(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)	42268
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	42268
(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)		440731
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		763999
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	118949	
(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)		118949
f Corrective distributions (see instructions).....	2f		
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)		
(3) Investment advisory and management fees.....	2i(3)	6712	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6712
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		125661
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		638338
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(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: CENKO, VENDITTELLI, HAYNES & TOKARZ

(2) EIN: 81-0584482

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 ALTERNATIVE SERVICES - OREGON, INC. 403B/ERISA TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERNATIVE SERVICES - OREGON, INC.	D Employer Identification Number (EIN) 93-1014288

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	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
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

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 _____

**ALTERNATIVE SERVICES – OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN**

**FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION**

Year Ended December 31, 2021

Cenko, Vendittelli, Haynes & Tokarz, P.L.C.
Certified Public Accountants
Troy, Michigan 48098

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Cenka, Vendittelli, Haynes & Haynes, P.L.C.

Certified Public Accountants

5700 Crooks Rd, Ste 207
Troy, Michigan 48098

Phone (248)649-7628
Fax (248) 480-0802

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Alternative Services – Oregon, Inc.
403(b)/ERISA Tax Sheltered Annuity Plan

Opinion

We have audited the accompanying financial statements of Alternative Services – Oregon, Inc 403(b)/ERISA Tax Sheltered Annuity 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Alternative Services – Oregon, Inc 403(b)/ERISA Tax Sheltered Annuity 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. 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 Alternative Services – Oregon, Inc 403(b)/ERISA Tax Sheltered Annuity 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 Alternative Services – Oregon, Inc 403(b)/ERISA Tax Sheltered Annuity 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 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 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 Alternative Services – Oregon, Inc 403(b)/ERISA Tax Sheltered Annuity 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 Alternative Services – Oregon, Inc 403(b)/ERISA Tax Sheltered Annuity 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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule (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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Cenks Vendittelli Haynes & Tokay, PLLC

October 13, 2022

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value:		
Exchange traded funds	\$ 2,171,584	\$ 1,957,719
Variable annuity contracts	2,242,104	1,807,025
Money market funds	<u>23,772</u>	<u>20,314</u>
Total investments at fair value	4,437,460	3,785,058
Investments at contract value:		
Fixed annuity contracts	<u>72,304</u>	<u>84,852</u>
Total investments	4,509,764	3,869,910
Receivables:		
Employer elective contributions	150,000	150,000
Employer non elective contributions	-	917
Participant contributions	-	3,769
Other Receivables	<u>5,832</u>	<u>2,662</u>
Total receivables	<u>155,832</u>	<u>157,348</u>
Net Assets Available for Plan Benefits	<u><u>\$ 4,665,596</u></u>	<u><u>\$ 4,027,258</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE STATEMENTS

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income	
Net appreciation in fair value of exchange traded funds	\$ 144,680
Net appreciation in fair value of variable annuity contracts	296,051
Dividend and interest income	44,355
Total contributions	<u>485,086</u>

Contributions

Employer elective contributions	150,000
Employer non elective contributions	25,159
Participant contributions	103,754
Total contributions	<u>278,913</u>

Total additions	763,999
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Deductions from net assets attributed to:

Benefits paid to participants	(118,949)
Administrative expenses	<u>(6,712)</u>

Total deductions	<u>(125,661)</u>
------------------	------------------

Net increase	638,338
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Net Assets Available for Benefits

Beginning of year	<u>4,027,258</u>
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Net Assets Available for Benefits

End of year	<u><u>\$ 4,665,596</u></u>
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THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE STATEMENTS

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE A - DESCRIPTION OF THE PLAN

The following description of Alternative Services - Oregon, Inc. 403(b) ERISA Tax Sheltered Annuity Plan (the "Plan") provides only general information. Participants should refer to the Plan document and any amendments thereto, for a more complete description of the Plan's provisions.

General – The Plan is an Internal Revenue Code Section 403(b) defined contribution retirement plan covering all employees of Alternative Services -Oregon. Inc. (the "Organization"). All employees are immediately eligible to participate in the Plan upon their date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was restated effective January 1, 2020.

Contributions - Each year, participants may contribute to the Plan a percentage of their pre-tax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their salary deferral contributions and employer matching contributions into various investment options offered by the Plan. The Plan currently offers a variety of variable annuity contracts and a fixed annuity contract as participant-directed investment options for participants. Certain employer nonelective contributions are nonparticipant-directed.

