

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ACADIA HR MEP PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HUDSON VALLEY STAFF, LTD. DBA ACADIA HR</u></p> <p><u>2 SPENCER DRIVE</u> <u>RED HOOK, NY 12571</u></p>	<p>1c Effective date of plan <u>02/01/2007</u></p> <p>2b Employer Identification Number (EIN) <u>14-1725479</u></p> <p>2c Plan Sponsor's telephone number <u>845-876-1987</u></p> <p>2d Business code (see instructions) <u>561300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	SETH LARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> 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
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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
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5 Total number of participants at the beginning of the plan year	5	558
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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)	477
a(2) Total number of active participants at the end of the plan year	6a(2)	238
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	64
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	302
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	357
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	183
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2J 2K 2F 2G 3D 2T

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ACADIA HR MEP PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HUDSON VALLEY STAFF, LTD. DBA ACADIA HR</p>	<p>D Employer Identification Number (EIN) 14-1725479</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932286-000	183	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">3814</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

COMPASS 360, LLC **118 PORTSMOUTH AVE STE D201**
STRATHAM, NH 03885

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3814	FEE	5

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

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

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	7952929
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
b	Balance at the end of the previous year	7b 504338
c	Additions: (1) Contributions deposited during the year	7c(1) 52749
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 4794
	(4) Transferred from separate account	7c(4) 11542
	(5) Other (specify below)..... ▶ EBA CREDITS, FORFEITURE CREDITS, LAON INTEREST PAID, LOAN PRINCIPAL	7c(5) 82926
	(6) Total additions	7c(6) 152011
d	Total of balance and additions (add lines 7b and 7c(6))	7d 656349
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 278518
	(2) Administration charge made by carrier.....	7e(2) 614
	(3) Transferred to separate account	7e(3) 24196
	(4) Other (specify below)..... ▶ ADMINISTRATIVE FEE - PRO RATA. FEE FOR SERVICE, FORFEITURE WITHDRAWALS	7e(4) 87724
(5) Total deductions	7e(5) 391052	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 265297

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan 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)

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 INS CO

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)

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	40011	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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	34523	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 - P1	31450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

AAFCPAS

04-2571780

(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	30284	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 - PL	2021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ACADIA HR MEP PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUDSON VALLEY STAFF, LTD. DBA ACADIA HR</u>	D Employer Identification Number (EIN) <u>14-1725479</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-305</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>137775</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET INTL INDEX RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>207375</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID-CAP OPPORTUNITIES</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-446</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46717</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN SMALL CAP VALUE RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-086</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2137</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES INVESTMENT GRADE BOND</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-094</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3270</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD REAL ESTATE INDEX RET A</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-130</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>116829</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD SMALL-CAP INDEX RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-132</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>172959</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1119295
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 INS CO		
c EIN-PN 36-6071399-339	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122498
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5351
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GOVERNMENT BOND RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-413	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7794
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-471	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114095
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 INS CO		
c EIN-PN 36-6071399-473	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9459
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 INS CO		
c EIN-PN 36-6071399-474	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30542
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON SMALL COMPANY R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-476	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13787
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LARGE CAP VALUE RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-477	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71705
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT FUNDAMENTAL EQUITY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-383	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39865

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 INS CO		
c EIN-PN 36-6071399-519	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72335
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA INTL STOCK RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14124
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RET WITH BLAC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-680	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 523924
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-673	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 720679
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-674	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 839060
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-675	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1509200
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-676	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 583147
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-677	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239686
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-678	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 738578
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-679	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164400

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 INS CO

c EIN-PN 36-6071399-472	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21171
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 WITH BLK

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

c EIN-PN 36-6071399-818	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300133
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2065 WITH BLA

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

c EIN-PN 83-1098532-403	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5039
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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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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan 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	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	122249	43930
(2) Participant contributions	1b(2)	25371	5831
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	158109	167385
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9437902	7952929
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	504338	265297
(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	10247969	8435372
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	46837	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	46837	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10201132	8435372

