

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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) SCT 301.7508A-1(D)(1) HURRICANE LEE
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 ACADIA HR MEP PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2007
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) HUDSON VALLEY STAFF, LTD. DBA ACADIA HR 2 SPENCER DRIVE RED HOOK, NY 12571
2b	Employer Identification Number (EIN) 14-1725479
2c	Plan Sponsor's telephone number 845-876-1987
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/01/2024	SETH LARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/01/2024	SETH LARNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor COMPASS 360, LLC 118 PORTSMOUTH AVENUE SUITE D201 STRATHAM, NH 03885		3b Administrator's EIN 81-1939215
		3c Administrator's telephone number 603-778-9920
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		5 439
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) 334
a(2) Total number of active participants at the end of the plan year		6a(2) 338
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 118
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 456
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 456
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 347
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 22
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: 2A 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan ACADIA HR MEP PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	D Employer Identification Number (EIN) 14-1725479

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 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
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(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
36-6071399	70688	932286-000	347	01/01/2022	12/31/2022

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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	7153748

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 ▶ **STABLE VALUE OPTION**

b	Balance at the end of the previous year	7b	414129
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c	Additions: (1) Contributions deposited during the year	7c(1)	65978	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	1918	
	(4) Transferred from separate account	7c(4)	175	
	(5) Other (specify below)	7c(5)	38629	

▶ **EBA CREDITS, FORF CREDITS, LOAN INTEREST PAID, LOAN PRINCIPAL**

(6) Total additions	7c(6)	106700
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	520829
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9016	
(2) Administration charge made by carrier	7e(2)	1603	
(3) Transferred to separate account	7e(3)	39469	
(4) Other (specify below)	7e(4)	47590	

▶ **ADMINISTRATIVE FEE, EBA WITHDRAWALS, FEE FOR SERVICES**

(5) Total deductions	7e(5)	97678
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	423151
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ACADIA HR MEP PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	D Employer Identification Number (EIN) 14-1725479	

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	
TRANSAMERICA FINANCIAL LIFE	INSURANCE COMPANY 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499
36-6071399	

(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)

SAMET & COMPANY PC

04-3027605

(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?
10	AUDIT	14500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MESIROW FINANCIAL, INC.

36-3194849

(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?
27	INVESTMENT ADVISORY-PLAN	1480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	5730	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

COMPASS 360, LLC

81-1939215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	35090	Yes ☒ No ☐	Yes ☒ No ☐	68	Yes ☐ No ☒

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

BEYOND WEALTH MANAGEMENT GROUP LLC

82-0775838

(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?
27	INVESTMENT ADVISORY-PLAN	22184	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	SAMET & COMPANY	b EIN:	04-3027605
c Position:	ACCOUNTANT/ADVISOR		
d Address:	1330 BOYLSTON ST #300 CHESTNUT HILL, MA 02467	e Telephone:	617-731-1222

Explanation: SAMET (NOW MAZARS) ELECTED TO DECANT ALL MEP PLANS DURING THE SUMMER OF 2023

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ACADIA HR MEP PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HUDSON VALLEY STAFF, LTD. DBA ACADIA HR		
D Employer Identification Number (EIN) 14-1725479		

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
 (Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 354559
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136114
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID-CAP OPP RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300256
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SML CAP VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1733
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INV GRADE BOND RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214263
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VGRD REAL EST INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92650
a Name of MTIA, CCT, PSA, or 103-12 IE: VGRD SML-CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248009

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VGRD SML-CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12

a Name of MTIA, CCT, PSA, or 103-12 IE: VGRD TOTAL STOCK MKT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 823058

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDEX MID-CAP VAL EQTY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151902

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLBL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14512

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT GOVT BND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17225

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DVLPNG MKTS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79979

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19206

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INCOME RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36241

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON SML CO. RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11064

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LARGE CAP VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 381660

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT FUNDAMENTAL EQ RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43220

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60169

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS INTL STOCK RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71054

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL RET WITH BLACKROCK RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 696423

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2025 WITH BLACKRCK RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541151

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2030 WITH BLACKRCK RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 692959

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2035 WITH BLKRCK RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 710966

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2040 WITH BLKRCK RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371078

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2045 WITH BLKRCK RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262328