The Organization may, at its discretion, make matching contributions to the Plan. For the year ended December 31, 2021, the Organization elected to match 50% of a participant's first 2% of elective deferrals, plus 25% of a participant's next 3% of elective deferrals and an additional 10% of a participant's next 3% of elective deferrals. Participants must have attained 18 years of age and completed one year of eligibility service to share in an allocation of discretionary matching contributions. The Organization may also, at its discretion, make additional nonelective contributions to the Plan. Nonelective contributions are allocated to participant accounts based on the ratio of each participant's eligible compensation, as defined by the Plan, to the total eligible compensation of all eligible participants in the Plan. Participants must have attained 18 years of age, completed one year of eligibility service (with a minimum of 1,000 hours) and be actively employed on the last day of the Plan year to share in an allocation of nonelective contributions. For the year ended December 31, 2021, the Organization elected to make a nonelective contribution of \$150,000 to the Plan. Contributions are subject to certain limitations. Nonelective contributions are invested in a portfolio of investments as directed by the Organization.

Participant accounts - Each participant's account is credited with the participant's contributions, an allocation of the Organization's contributions and Plan earnings. Allocations are based on participant earnings or account balances, as defined by the Plan.

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE A - DESCRIPTION OF THE PLAN - CONTINUED

Investment expenses charged by the exchange traded funds, mutual funds and variable annuity contracts in which the Plan invests are paid directly from the underlying assets of the respective investments and are included in the net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits. Certain advisory fees are paid by the Plan. All other charges related to the administration of the Plan are paid by the Organization.

Vesting - Participants are vested immediately in their salary deferral contributions and rollover contributions plus actual earnings thereon. In the event of termination due to death, total and permanent disability, normal or early retirement, participants shall become 100% vested in the Organization contribution portion of their account. For all other participants, vesting in the Organization contribution portion of their account is based on credited years of service, as defined by the Plan, according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Notes Receivable From Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest payments are made directly by participants to the custodian. There were no outstanding notes receivable from participants as of December 31, 2021 and 2020.

Payment of Benefits – On termination of service due to death, disability, normal or early 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, or installment payments for a specified term or through the purchase of an annuity contract available under the terms of the Plan. For termination of service for other reasons, a participant may receive the value of his or her account as a lump-sum distribution. Participants with a vested account balance less than \$5,000 will receive a lump-sum distribution as soon as it is administratively practicable immediately following their separation from service with the Organization.

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE A - DESCRIPTION OF THE PLAN-CONTINUED

Withdrawals from a participant's salary deferral account balance may be made in the event of a financial hardship, in accordance with the provisions specified in the Plan. Withdrawals from a participant's rollover account may be made at any time. Additionally, in-service withdrawals are allowed in accordance with the provisions specified in the Plan for participants who have attained age 59 ½.

Forfeited accounts – Forfeited non-vested employer contributions are reallocated to participants in accordance with the terms of the Plan. There were no unallocated forfeited non-vested accounts as of December 31, 2021 and 2020. During the year ended December 31, 2021, \$9,460 of forfeitures were reallocated to participant accounts.

B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment valuation and income recognition - The Plan's investments, except for the fixed annuity contracts, 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 E for a discussion of fair value measurements.

Purchases and sale of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in fair value of each type of investment, which includes gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits – Benefits are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Subsequent events – The Organization has evaluated events and transactions for potential recognition or disclosure through October 13, 2022, which is the date the financial statements were available to be issued. See also Note I below.

NOTE C – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	<u>2021</u>	<u>2020</u>
Exchange traded funds:	\$ 2,171,584	1,957,719
Money market fund	23,772	20,314
Annuity contracts	<u>72,536</u>	<u>9,485</u>
	<u>\$ 2,267,892</u>	<u>\$ 1,987,518</u>

	Year Ended December 31, <u>2021</u>
Change in net assets:	
Contributions	\$ 151,476
Dividends and interest	44,355
Net appreciation	146,767
Benefits paid to participants	(55,512)
Administrative expenses	<u>(6,712)</u>
	<u>\$ 280,374</u>

NOTE D – FAIR VALUE MEASUREMENTS

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

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE D – FAIR VALUE MEASUREMENTS – CONTINUED

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 the fair value measurement.

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

Exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1).