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)	328488	
(B) Participants.....	2a(1)(B)	934851	
(C) Others (including rollovers).....	2a(1)(C)	8516	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1271855
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)	14706	
(F) Other.....	2b(1)(F)	4797	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		19503
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1178225
(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		56801
d Total income. Add all income amounts in column (b) and enter total	2d		2526384

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1208798	
(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)		1208798
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	34523	
(3) Recordkeeping fees	2i(3)	40011	
(4) IQPA audit fees	2i(4)	30284	
(5) Investment advisory and investment management fees	2i(5)	33471	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		138289
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1347087

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1179297
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2945057

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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40999
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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)
GEORGE HILDEBRANDT 401(K) PLAN	14-1422092	002

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

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

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

A Name of plan 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ACADIA HR MEP PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>001</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF COMPASS 360, LLC</p>	<p>D Administrator's EIN 81-1939215</p>	

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer NEW YORK EPILEPSY & NEUROLOGY PPLC	2b EIN 13-4077682	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 148674
2a Name of Participating Employer SPECTRUM BEHAVIORAL MANAGEMENT SERVICES, INC	2b EIN 14-1763215	2c Percentage of Total Contributions for the Plan Year 4.83	2d Aggregate Account Balances Attributable to Participating Employer 594509

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

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

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERIVER NEUROLOGY OF NEW YORK, LLC	34-2048373	4.10	459199
HURLEY AVENUE FAMILY MEDICINE, PPLC	56-2329698	11.51	1346426
CRW NEW YORK, LLC	46-3456366	0.00	40448
MG WAREHOUSING & DISTRIBUTION, INC	47-4122422	0.00	65885
JAMES DEPIETRO ENTERPRISES LLC	20-3058401	5.32	356874
PRO PRINTERS, INC	14-1757284	1.51	114124
KINGSTON HOT ROD & COLLISION, INC.	02-0684578	2.46	144926
ECKLER'S AUTOMOTIVE DBA FOREIGN CAR SPECIALISTS	14-1792850	2.02	258165
GEORGE HILDEBRANDT, INC.	14-1422092	13.20	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBERT BUMP CONSTRUCTION, LLC	14-1700376	5.80	341233
GGEHS LLC DBA GO GREEN EXPRESS HOME SERVICES, LLC	26-4077661	0.00	100821
PROFESSIONAL COMPUTER ASSOCIATES, INC.	14-1833682	14.60	1343511
POLAR HOME SERVICES, INC. DBA PLUMBING, HEATING AND AIR CONDITIONING	83-4677929	7.68	602488
LIFE EXCEL, LLC	06-1691507	1.91	65328
TZ ELECTRIC	85-1839928	2.01	101409
NIRVANA SYSTEMS, INC	74-2471165	0.63	566599
MORRIS HARGREAVES MCINTYRE, INC.	37-1959265	0.00	18904
DJ VOSBURGH ENTERPRISES LLC	14-1885858	1.50	104612

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAWLING MOUNTAIN LAND CORP.	13-3256624	6.45	1235044
O'FARRELL EARTHWORKS LTD	85-0639513	1.62	19859
CRESCENT SPECIALTY, LLC	87-3479105	12.29	169353
VAN NORSTRAND & HOOLIHAN, CPA'S PC	14-1736009	0.57	7598

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

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

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

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

ACK ID _____



ACADIA HR MEP PLAN

**FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

ACADIA HR MEP PLAN

Contents
December 31, 2024 and 2023

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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

We have performed audits 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Auditor's Responsibilities for the Audit of the 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 - 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, 2024, and Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

AAFCPA, Inc.