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2050 WITH BLKRCK RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 419573

a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2055 WITH BLKRCK RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182399
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LOW DURATION RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80093
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRS LIFE GOAL 2060 WITH BLKRCK RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURAN

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139894
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>ACADIA HR MEP PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUDSON VALLEY STAFF, LTD. DBA ACADIA HR</u>	D Employer Identification Number (EIN) <u>14-1725479</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	289876	111145
(2) Participant contributions.....	1b(2)	28111	44779
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(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)	0	
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	80726	164373
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7468565	7153748
(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)	0	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	414129	423151
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8281407	7897196

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		30252
k Total liabilities (add all amounts in lines 1g through 1j)	1k		30252

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8281407	7866944
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	358416	
(B) Participants	2a(1)(B)	1061832	
(C) Others (including rollovers)	2a(1)(C)	102443	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1522691
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)	3729	
(F) Other	2b(1)(F)	1918	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5647
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1588103
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		29666
d Total income. Add all income amounts in column (b) and enter total	2d		-30099
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	723716	
(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)		723716
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		17721
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	108389	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		108389
j Total expenses. Add all expense amounts in column (b) and enter total	2j		849826
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-879925
l Transfers of assets:			
(1) To this plan	2l(1)		885303
(2) From this plan	2l(2)		419841

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: **AAFCPAS, INC.**

(2) EIN: **04-2571780**

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	☒	☐	8853

	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)
IMEDVIEW, INC. 401(K) PLAN	06-1637659	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ACADIA HR MEP PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HUDSON VALLEY STAFF, LTD. DBA ACADIA HR		D Employer Identification Number (EIN) 14-1725479
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): 13-3689044		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

ACADIA HR MEP PLAN

FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2022 AND 2021 AND
FOR THE YEAR ENDED DECEMBER 31, 2022**

ACADIA HR MEP PLAN

Contents
December 31, 2022 and 2021

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Independent Auditor's Report

To the Plan Administrator of
Acadia HR MEP Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of Acadia HR MEP Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of Acadia HR MEP Plan's 2022 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section:

- the amounts and disclosures in the accompanying 2022 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2022 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of Acadia HR MEP Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Acadia HR MEP 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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Auditor's Responsibilities for the Audit of the 2022 Financial Statements (Continued)

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

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

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022, and Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Other Matters (Continued)

Auditor's Report on the 2021 Financial Statements

Predecessor auditors performed an audit of the 2021 financial statements of Acadia HR MEP Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 17, 2022, indicated that (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2021 supplemental schedule, other than the information in the 2021 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2021 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

AAFCPA's, Inc.

Westborough, Massachusetts
March 29, 2024

ACADIA HR MEP PLANStatements of Net Assets Available for Benefits
December 31, 2022 and 2021

Assets	2022	2021
Investments:		
Pooled separate accounts, at fair value	\$ 7,153,748	\$ 7,468,565
Guaranteed investment contract, at contract value	<u>423,151</u>	<u>414,129</u>
Total investments	<u>7,576,899</u>	<u>7,882,694</u>
Receivables:		
Notes receivable from participants	164,373	80,726
Employer contributions	111,145	289,876
Participant contributions	<u>44,779</u>	<u>28,111</u>
Total receivables	<u>320,297</u>	<u>398,713</u>
Liabilities		
Excess contributions payable	<u>30,252</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 7,866,944</u></u>	<u><u>\$ 8,281,407</u></u>

ACADIA HR MEP PLANStatement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions to Net Assets Attributed to:

Investment income (loss):	
Interest and dividends	\$ 31,584
Net depreciation of investments	<u>(1,588,103)</u>
Net investment loss	<u>(1,556,519)</u>
Interest income on notes receivable from participants	<u>3,729</u>
Contributions:	
Participant	1,061,832
Employer	358,416
Rollover	<u>102,443</u>
Total contributions	<u>1,522,691</u>
Total additions, net of investment loss	<u>(30,099)</u>

Deductions from Net Assets Attributed to:

Benefits paid to participants	741,437
Administrative expenses	<u>108,389</u>
Total deductions	<u>849,826</u>
Net decrease	(879,925)

Net Assets Available for Benefits:

Beginning of year	8,281,407
Transfer into the Plan (Note 1b)	885,303
Transfer out of the Plan (Note 1b)	<u>(419,841)</u>
End of year	<u><u>\$ 7,866,944</u></u>