Variable annuity accounts/Money market funds: Valued using significant observable inputs, particularly dealer market prices for comparable investments as of the valuation date (Level 2).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE D – FAIR VALUE MEASUREMENTS – CONTINUED

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

	2021		
	Level 1	Level 2	Total
Exchange traded funds:	\$ 2,171,584	-	\$ 2,171,584
Variable annuity contracts	-	2,242,104	2,242,104
Money market funds	23,772	-	23,772
	<u>\$ 2,195,356</u>	<u>\$ 2,242,104</u>	\$ 4,437,460
Fixed annuity contracts (at contract value)			<u>72,304</u>
Total investments			<u>\$ 4,509,764</u>

	2020		
	Level 1	Level 2	Total
Exchange traded funds:	\$ 1,957,719	-	\$ 1,957,719
Variable annuity contracts	-	1,807,025	1,807,025
Money market funds	20,314	-	20,314
	<u>\$ 1,978,033</u>	<u>\$ 1,807,025</u>	\$ 3,785,058
Fixed annuity contracts (at contract value)			<u>84,852</u>
Total investments			<u>\$ 3,869,910</u>

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into benefit-responsive investment contracts (Fixed Annuity) with Nationwide Life Insurance Company ("Nationwide"). Nationwide maintains the contributions in a general account. The account is credited with deposits made to the contract, plus earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Nationwide. Accordingly, it is not assigned to a fair value hierarchy level.

There are no reserves against fair value for credit risk of the contract issuer or otherwise. As of December 31, 2021, and 2020, the crediting rate was 3.0%. The account was credited with interest at an average rate of 3.0% for the year ended December 31, 2021. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 3.0%. Such interest rates are reviewed on a quarterly basis for resetting.

Although management has no intentions of terminating the group annuity investment contract which provides for the benefit-responsive investment contract and the variable annuity contracts in which the Plan invests, certain provisions could impact the liquidity and the value of the contract upon termination.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization 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 the Organization contribution portion of their account.

NOTE G – TAX STATUS

The Internal Revenue Service has previously not provided plans established under Section 403(b) with a determination or opinion letter indicating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan was amended and restated on January 1, 2020. Although the Plan has never received a determination or opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated 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 position that more likely than not would not be sustained upon examination by the IRS. The Plan had no uncertain tax positions as of December 31, 2021.

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE G – TAX STATUS - CONTINUED

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

NOTE H – PARTY-IN-INTEREST TRANSACTIONS

The Plan's participant-directed investments are managed by Nationwide Life Insurance Company. The Plan has nonparticipant-directed investments managed by Nationwide Life Insurance Company and Morgan Stanley. Transactions conducted with these custodians are considered exempt party-in-interest transactions. Total advisory fees by the Plan to Morgan Stanley were \$6,712 for the year ended December 31, 2021.

NOTE I – RISK AND UNCERTAINTIES

Investments

The Plan holds various investment securities. Investment securities, in general, 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 statements of net assets available for benefits.

COVID-19

On March 11, 2020 the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities had recommended social distancing and had imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however they could have material adverse impacts on domestic and foreign economies and may result in the United States entering a period of recession.

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

SUPPLEMENTAL INFORMATION

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN

EIN #93-1014288 PLAN #001
SCHEDULE OF ASSETS HELD AT END OF YEAR
(Schedule H, Line 4 (i))
December 31, 2021