Westborough, Massachusetts
October 8, 2025

ACADIA HR MEP PLANStatements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Investments:		
Pooled separate accounts, at fair value	\$ 7,952,929	\$ 9,437,902
Guaranteed investment contract, at contract value	265,297	504,338
Total investments	8,218,226	9,942,240
Receivables:		
Notes receivable from participants	167,385	158,109
Employer contributions receivable	43,930	122,249
Participant contributions receivable	5,831	25,371
Total receivables	217,146	305,729
Total assets	8,435,372	10,247,969
Liabilities		
Excess contributions payable	-	46,837
Net Assets Available for Benefits	\$ 8,435,372	\$ 10,201,132

ACADIA HR MEP PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024

Additions to Net Assets Attributed to:

Investment income:

Net appreciation of investments	\$ 1,178,225
Interest and dividends	4,797

Total investment income	1,183,022
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Interest income on notes receivable from participants	14,706
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Contributions:

Participant	934,851
Employer	328,488
Rollover	8,516

Total contributions	1,271,855
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Total additions	2,469,583
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Deductions from Net Assets Attributed to:

Benefits paid to participants	1,208,798
Administrative expenses	81,488

Total deductions	1,290,286
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Net increase	1,179,297
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Net Assets Available for Benefits:

Beginning of year	10,201,132
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Transfer to a qualified plan (Note 1b)	(2,945,057)
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End of year	\$ 8,435,372
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ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of 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 was 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 of a participating employer 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
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 each quarter
Eckler's Automotive, Inc. dba Foreign Car Specialists	18	1 year	First of the month
Polar Home Services, Inc.	21	6 months	First of each quarter
Robert Bump Construction, LLC	18	6 months	First of the month
Professional Computer Associates, Inc.	21	1 year	First of the month
George Hildebrandt, Inc. ¹	21	3 months	First of each quarter

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

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>
GGEHS LLC d/b/a Go Green Express Home Services, LLC	21	3 months	First of each quarter
TZ Electric	21	3 months	First of the month
Nirvana Systems, Inc.	21	3 months	First of each quarter
Life Excel	21	1 year	First of the month
DJ Vosburgh Enterprises	21	6 months	First of the month
Morris Hargreaves McIntyre, Inc. Enterprises	21	3 months	First of the month
Red Hook Golf Club Inc.	21	1 year	First of the month
Pawling Mountain Land Corp.	21	1 year	First of the month
MGIVS, LLC ²	18	3 months	First of each quarter
O'Farrell Earthworks LTD ²	21	6 months	First of each quarter
Crescent Specialty, LLC ²	21	3 months	First of each quarter
Van Norstrand & Hoolihan, CPA's, P.C. ²	21	6 months	First of each quarter

¹ This participating employer left the Plan effective July 1, 2024 and transferred out all assets from the Plan in 2024 totaling \$2,945,057.

² This participating employer joined the Plan effective January 1, 2024.

Employees of the following participating members are not eligible to participate in the Plan, however, assets remain in the Plan for these participating members as of December 31, 2024 and 2023:

<u>Participating Employer</u>
CRW New York, LLC
Khor, Inc.
Maynard Orthopedics, PLLC
Hudson Valley Beverage Co.
Therapy Austin PLLC ³

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

b. Eligibility (Continued)

³ All assets of this participating member were distributed to participants during December 31, 2024.

For purposes of receiving discretionary non-elective contributions, an individual of a participating employer 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
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
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
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	Prior to the Participating Employer leaving the Plan, 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

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

b. Eligibility (Continued)

<u>Participating Employer</u>	<u>Age Requirement</u>	<u>Service Requirement</u>
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
Red Hook Golf Club Inc.	21	1 year with no allocation conditions
Pawling Land Corp.	21	1 year, employed on the last day of the plan year or complete at least 500 hours of service
MGIVS, LLC	18	3 months, employed on the last day of the plan year and complete at least 1,000 hours of service
O'Farrell Earthworks LTD	21	6 months, employed on the last day of the plan year and complete at least 1,000 hours of service
Crescent Specialty, LLC	21	No discretionary non-elective contributions are allowed
Van Norstrand & Hoolihan, CPA's, P.C.	21	6 months, employed on the last day of the plan year and complete at least 1,000 hours of service

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.