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN

The following description of the Acadia HR MEP Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is a multiple-employer plan with Hudson Valley Staff, Ltd. d/b/a Acadia HR as the "Principal Participating Employer".

a. General

The Plan is a multiple-employer defined contribution plan, established to provide eligible employees with retirement benefits in accordance with Sections 401(a) and 401(k) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participating in the Plan are certain employers, collectively referred to as the "Participating Employers".

b. Eligibility

All employees of the Participating Employers are eligible to participate in the Plan, except the employees of the Principal Participating Employer's controlled group and other exclusions as adopted by the Participating Employers. For purposes of making elective deferral contributions and receiving matching contributions, an individual must meet the following eligibility criteria:

<u>Participating Employer</u>	<u>Age Requirement</u>	<u>Service Requirement</u>	<u>Plan Entry Date</u>
Spectrum Behavioral Health Management Services, Inc.	21	1 year	First of the month
eRiver Neurology of New York, LLC	21	1 year	First of the month
Hurley Avenue Family Medicine, PLLC	21	1 year	First of the month
CRW New York, LLC ²	21	6 months	First of each quarter
Maynard Orthopedics, PLLC	21	1 year	First of each quarter
Khor Inc.	21	1 year	First of January or July
Hudson Valley Beverage Co.	21	3 months	First of each quarter
James Depietro Enterprises LLC	21	1 year	First of January or July
Pro Printers, Inc.	21	6 months	First of each quarter
Kingston Hot Rod & Collision, Inc.	21	6 months	First of January or July (effective July 1, 2022, first of each quarter)
Eckler's Automotive, Inc. dba Foreign Car Specialists	18	1 year	First of the month

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

b. Eligibility (Continued)

<u>Participating Employer</u>	<u>Age Requirement</u>	<u>Service Requirement</u>	<u>Plan Entry Date</u>
Imedview, Inc. ¹	21	1 year	First of each quarter
Polar Home Services, Inc.	21	6 months	First of each quarter
Robert Bump Construction, LLC	18	6 months	First of the month
Therapy Austin, PLLC	21	1 year	First of the month
Professional Computer Associates, Inc.	21	1 year	First of the month
George Hildebrandt, Inc.	21	3 months	First of each quarter
GGEHS LLC d/b/a Go Green Express Home Services, LLC	21	3 months	First of each quarter
TZ Electric ³	21	3 months	First of the month
Brian Byrd MD, PA	21	3 months	First of the month
Nirvana Systems, Inc. ⁵	21	3 months	First of each quarter
Life Excel ³	21	1 year	First of the month
DJ Vosburgh Enterprises ⁴	21	6 months	First of the month
Morris Hargreaves McIntyre, Inc. Enterprises ⁴	21	3 months	First of the month

¹ This participating employer withdrew from participating in the Plan during 2022 and had a transfer out of the Plan in 2022 totaling \$419,841.

² This participating employer withdrew from participating in the Plan during 2021.

³ This participating employer joined the Plan effective January 1, 2021.

⁴ This participating employer joined the Plan effective January 1, 2022.

⁵ This participating employer had a transfer into the Plan in 2022 totaling \$885,303.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

b. Eligibility (Continued)

For purposes of receiving discretionary profit sharing contributions, an individual must meet the following eligibility criteria:

<u>Participating Employer</u>	<u>Age Requirement</u>	<u>Service Requirement</u>
Spectrum Behavioral Health Management Services, Inc.	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
eRiver Neurology of New York, LLC	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
Hurley Avenue Family Medicine, PLLC	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
CRW New York, LLC	21	6 months, employed on the last day of the plan year or complete at least 500 hours of service
Maynard Orthopedics, PLLC	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
Khor Inc.	21	1 year, employed on the last day of the plan year and complete at least 1,000 hours of service
Hudson Valley Beverage Co.	21	3 months, employed on the last day of the plan year and complete at least 1,000 hours of service
James Depietro Enterprises LLC	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
Pro Printers, Inc.	21	1 year, employed on the last day of the plan year and complete at least 1,000 hours of service
Kingston Hot Rod & Collision, Inc.	21	6 months, employed on the last day of the plan year and complete at least 1,000 hours of service
Eckler's Automotive, Inc. dba Foreign Car Specialists	18	1 year, employed on the last day of the plan year and complete at least 1,000 hours of service
Imedview, Inc.	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

b. Eligibility (Continued)