(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
Money market funds				
*	Morgan Stanley	Morgan Stanley Bank N.A.#	\$ 23,772	\$ 23,772
Fixed annuity contract				
*	Nationwide Life Insurance Company	Nationwide Fixed Account	**	29,451
*	Nationwide Life Insurance Company	Nationwide Fixed Account	42,853	42,853
			42,853	72,304
Exchange traded funds				
	iShares Funds	iShares Core MSCI EAFE	382,918	477,696
	iShares Funds	iShares Russell 1000 Value Index Fund	162,123	283,634
	Vanguard	Vanguard Total Bond Market Index Fund	529,330	535,620
	iShares Funds	iShares Russell 1000 Growth Index Fund	42,693	176,325
	iShares Funds	iShares Core MSCI Emerging	148,921	189,337
	Pimco	Pimco Enhanced Short Term Maturity	129,292	129,794
	iShares Funds	iShares iBoxx \$ High Yield Corporate Bond	85,350	89,620
	iShares Funds	iShares Russell 2000 Value Index Fund	112,958	113,005
	iShares Funds	iShares Inc MSCI Japan	72,296	83,499
	iShares Funds	iShares Russell Mid-Cap Index Fund	85,711	93,054
			1,751,592	2,171,584
*	Nationwide Life Insurance Company	Invesco VI Core Plus Bond Fund	**	316,630
*	Nationwide Life Insurance Company	BNY Mellon Stock Index Fund, Inc - Initial Shares	**	244,446
*	Nationwide Life Insurance Company	NW NVIT Mellon Dynamic U.S. Core Fund	**	174,675
*	Nationwide Life Insurance Company	Fidelity VIP Freedom Fund 2030 Portfolio-Service Class	**	133,711
*	Nationwide Life Insurance Company	Fidelity VIP Growth Portfolio - Initial Class	**	116,373
*	Nationwide Life Insurance Company	Fidelity VIP Growth Portfolio - Initial Class	14,878	14,878
*	Nationwide Life Insurance Company	Janus Henderson VIT Forty Portfolio	**	126,540
*	Nationwide Life Insurance Company	Fidelity VIP Balanced Portfolio - Service Class II	**	104,345
*	Nationwide Life Insurance Company	NVIT American Funds Global Growth Fund II	**	94,985
*	Nationwide Life Insurance Company	Invesco VI Global Fund - Series I	**	79,499
*	Nationwide Life Insurance Company	Invesco VI Global Fund - Series I	14,805	14,805
*	Nationwide Life Insurance Company	Invesco Oppenheimer V.I. Global Fund - Series I	**	66,889
*	Nationwide Life Insurance Company	Fidelity VIP Equity Income Portfolio - Initial Class	**	66,541
*	Nationwide Life Insurance Company	T. Rowe Price Health Sciences	**	53,429
*	Nationwide Life Insurance Company	NVIT AQR Large Cap Defensive Style Fund	**	45,789
*	Nationwide Life Insurance Company	BNY Mellon Small Cap Stock Index Fund	**	44,933
*	Nationwide Life Insurance Company	Neuberger Berman NVIT Multi Cap Opportunities Fund Class I	**	37,997
*	Nationwide Life Insurance Company	NVIT Mellon Dynamic U.S. Equity Income Fund	**	37,271
*	Nationwide Life Insurance Company	MFS New Dscovery Fund Class A	**	36,977
*	Nationwide Life Insurance Company	American Century VP Balance Fund - Class I	**	36,636
*	Nationwide Life Insurance Company	MFS VIT Value Portfolio - Service Class	**	26,897
*	Nationwide Life Insurance Company	NVIT Investor Destinations Moderately Conservative Fund - Class II	**	25,433
*	Nationwide Life Insurance Company	NVIT Government Bond Fund	**	23,469
*	Nationwide Life Insurance Company	Fidelity VIP High Income Portfolio - Initial Class	**	22,210
*	Nationwide Life Insurance Company	Janus Henderson VIT Overseas Portfolio - Service Shares	**	22,004
*	Nationwide Life Insurance Company	NVIT Government Money Market Fund	**	20,634
*	Nationwide Life Insurance Company	NW NVIT Columbia Overseas Value Fund	**	19,441
*	Nationwide Life Insurance Company	Fidelity VIP Asset Manager - Initial Shares	**	18,589
*	Nationwide Life Insurance Company	Fidelity VIP Overseas Portfolio - Initial Class R	**	17,929
*	Nationwide Life Insurance Company	Fidelity VIP Mid Cap Portfolio - Service Class	**	15,321
*	Nationwide Life Insurance Company	NW NVIT S&P 500 Index Fund	**	14,619
*	Nationwide Life Insurance Company	NW NVIT Investor Destinations Moderate Fund	**	12,928
*	Nationwide Life Insurance Company	Delaware Ivy Funds VIP Asset Strategy	**	12,088
*	Nationwide Life Insurance Company	Allspring VT Small Cap Growth Class II	**	11,772
*	Nationwide Life Insurance Company	Fidelity VIP Investment Grade Bond	**	11,153
*	Nationwide Life Insurance Company	MFS VIT International Value Portfolio Service Class	**	9,398
*	Nationwide Life Insurance Company	Janus Henderson VIT Global Technology and Innovation Portfolio	**	9,058

EIN #93-1014288 PLAN #001
SCHEDULE OF ASSETS HELD AT END OF YEAR
(Schedule H, Line 4 (i))
December 31, 2021