MGIVS, LLC, Crescent Specialty, LLC, and Van Norstrand & Hoolihan, CPA's, P.C. adopted an automatic enrollment provision under which the Participating Employers 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. In addition, participants of Van Norstrand & Hoolihan, CPA's, P.C. will escalate 1% each year until a maximum of 10% deferral is achieved, unless the participant opts out or elects otherwise.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

c. Participant Contributions (Continued)

O'Farrell Earthworks LTD adopted an automatic enrollment provision under which O'Farrell Earthworks LTD automatically defers 4% of the participant's eligible compensation (as defined) commencing as soon as practicable after the date the participant is eligible and will increase by 1% each year up to a maximum of 10%. Participants may cancel, modify or otherwise change any of the automatic elections.

Prior to the Participating Employer leaving the Plan, George Hildebrandt, Inc. adopted an automatic enrollment provision under which George Hildebrandt, Inc. automatically deferred 3% of the participant's eligible compensation (as defined) commencing as soon as practicable after the date the participant was eligible. Participants could 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
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% up to 4% Eligible Compensation
GGEHS LLC d/b/a Go Green Express Home Services, LLC	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, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

d. Employer Contributions (Continued)

<u>Participating Employer</u>	<u>Maximum Employer Matching Contribution</u>
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
Pawling Mountain Land Corp.	Safe Harbor Matching Contribution of 100% on First 3% Eligible Compensation 50% on 3-5% Eligible Compensation
O'Farrell Earthworks LTD	Safe Harbor Matching Contribution of 100% up to 4% Eligible Compensation
Crescent Specialty, LLC	Safe Harbor Matching Contribution of 100% up to 4% Eligible Compensation

eRiver Neurology of New York, LLC, James Depietro Enterprises LLC, Pro Printers, Inc., Professional Computer Associates, Inc., Nirvana Systems, Inc., Morris Hargreaves McIntyre, Inc., Red Hook Golf Club Inc., MGIVS, LLC, and Van Norstrand & Hoolihan, CPA's, P.C. may make discretionary matching contributions. Prior to the Participating Employer leaving the Plan, George Hildebrandt, Inc., may have made discretionary matching contributions.

James Depietro Enterprises LLC, Pro Printers, Inc. and Van Norstrand & Hoolihan, CPA's, P.C. made discretionary non-elective contributions in an amount that is not less than 3% of compensation, within the limits of the IRC. All other participating employers may also make discretionary non-elective contributions. The other participating employers did not make any discretionary non-elective contributions during 2024.

For the plan year ended December 31, 2024, the Participating Employers made safe harbor matching, discretionary matching, and discretionary non-elective contributions in the amount of \$328,488.

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.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

f. Vesting

Participants 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 ⁴	2 - 6 year graded
Maynard Orthopedics, PLLC ⁴	Immediately 100%
Khor Inc. ⁴	2 - 6 year graded
Hudson Valley Beverage Co. ⁴	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
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
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

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

f. Vesting (Continued)

<u>Participating Employer</u>	<u>Employer Contribution Vesting Schedule</u>
Therapy Austin, PLLC ⁴	QACA Safe Harbor - immediately 100%; Discretionary contributions - 2 - 6 year graded
Professional Computer Associates, Inc.	Discretionary contributions - Immediately 100%
George Hildebrandt, Inc.	Prior to the Participating Employer leaving the Plan, 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
Nirvana Systems, Inc.	2 - 6 year graded
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
Red Hook Golf Club Inc.	Immediately 100%
Pawling Mountain Land Corp.	Safe Harbor - Immediately 100%; Discretionary contributions - 1 - 5 year graded
MGIVS, LLC	2 - 6 year graded
O'Farrell Earthworks LTD	QACA Safe Harbor - 2 – year cliff Discretionary contributions - 2 - 6 year graded
Crescent Specialty, LLC	Immediately 100%
Van Norstrand & Hoolihan, CPA's, P.C.	Non-Elective Safe Harbor - Immediately 100%; Discretionary contributions - 2 - 6 year graded

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

f. Vesting (Continued)

⁴ This Participating Employer's employees are no longer eligible to participate in the Plan, however, assets remain in the Plan subject to the vesting provisions elected by the Participating Employer.

g. Notes Receivable from Participants

Participants may borrow up to a maximum amount equal to the lessor 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 are 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 and requires balances from \$1,000 to \$5,000 to be rolled over to an Individual Retirement Account. Effective January 1, 2024, the involuntary cash-out distribution amount was increased to \$7,000 in accordance with SECURE Act 2.0.