For purposes of receiving discretionary profit sharing contributions, an individual must meet the following eligibility criteria:

<u>Participating Employer</u>	<u>Age Requirement</u>	<u>Service Requirement</u>
Polar Home Services, Inc.	21	6 months, employed on the last day of the plan year or complete at least 500 hours of service
Robert Bump Construction, LLC	18	6 months, employed on the last day of the plan year and complete at least 1,000 hours of service
Therapy Austin, PLLC	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
Professional Computer Associates, Inc.	21	1 year, employed on the last day of the plan year and complete at least 1,000 hours of service
George Hildebrandt, Inc.	21	3 months, employed on the last day of the plan year and complete at least 1,000 hours of service Effective July 1, 2022, 3 months, employed on the last day of the plan year or complete at least 500 hours of service
GGEHS LLC d/b/a Go Green Express Home Services, LLC	21	3 months with no allocation conditions
TZ Electric	21	3 months, employed on the last day of the plan year and complete at least 1,000 hours of service
Brian Byrd MD, PA	21	3 months, employed on the last day of the plan year or complete at least 500 hours of service
Nirvana Systems, Inc.	21	3 months, employed on the last day of the plan year and complete at least 1,000 hours of service
Life Excel	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
DJ Vosburgh Enterprises	21	6 months, employed on the last day of the plan year and complete at least 1,000 hours of service
Morris Hargreaves McIntyre, Inc. Enterprises	21	3 months with no allocation conditions

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

c. Participant Contributions

Participants may make voluntary contributions through salary reductions of up to 100% of their eligible compensation, as defined, limited to the maximum amount allowable under the provisions of the IRC. Participants who have reached age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan allows for participants to make post-tax Roth contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan.

CRW New York, LLC adopted an automatic enrollment provision under which CRW New York, LLC automatically defers 2% of the participant's eligible compensation (as defined), commencing as soon as practicable after the date the participant is eligible. Participants may cancel, modify or otherwise change any of the automatic elections.

Therapy Austin, PLLC adopted an automatic enrollment provision under which Therapy Austin, PLLC automatically defers 6% of the participant's eligible compensation (as defined) commencing as soon as practicable after the date the participant is eligible. Participants may cancel, modify or otherwise change any of the automatic elections.

George Hildebrandt, Inc. adopted an automatic enrollment provision under which George Hildebrandt, Inc. automatically defers 3% of the participant's eligible compensation (as defined) commencing as soon as practical after the date the participant is eligible. Participants may cancel, modify or otherwise change any of the automatic elections.

d. Employer Contributions

Participating Employers may make discretionary contributions at their sole discretion, within the limits of the IRC. In addition, the following Participating Employers can make matching contributions as provided by the following criteria:

<u>Participating Employer</u>	<u>Maximum Employer Matching Contribution</u>
Spectrum Behavioral Health Management Services, Inc.	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Hurley Avenue Family Medicine, PLLC	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Maynard Orthopedics, PLLC	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Hudson Valley Beverage Co.	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

d. Employer Contributions (Continued)

<u>Participating Employer</u>	<u>Maximum Employer Matching Contribution</u>
Kingston Hod Rod & Collision, Inc.	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Eckler's Automotive, Inc. dba Foreign Car Specialists	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Polar Home Services, Inc.	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Robert Bump Construction, LLC	Safe Harbor Matching Contribution of 100% of up to 4% Eligible Compensation Effective July 1, 2022, Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Therapy Austin, PLLC	Safe Harbor Matching Contribution of 100% on up to 1% Eligible Compensation 50% on 1-6% Eligible Compensation
GGEHS LLC d/b/a Go Green Express Home Services, LLC	Safe Harbor Matching Contribution of 100% of up to 4% Eligible Compensation Effective July 1, 2022, Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
TZ Electric	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Life Excel	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
DJ Vosburgh Enterprises	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
Khor, Inc., Imedview, Inc., eRiver Neurology of New York, LLC, James Depietro Enterprises LLC, Pro Printers, Inc., Professional Computer Associates, Inc., George Hildebrandt, Inc., Brian Byrd MD, PA, Nirvana Systems, Inc., CRW NY LLC, and Morris Hargreaves McIntyre, Inc. may make discretionary matching contributions. These employers did not make any discretionary matching contributions during 2022.	