* Party-in-interest

** Column (d), "Cost" is omitted as the cost of participant-directed investments is not required to be disclosed.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- 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 Alternative Services - Oregon, Inc. 403b/Erisa Tax Sheltered Annuity Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1995
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) ALTERNATIVE SERVICES - OREGON, INC. 7165 SW FIR LOOP, SUITE 200 TIGARD OR 97223	2b Employer Identification Number (EIN) 93-1014288 2c Plan Sponsor's telephone number 503-941-5256 2d Business code (see instructions) 611000

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		10/14/2022	ANNE-MARIE SMITH
	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. 201209

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN

EIN #93-1014288 PLAN #001
SCHEDULE OF ASSETS HELD AT END OF YEAR
(Schedule H, Line 4 (i))
December 31, 2021

(a)	(b)	(c)	(d)	(e)
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	iShares Funds	iShares Inc MSCI Japan	72,296	83,499
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			1,751,592	2,171,584
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*	Nationwide Life Insurance Company	NW NVIT Mellon Dynamic U.S. Core Fund	**	174,675
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*	Nationwide Life Insurance Company	Fidelity VIP Growth Portfolio - Initial Class	**	116,373
*	Nationwide Life Insurance Company	Fidelity VIP Growth Portfolio - Initial Class	14,878	14,878
*	Nationwide Life Insurance Company	Janus Henderson VIT Forty Portfolio	**	126,540
*	Nationwide Life Insurance Company	Fidelity VIP Balanced Portfolio - Service Class II	**	104,345
*	Nationwide Life Insurance Company	NVIT American Funds Global Growth Fund II	**	94,985
*	Nationwide Life Insurance Company	Invesco VI Global Fund - Series I	**	79,499
*	Nationwide Life Insurance Company	Invesco VI Global Fund - Series I	14,805	14,805
*	Nationwide Life Insurance Company	Invesco Oppenheimer V.I. Global Fund - Series I	**	66,889
*	Nationwide Life Insurance Company	Fidelity VIP Equity Income Portfolio - Initial Class	**	66,541
*	Nationwide Life Insurance Company	T. Rowe Price Health Sciences	**	53,429
*	Nationwide Life Insurance Company	NVIT AQR Large Cap Defensive Style Fund	**	45,789
*	Nationwide Life Insurance Company	BNY Mellon Small Cap Stock Index Fund	**	44,933
*	Nationwide Life Insurance Company	Neuberger Berman NVIT Multi Cap Opportunities Fund Class I	**	37,997
*	Nationwide Life Insurance Company	NVIT Mellon Dynamic U.S. Equity Income Fund	**	37,271
*	Nationwide Life Insurance Company	MFS New Dscovery Fund Class A	**	36,977
*	Nationwide Life Insurance Company	American Century VP Balance Fund - Class I	**	36,636
*	Nationwide Life Insurance Company	MFS VIT Value Portfolio - Service Class	**	26,897
*	Nationwide Life Insurance Company	NVIT Investor Destinations Moderately Conservative Fund - Class II	**	25,433
*	Nationwide Life Insurance Company	NVIT Government Bond Fund	**	23,469
*	Nationwide Life Insurance Company	Fidelity VIP High Income Portfolio - Initial Class	**	22,210
*	Nationwide Life Insurance Company	Janus Henderson VIT Overseas Portfolio - Service Shares	**	22,004
*	Nationwide Life Insurance Company	NVIT Government Money Market Fund	**	20,634
*	Nationwide Life Insurance Company	NW NVIT Columbia Overseas Value Fund	**	19,441
*	Nationwide Life Insurance Company	Fidelity VIP Asset Manager - Initial Shares	**	18,589
*	Nationwide Life Insurance Company	Fidelity VIP Overseas Portfolio - Initial Class R	**	17,929
*	Nationwide Life Insurance Company	Fidelity VIP Mid Cap Portfolio - Service Class	**	15,321
*	Nationwide Life Insurance Company	NW NVIT S&P 500 Index Fund	**	14,619
*	Nationwide Life Insurance Company	NW NVIT Investor Destinations Moderate Fund	**	12,928
*	Nationwide Life Insurance Company	Delaware Ivy Funds VIP Asset Strategy	**	12,088
*	Nationwide Life Insurance Company	Allspring VT Small Cap Growth Class II	**	11,772
*	Nationwide Life Insurance Company	Fidelity VIP Investment Grade Bond	**	11,153
*	Nationwide Life Insurance Company	MFS VIT International Value Portfolio Service Class	**	9,398
*	Nationwide Life Insurance Company	Janus Henderson VIT Global Technology and Innovation Portfolio	**	9,058