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, 2024, there were \$20,214 of forfeitures used to pay plan administrative expenses. As of December 31, 2024 and 2023, the balance in the forfeiture account was \$4,236 and \$7,331, respectively.

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).

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 measurement.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. 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, 2024 and 2023. 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 were no 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, 2024.

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 no excess contributions as of December 31, 2024. The Plan had excess contributions of \$46,837 as of December 31, 2023, which were distributed to the affected participants in 2024.

Contributions

Contributions from plan participants and the matching contributions from the Participating Employers are recorded in the year which the participant contributions are withheld from compensation. Discretionary non-elective contributions are recorded when such contributions are authorized by the Participating Employer.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

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 appreciation 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, 2024, the Plan recaptured \$56,801, which is presented net of \$138,289 of administrative expenses in the accompanying statement of changes in net assets available for benefits. An amount of \$58,370 was used during 2024 to pay plan expenses. As of December 31, 2024 and 2023, the balance in the expense budget account was \$8,001 and \$9,531 respectively.

Subsequent Events

Subsequent events have been evaluated through October 8, 2025, which is the date the financial statements were available to be issued. Except as noted Note 11, there were no other 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, 2024 and 2023, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, and the related investment transactions and investment income 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, 2024.

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, 2024.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

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.

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, 2024 and 2023, 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, 2024 and 2023.

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.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

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
	2024	2023		
Pooled separate accounts:				
Target date funds (a)	\$ 5,623,846	\$ 5,836,917	Daily	Daily
Index funds (b)	1,409,083	1,304,651	Daily	Daily
Value funds (c)	380,892	1,106,015	Daily	Daily
International funds (d)	335,594	365,078	Daily	Daily
Growth funds (e)	137,775	461,419	Daily	Daily
Bond funds (f)	65,739	363,822	Daily	Daily
Total pooled separate accounts	<u>\$ 7,952,929</u>	<u>\$ 9,437,902</u>		

- (a) These funds seek to achieve current income and capital appreciation appropriate for the asset allocation associated with its approximate year of retirement which is included in the fund's name.
- (b) These funds seek investment results that correspond to the investment performance of the S&P 500 Index and invest primarily in the 500 common stocks included in the S&P 500 Index.
- (c) These funds invest in a variety of types of securities to achieve long-term growth.
- (d) These funds invest predominantly in the stocks of companies located outside the United States and is expected to diversify its assets in countries across developed and emerging markets. In selecting stocks, the fund's advisors evaluate foreign markets around the world and choose large-, mid-, and small-capitalization companies considered to have above-average growth potential. These funds use multiple investment advisors.
- (e) These funds invest primarily in growth stocks issued by companies with small sized market capitalizations that the advisor believes to possess above-average growth potential. This group of funds also includes a fund that invests in stock of blue-chip growth companies.
- (f) These funds seek to allocate assets among equity, bond, and money market funds based on their predetermined glide path as the fund approaches its target date, becoming more conservative prior to retirement, as time elapses.

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.

ACADIA HR MEP PLAN

Notes to Financial Statements
December 31, 2024 and 2023

5. TAX STATUS (Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan 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. RELATED PARTY AND 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 from participants and transactions with investment funds managed and held by the qualified institution are considered party-in-interest transactions.

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 with Transamerica 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, 2024 and 2023

10. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2024, 2023, and 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 funded lost earnings on 2023 and 2022 delinquent contributions and loan repayments in 2024. The Plan Sponsor intends to take corrective action on the 2024 delinquent contributions and loan repayments during the 2025 plan year.