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

d. Employer Contributions (Continued)

James Depietro Enterprises LLC, Pro Printers, Inc., and Imedview, Inc. make nonelective contributions, not less than 3% of compensation, and employees are eligible under the default eligibility requirements. All other participating employers may also make discretionary profit-sharing contributions.

For the Plan year ended December 31, 2022, the Participating Employers made contributions in the amount of \$358,416.

e. Participant's Accounts

Each participant's account is credited with their respective contributions and employer contributions, an allocation of plan earnings or losses, and is charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

f. Vesting

Participant's are immediately vested in their voluntary contributions plus actual earnings thereon. Participants become fully vested upon death or disability. Participants vest in the contributions of the Participating Employers according to the following vesting schedule:

<u>Participating Employer</u>	<u>Employer Contribution Vesting Schedule</u>
Spectrum Behavioral Health Management Services, Inc.	Safe Harbor - Immediately 100% Discretionary contributions - 2 - 6 year graded
eRiver Neurology of New York, LLC	2 - 6 year graded
Hurley Avenue Family Medicine, PLLC	Immediately 100%
CRW New York, LLC	2 - 6 year graded
Maynard Orthopedics, PLLC	Immediately 100%
Khor Inc.	2 - 6 year graded
Hudson Valley Beverage Co.	Safe Harbor - Immediately 100% Discretionary contributions - 2 - 6 year graded
James Depietro Enterprises LLC	Non-Elective Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
Pro Printers, Inc.	Non-Elective Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)**f. Vesting (Continued)**

Participating Employer	Employer Contribution Vesting Schedule
Kingston Hot Rod & Collision, Inc.	Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
Eckler's Automotive, Inc. dba Foreign Car Specialists	Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
Imedview, Inc.	Non-Elective Safe Harbor - Immediately 100%; Discretionary contributions – 2- 6 year graded
Polar Home Services, Inc.	Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
Robert Bump Construction, LLC	Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
Therapy Austin, PLLC	QACA Safe Harbor - Two-year cliff; effective July 1, 2022, QACA Safe Harbor - immediately 100%; Discretionary contributions – 2 - 6 year graded
Professional Computer Associates, Inc.	Discretionary contributions - Immediately 100%; Prior to July 1, 2022 Profit-Sharing only - 2 - 6 year graded
George Hildebrandt, Inc.	2 - 6 year graded
GGEHS LLC d/b/a Go Green Express Home Services, LLC	Safe Harbor - Immediately 100% Discretionary contributions - 2 - 6 year graded
TZ Electric	Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
Brian Byrd MA, PA	Immediately 100%
Nirvana Systems, Inc.	2 - 6 year graded

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (Continued)

f. Vesting (Continued)

<u>Participating Employer</u>	<u>Employer Contribution Vesting Schedule</u>
Life Excel	Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
DJ Vosburgh Enterprises	Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded
Morris Hargreaves McIntyre, Inc. Enterprises	2 - 6 year graded

g. Notes Receivable from Participants

Participants may borrow up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The minimum loan allowed is \$1,000. Loans are secured by the balance in the participant's account and bear interest at the prime rate plus 2%. Participants may have one loan outstanding at any time. Loan terms range from one to five years, unless for the purchase of a primary residence of the participant, the term may be extended to ten years. Principal and interest is paid ratably through payroll deductions.

h. Payment of Benefits

The Plan provides for a normal retirement benefit to be paid to participants who have reached age 65, with no option for early retirement. Upon termination of employment, retirement, death or disability, the participant is entitled to receive the vested portion of the participant's account in a single lump-sum. The Plan allows balances up to \$5,000 to be paid out to participants upon termination. Effective July 1, 2022, the Plan requires balances from \$1,000 to \$5,000 to be rolled over to an Individual Retirement Account.

The Plan allows in-service withdrawals upon attainment of age 59 ½. A participant may also request a withdrawal upon demonstration to the Plan Administrator that they are suffering a "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the IRC or standards established by the Secretary of the Treasury or their delegate.

i. Forfeitures

Forfeitures represent non-vested Participating Employers' contributions forfeited by participants who terminate their employment or withdraw from the Plan. Forfeitures may be used to pay administrative expenses of the Plan or reduce future Participating Employers' contributions. During the Plan year ended December 31, 2022, there were \$12,184 of forfeitures used to pay Plan administrative expenses. As of December 31, 2022 and 2021, the balance in the forfeiture account was \$49 and \$4,407, respectively.