ALTERNATIVE SERVICES - OREGON, INC.
403(b) ERISA TAX SHELTERED ANNUITY PLAN

EIN #93-1014288 PLAN #001
SCHEDULE OF ASSETS HELD AT END OF YEAR

(Schedule H, Line 4 (i))
December 31, 2021

(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
*	Nationwide Life Insurance Company	NW NVIT NBY Mellon Dynamic US Equity Income Fund	**	7,717
*	Nationwide Life Insurance Company	JP Morgan Insurance Trust Mid Cap Value Portfolio Class I	**	7,004
*	Nationwide Life Insurance Company	NW NVIT Real Estate Fund	**	6,065
*	Nationwide Life Insurance Company	NW NVIT Blueprint Aggressive Fund Class II	**	5,732
*	Nationwide Life Insurance Company	Invesco VI Main Street Small Cap Fund	**	5,575
*	Nationwide Life Insurance Company	BlackRock Global Allocation VI Fund Class III	**	5,493
*	Nationwide Life Insurance Company	NW NVIT International Index Fund Class VIII	**	5,417
*	Nationwide Life Insurance Company	Fidelity VIP Energy Portfolio - Service Class II	**	5,145
*	Nationwide Life Insurance Company	NW NVIT Multi-Manager Small Company Fund	**	4,696
*	Nationwide Life Insurance Company	NW NVIT Multi-Manager Mid Cap Growth Fund	**	4,526
*	Nationwide Life Insurance Company	NW NVIT Blueprint Moderately Aggressive Fund Class II	**	4,516
*	Nationwide Life Insurance Company	NW NVIT Blueprint Moderately Conservative Fund Class II	**	3,910
*	Nationwide Life Insurance Company	BNY Mellon Investment Mid Cap Stock Service	**	3,771
*	Nationwide Life Insurance Company	NW NVIT Short Term Bond Fund	**	3,575
*	Nationwide Life Insurance Company	Franklin Templeton VIPT Developing Markets Fund - Class II	**	3,350
*	Nationwide Life Insurance Company	NW NVIT Jacobs Levy Large Cap Growth Fund	**	3,240
*	Nationwide Life Insurance Company	NW NVIT American Funds Bond Fund Class II	**	3,111
*	Nationwide Life Insurance Company	NW NVIT American Funds Growth-Income Fund Class II	**	2,589
*	Nationwide Life Insurance Company	NW NVIT Blueprint Managed Growth Fund Class II	**	2,145
*	Nationwide Life Insurance Company	NW NVIT Small Cap Index Fund Class II	**	1,769
*	Nationwide Life Insurance Company	NW Amundi NVIT Multi Sector Bond Fund	**	1,768
*	Nationwide Life Insurance Company	BlackRock High Yield V.I. Fund Class III	**	1,338
*	Nationwide Life Insurance Company	Invesco VI Conservative Balanced Fund	**	1,319
*	Nationwide Life Insurance Company	PIMCO VIT International Bond Portfolio (Unhedged)	**	1,210
*	Nationwide Life Insurance Company	NW NVIT Mid Cap Index Fund Class I	**	1,187
*	Nationwide Life Insurance Company	NW NVIT Investor Destinations Moderately Aggressive Funds	**	1,139
*	Nationwide Life Insurance Company	NW NVIT Multi-Manager Small Cap Value Fund	**	1,070
*	Nationwide Life Insurance Company	Morgan Stanley VIF Global Infrastructure Portfolio Clas II	**	891
*	Nationwide Life Insurance Company	NW NVIT Multi-Manager Small Cap Growth Fund	**	854
*	Nationwide Life Insurance Company	Delaware VIP Small Cap Value Series Fund Service Class	**	835
*	Nationwide Life Insurance Company	Invesco V.I. Global Strategic Income Fund	**	748
*	Nationwide Life Insurance Company	NVIT Allspring Discovery Fund Class I	**	107
			\$ 23,772	\$ 4,509,764

* Party-in-interest

** Column (d), "Cost" is omitted as the cost of participant-directed investments is not required to be disclosed.