11. SUBSEQUENT EVENTS

Effective January 1, 2025, Hudson Solar Solutions, LLC, an additional participating employer, joined the Plan. Effective April 1, 2025, Face Stockholm, Ltd, an additional participating employer, joined the Plan.

**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, 2024

Plan Year	Check Here if Late Participant Loan Repayments are Included	Participant Contributions Transferred Late to Plan	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	
2024	✓	\$ 11,209 *	\$ 11,209	\$ -	\$ -	\$ -
2023	✓	\$ 20,937 **	\$ -	\$ 22,242 ***	\$ -	\$ -
2022	✓	\$ 8,853 ****	\$ -	\$ 9,030 *****	\$ -	\$ -

* \$11,209 represents delinquent participant contributions and loan repayments for the year ended December 31, 2024. Management intends to take corrective action during the plan year 2025.

** \$20,937 represents delinquent participant contributions and loan repayments for the year ended December 31, 2023.

*** Includes \$1,305 of lost earnings on the \$20,937 of delinquent participant contributions and loan repayments for the year ended December 31, 2023, which were corrected in December 2024.

**** \$8,853 represents delinquent participant contributions and loan repayments for the year ended December 31, 2022.

***** Includes \$177 of lost earnings on the \$8,853 of delinquent participant contributions and loan repayments for the year ended December 31, 2022, which were corrected in December 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, 2024

(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
**	Transamerica LifeGoal 2035 with BlackRock Ret Acct	Pooled Separate Account	*	\$ 1,509,200
	Vanguard Total Stock Market Index	Pooled Separate Account	*	1,119,295
**	Transamerica LifeGoal 2030 with BlackRock Ret Acct	Pooled Separate Account	*	839,060
**	Transamerica LifeGoal 2050 with BlackRock Ret Acct	Pooled Separate Account	*	738,578
**	Transamerica LifeGoal 2025 with BlackRock Ret Acct	Pooled Separate Account	*	720,679
**	Transamerica LifeGoal 2040 with BlackRock Ret Acct	Pooled Separate Account	*	583,147
**	Transamerica LifeGoal Ret with BlackRock Ret Acct	Pooled Separate Account	*	523,924
**	Transamerica LifeGoal 2060 with BlackRock Ret Acct	Pooled Separate Account	*	300,133
**	Transamerica Stable Value Compass Account	Guaranteed Investment Contract	*	265,297
**	Transamerica LifeGoal 2045 with BlackRock Ret Acct	Pooled Separate Account	*	239,686
	State Street International Index	Pooled Separate Account	*	207,375
	Vanguard Small-Cap Index	Pooled Separate Account	*	172,959
**	Transamerica LifeGoal 2055 with BlackRock Ret Acct	Pooled Separate Account	*	164,400
	Morgan Stanley Growth	Pooled Separate Account	*	137,775
	Virtus Ceredex Mid-Cap Value Equity	Pooled Separate Account	*	122,498
**	TA Vanguard Real Estate Index	Pooled Separate Account	*	116,829
	Invesco Developing Markets	Pooled Separate Account	*	114,095
	MFS Utilities	Pooled Separate Account	*	72,335
**	Transamerica Large Cap	Pooled Separate Account	*	71,705
	Goldman Sachs Mid-Cap Opportunities	Pooled Separate Account	*	46,717
	Lord Abbett Fundamental Equity	Pooled Separate Account	*	39,865
	Pioneer Strategic Income	Pooled Separate Account	*	30,542
	PIMCO Low Duration	Pooled Separate Account	*	21,171
**	Transamerica International Stock	Pooled Separate Account	*	14,124
	Prudential Jennison Small Company	Pooled Separate Account	*	13,787
	PIMCO Real Return	Pooled Separate Account	*	9,459
	American Century Government Bond	Pooled Separate Account	*	7,794
	Templeton Global Bond	Pooled Separate Account	*	5,351
**	Transamerica LifeGoal 2065 with BlackRock Ret Acct	Pooled Separate Account	*	5,039
	Loomis Sayles Investment Grade Bond	Pooled Separate Account	*	3,270
	Franklin Small Cap Value	Pooled Separate Account	*	2,137
**	Notes Receivable from Participants	Interest rates ranging from 4.25% to 9.50%, maturing through October 2029	-	167,385
				<u>\$ 8,385,611</u>

* The cost of participant-directed investments is not required to be disclosed.