1. DESCRIPTION OF PLAN (Continued)

j. SECURE Act 2.0

On December 29, 2022, the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0 was executed. SECURE Act 2.0 contains over ninety new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan's 2022 financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's pooled separate accounts are stated at fair value. The fully-benefit-responsive guaranteed investment contract is reported at contract value. Units held by the Plan in the pooled separate accounts are based on each fund's daily net asset value (NAV), which is considered by the Plan Administrator to be the best approximation of fair value. Gains and losses are recognized as incurred upon sale of maturity of investments based on market value changes during the period. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the qualified institution. Fair value is the price that would be received to sell an asset or paid to transfer a liability. See Note 4 for discussions of fair value measurements.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully-benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales 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. Net depreciation of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**Excess Contributions Payable**

Amounts payable to participants for failed Actual Deferral Percentage (ADP) test are recorded as a liability with a corresponding reduction in employee contributions. The Plan had excess contributions of \$30,252 as of December 31, 2022, which were distributed subsequent to year end to applicable participants.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. There are \$17,721 of deemed distributions included in benefits paid to participants in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.

Administrative Expenses

Certain expenses of the Plan are paid directly by the Principal Participating Employer and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and processing of distributions are charged directly to the participants account and are included in administrative expenses. Investment-related expenses are included in net depreciation of investments.

Certain expenses that are charged by the investment companies to the individual participants (e.g. 12b-1, sub transfer agent), are recaptured by the Plan and held in a reserve account in the Transamerica Stable Value Compass Account. These funds are then used to pay for expenses of the Plan that benefit the plan participants as approved by the Internal Revenue Service (IRS), Department of Labor and ERISA, such as administration and auditing fees. During the year ended December 31, 2022, the Plan recaptured \$29,666, which is classified as interest and dividend income in the accompanying statement of changes in net assets available for benefits. An amount of \$24,500 was used during 2022 to pay Plan expenses. As of December 31, 2022 and 2021, the balance in the expense budget account was \$7,435 and \$2,260, respectively.

Subsequent Events

Subsequent events have been evaluated through March 29, 2024, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTION

The Sponsoring Employer, acting in its capacity as the Plan Administrator, has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company Inc. (Transamerica), the qualified institution, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2022, and the related investment transactions and investment income (loss) and interest income on notes receivable from participants reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2022.

4. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. *Fair Value Measurement* establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs). The fair value hierarchy is as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

4. FAIR VALUE MEASUREMENT (Continued)

Following is a description of the valuation methodology used for assets measured at fair value:

Pooled separate accounts: The fair value of the Plan's interest in the pooled separate accounts is based on the fund's daily NAV as a practical expedient, which is considered by the Plan Administrator to be the best approximation of fair value. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the pooled separate accounts will be sold for an amount different from NAV. As of December 31, 2022 and 2021, the Plan had no plans to sell the pooled separate accounts at amounts different from NAV. Units are available for transactions at the closing accumulation unit value on an open exchange, and even though the underlying assets of the pooled separate accounts cannot be quickly sold and converted to liquid assets, it is backed with a liquidity guarantee to ensure funds are available to meet participant directed withdrawals. The pooled separate accounts have all been reported as direct filing entities on the Form 5500, Schedule D.

There has been no change in the methodology used at December 31, 2022 and 2021.

The preceding method 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 method is 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.

Investments which are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

The following table presents the category, fair value, redemption frequency, and redemption notice period for the Plan's investments, and the fair values of which are estimated using the NAV per share as of December 31:

	Fair Value		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2022	2021		
Pooled separate accounts:				
Target date funds	\$ 4,016,771	\$ 3,428,039	Daily	Daily
Index funds	1,163,730	1,202,554	Daily	Daily
Value funds	1,023,117	1,295,631	Daily	Daily
Growth funds	354,559	903,115	Daily	Daily
Bond funds	308,425	317,786	Daily	Daily
International funds	<u>287,146</u>	<u>321,440</u>	Daily	Daily
Total pooled separate accounts	<u>\$ 7,153,748</u>	<u>\$ 7,468,565</u>		

5. TAX STATUS

The Plan has obtained an opinion letter dated June 30, 2020, in which the IRS stated that the restated prototype plan document was in compliance with applicable requirements of the IRC. The Plan Administrator timely adopted the restated prototype plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

5. TAX STATUS (Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Participating Employers have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested and all accrued benefits shall be paid to participants in accordance with the provisions of the Plan.

7. PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, notes receivable to participants and transactions with investment funds managed and held by the qualified institution are considered party-in-interest transactions. There were \$108,389 of administrative expenses paid for the year ended December 31, 2022.

8. RISKS AND UNCERTAINTIES

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

9. GUARANTEED INVESTMENT CONTRACT

The Plan holds an investment contract that meets the fully benefit-responsive investment contract criteria, and is therefore reported at contract value. Contract value is the relevant measure for fully-benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value. The Plan Administrator believes the occurrence of such events that would also limit the Plan's ability to transact with Plan participants is not probable.

The traditional investment contract held by the Plan is a financial obligation of the issuer. Prior to January 1 and July 1, the effective interest rate is established for the corresponding six-month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest for the six-month period. There is no stated minimum or maximum interest rate and this guaranteed rate of interest shall not change during the six-month period for which it is effective.

The key factors that influence future interest crediting rates could include the following: 1) the level of market interest rates; 2) the amount and timing of participant contributions; 3) transfers and withdrawals into and out of the contracts; and 4) the duration of the underlying investments backing the contract.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2022 and 2021

10. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2022, the Plan Sponsor failed to segregate and remit in a timely manner certain participant contributions (salary reduction amounts) and loan repayments from its assets within the required time period as specified by the United States DOL Reg. 2520.3012. Failure to segregate and remit contributions within the specified time period is a prohibited transaction. The Plan Sponsor intends to take corrective action during the 2024 Plan year.

11. RECLASSIFICATIONS

Certain amounts in the 2021 financial statements have been reclassified to conform with the 2022 presentation.

ACADIA HR MEP PLAN
(PLAN NO. 001, EIN: 14-1725479)

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
 December 31, 2022

Plan Year	Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	\$ 8,853	✓	\$ 8,853 *	\$ -	\$ -	\$ -

* \$8,853 represents delinquent participant contributions for the year ended December 31, 2022.
 Management intends to take corrective action during the plan year 2024.

ACADIA HR MEP PLAN
(PLAN NO. 001, EIN: 14-1725479)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2022

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Vanguard Total Stock Market Index	Pooled Separate Account	*	\$ 823,058
**	Transamerica LifeGoal 2035 with BlackRock Ret Acct	Pooled Separate Account	*	710,966
**	Transamerica LifeGoal Ret with BlackRock Ret Acct	Pooled Separate Account	*	696,423
**	Transamerica LifeGoal 2030 with BlackRock Ret Acct	Pooled Separate Account	*	692,959
**	Transamerica LifeGoal 2025 with BlackRock Ret Acct	Pooled Separate Account	*	541,151
**	Transamerica Stable Value Compass Account	Guaranteed Investment Contract	*	423,151
**	Transamerica LifeGoal 2050 with BlackRock Ret Acct	Pooled Separate Account	*	419,573
**	Transamerica Large Cap	Pooled Separate Account	*	381,660
**	Transamerica LifeGoal 2040 with BlackRock Ret Acct	Pooled Separate Account	*	371,078
	Morgan Stanley Growth	Pooled Separate Account	*	354,559
	Goldman Sachs Mid-Cap Opportunities	Pooled Separate Account	*	300,256
**	Transamerica LifeGoal 2045 with BlackRock Ret Acct	Pooled Separate Account	*	262,328
	Vanguard Small-Cap Index	Pooled Separate Account	*	248,022
	Loomis Sayles Investment Grade Bond	Pooled Separate Account	*	214,263
**	Transamerica LifeGoal 2055 with BlackRock Ret Acct	Pooled Separate Account	*	182,399
	Virtus Ceredex Mid-Cap Value Equity	Pooled Separate Account	*	151,902
**	Transamerica LifeGoal 2060 with BlackRock Ret Acct	Pooled Separate Account	*	139,894
	State Street International Index	Pooled Separate Account	*	136,113
	TA Vanguard Real Estate Index	Pooled Separate Account	*	92,650
	PIMCO Low Duration	Pooled Separate Account	*	80,093
	Invesco Developing Markets	Pooled Separate Account	*	79,979
**	Transamerica International Stock	Pooled Separate Account	*	71,054
	MFS Utilities	Pooled Separate Account	*	60,169
	Lord Abbett Fundamental Equity	Pooled Separate Account	*	43,220
	Pioneer Strategic Income	Pooled Separate Account	*	36,240
	PIMCO Real Return	Pooled Separate Account	*	19,206
	American Century Government Bond	Pooled Separate Account	*	17,225
	Templeton Global Bond	Pooled Separate Account	*	14,511
	Prudential Jennison Small Company	Pooled Separate Account	*	11,064
	Franklin Small Cap Value	Pooled Separate Account	*	1,733
**	Notes receivable from participants	Interest rates ranging from 4.25% to 7.50%, maturing through February 2047	-	164,373
				<u>\$ 7,741,272</u>
*	The cost of participant-directed investments is not required to be disclosed.			
**	Represents a party-in-interest to the Plan			