** Represents a party-in-interest to the Plan

**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, 2024

Plan Year	Check Here if Late Participant Loan Repayments are Included	Participant Contributions Transferred Late to Plan	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	
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2023	✓	\$ 20,937 **	\$ -	\$ 22,242 ***	\$ -	\$ -
2022	✓	\$ 8,853 ****	\$ -	\$ 9,030 *****	\$ -	\$ -

* \$11,209 represents delinquent participant contributions and loan repayments for the year ended December 31, 2024. Management intends to take corrective action during the plan year 2025.

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***** Includes \$177 of lost earnings on the \$8,853 of delinquent participant contributions and loan repayments for the year ended December 31, 2022, which were corrected in December 2024.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Acadia HR MEP Plan

Employer Identification Number: ► 14-1725479

For plan year (beginning/ending): ► 01/01/2024 to 12/31/2024

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Morgan Stanley Growth Ret Acct	Pooled Separate Account		137,775
	State Street Intl Idx Ret Acct	Pooled Separate Account		207,375
	Goldman Sachs Mid-Cap Opp	Pooled Separate Account		46,717
	Franklin Small Cap Value Ret Acct	Pooled Separate Account		2,137
	Loomis Sayles Invstmt Grd Bnd	Pooled Separate Account		3,270
	Ta Vanguard Real Estate Idx	Pooled Separate Account		116,829
	Vanguard Small-Cap Idx Ret Acct	Pooled Separate Account		172,959
	Vanguard Total Stock Mkt Idx Ret	Pooled Separate Account		1,119,295
	Virtus Ceredex Mid-Cap Val Eqty	Pooled Separate Account		122,498
	Templeton Global Bond Ret Acct	Pooled Separate Account		5,351
	Amer Cent Govt Bond Ret Acct	Pooled Separate Account		7,794
	Invesco Developing Mkts Ret Acct	Pooled Separate Account		114,095
	Pimco Real Return Ret Acct	Pooled Separate Account		9,459
	Pioneer Strategic Income Ret Acct	Pooled Separate Account		30,542
	Prudential Jennison Sml Co	Pooled Separate Account		13,787
	TRS Large Cap Val	Pooled Separate Account		71,705
	Lord Abbett Fundamental Equity Re	Pooled Separate Account		39,865
	Mfs Utilities Ret Acct	Pooled Separate Account		72,335
	TRS Intl Stock Ret Acct	Pooled Separate Account		14,124
	TRS Lifegoal Ret With BlckRck	Pooled Separate Account		523,924
	TRS Lifegoal 2025 With Blackrck	Pooled Separate Account		720,679
	TRS Lifegoal 2030 With Blackrck	Pooled Separate Account		839,060
	TRS Lifegoal 2035 With Blkrck	Pooled Separate Account		1,509,200
	TRS Lifegoal 2040 With Blkrck	Pooled Separate Account		583,147
	TRS Lifegoal 2045 With Blkrck	Pooled Separate Account		239,686
	TRS Lifegoal 2050 With Blkrck	Pooled Separate Account		738,578
	TRS Lifegoal 2055 With Blkrck	Pooled Separate Account		164,400
	Pimco Low Duration Ret Acct	Pooled Separate Account		21,171
	TRS Lifegoal 2060 With Blkrck	Pooled Separate Account		300,133
	TRS Lifegoal 2065 With Blackrck	Pooled Separate Account		5,038
	TRS Stable Value Account	Guaranteed Investment Contract		265,295
	Participants Loan			167,385