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2022 and ending 12/31/2022

[illegible]

ACADIA HR MEP PLAN
(PLAN NO. 001, EIN: 14-1725479)

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
 December 31, 2022

Plan Year	Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	\$ 8,853	✓	\$ 8,853 *	\$ -	\$ -	\$ -

* \$8,853 represents delinquent participant contributions for the year ended December 31, 2022.
 Management intends to take corrective action during the plan year 2024.

ACADIA HR MEP PLAN
(PLAN NO. 001, EIN: 14-1725479)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2022

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Vanguard Total Stock Market Index	Pooled Separate Account	*	\$ 823,058
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**	Transamerica LifeGoal 2030 with BlackRock Ret Acct	Pooled Separate Account	*	692,959
**	Transamerica LifeGoal 2025 with BlackRock Ret Acct	Pooled Separate Account	*	541,151
**	Transamerica Stable Value Compass Account	Guaranteed Investment Contract	*	423,151
**	Transamerica LifeGoal 2050 with BlackRock Ret Acct	Pooled Separate Account	*	419,573
**	Transamerica Large Cap	Pooled Separate Account	*	381,660
**	Transamerica LifeGoal 2040 with BlackRock Ret Acct	Pooled Separate Account	*	371,078
	Morgan Stanley Growth	Pooled Separate Account	*	354,559
	Goldman Sachs Mid-Cap Opportunities	Pooled Separate Account	*	300,256
**	Transamerica LifeGoal 2045 with BlackRock Ret Acct	Pooled Separate Account	*	262,328
	Vanguard Small-Cap Index	Pooled Separate Account	*	248,022
	Loomis Sayles Investment Grade Bond	Pooled Separate Account	*	214,263
**	Transamerica LifeGoal 2055 with BlackRock Ret Acct	Pooled Separate Account	*	182,399
	Virtus Ceredex Mid-Cap Value Equity	Pooled Separate Account	*	151,902
**	Transamerica LifeGoal 2060 with BlackRock Ret Acct	Pooled Separate Account	*	139,894
	State Street International Index	Pooled Separate Account	*	136,113
	TA Vanguard Real Estate Index	Pooled Separate Account	*	92,650
	PIMCO Low Duration	Pooled Separate Account	*	80,093
	Invesco Developing Markets	Pooled Separate Account	*	79,979
**	Transamerica International Stock	Pooled Separate Account	*	71,054
	MFS Utilities	Pooled Separate Account	*	60,169
	Lord Abbett Fundamental Equity	Pooled Separate Account	*	43,220
	Pioneer Strategic Income	Pooled Separate Account	*	36,240
	PIMCO Real Return	Pooled Separate Account	*	19,206
	American Century Government Bond	Pooled Separate Account	*	17,225
	Templeton Global Bond	Pooled Separate Account	*	14,511
	Prudential Jennison Small Company	Pooled Separate Account	*	11,064
	Franklin Small Cap Value	Pooled Separate Account	*	1,733
**	Notes receivable from participants	Interest rates ranging from 4.25% to 7.50%, maturing through February 2047	-	164,373
				<u>\$ 7,741,272</u>
*	The cost of participant-directed investments is not required to be disclosed.			
**	Represents a party-in-interest to the Plan			