

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>COLUMBIA CARE SERVICES INC RETIREMENT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/01/2003</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COLUMBIA CARE SERVICES INC</u> <u>3587 HEATHROW WAY</u> <u>MEDFORD, OR 97504-4004</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-0609831</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>541-858-8170</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-0609831</u>	2c Plan Sponsor's telephone number <u>541-858-8170</u>	2d Business code (see instructions) <u>624100</u>	
2b Employer Identification Number (EIN) <u>81-0609831</u>					
2c Plan Sponsor's telephone number <u>541-858-8170</u>					
2d Business code (see instructions) <u>624100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	STACY FERRELL
	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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	782
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	548
	6a(2)	522
	6b	93
	6c	138
	6d	753
	6e	0
	6f	753
	6g(1)	385
6g(2)	382	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2J 2K 2M 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan COLUMBIA CARE SERVICES INC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA CARE SERVICES INC		D Employer Identification Number (EIN) 81-0609831

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
VARIABLE ANNUITY LIFE INSURANCE

(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
74-1625348	70238	66108	108	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.

(a) Total amount of commissions paid 249	(b) Total amount of fees paid 0
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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

TERANCE R HELLAND
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
122			3

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

WILLIAM B COOK
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70			3

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

PAUL H GERLICK

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
57			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶ **DEPOSIT ADMINISTRATION**

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

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

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

b Balance at the end of the previous year	7b	225550
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	0
	7c(3)	5219
	7c(4)	11672
	7c(5)	
(6) Total additions	7c(6)	16891
d Total of balance and additions (add lines 7b and 7c(6))	7d	242441
e Deductions:		
	7e(1)	15306
	7e(2)	
	7e(3)	
	7e(4)	329
(5) Total deductions	7e(5)	15635
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	226806

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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.	OMB No. 1210-0110 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 COLUMBIA CARE SERVICES INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA CARE SERVICES INC	D Employer Identification Number (EIN) 81-0609831

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)	3829	2327
(2) Participant contributions	1b(2)	279	1934
(3) Other	1b(3)	34449	43937
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)	155465	195702
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10046434	11527235
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	225550	226806
(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	10466006	11997941
Liabilities			
g Benefit claims payable.....	1g	1011	1052
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	61837	56225
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	62848	57277
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10403158	11940664

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)	571050	
(B) Participants.....	2a(1)(B)	797459	
(C) Others (including rollovers).....	2a(1)(C)	105573	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1474082
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)	11274	
(F) Other.....	2b(1)(F)	7944	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19218
(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)		
(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)		1344691
c Other income	2c		7324
d Total income. Add all income amounts in column (b) and enter total.....	2d		2845315

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1208185	
(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)		1208185
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		1400
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	98224	
(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)		98224
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1307809

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1537506
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ISLER MEDFORD, LLC

(2) EIN: 20-4749363

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <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.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>COLUMBIA CARE SERVICES INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBIA CARE SERVICES INC</u>	D Employer Identification Number (EIN) <u>81-0609831</u>	

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): 74-1625348 30-0124326

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500772A.

COLUMBIACARE SERVICES, INC.

RETIREMENT PLAN

FOR THE YEARS ENDED DECEMBER 31, 2024 and 2023

COLUMBIACARE SERVICES, INC.
RETIREMENT PLAN
For the Years ended December 31, 2024 and 2023

Contents

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Certified Public Accountants
And Business Advisors

INDEPENDENT AUDITORS' REPORT

To the participants and beneficiaries of
ColumbiaCare Services, Inc. Retirement Plan
Medford, Oregon

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

We were engaged to perform audits of the financial statements of ColumbiaCare Services, Inc. Retirement 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 ColumbiaCare Services, Inc. Retirement 403(b) 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 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of ColumbiaCare Services, Inc. Retirement Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

ColumbiaCare Services, Inc. Retirement 403(b) Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 12 to the financial statements, the ColumbiaCare Services, Inc. Retirement Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

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 ColumbiaCare Services, Inc. Retirement 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of ColumbiaCare Services, Inc. Retirement 403(b) Plan in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of ColumbiaCare Services, Inc. Retirement 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our audit.

Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedule referred to above.



Isler Medford, LLC
Medford, Oregon

October 15, 2025

COLUMBIACARE SERVICES, INC.
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 and 2023

ASSETS	<u>2024</u>	<u>2023</u>
Investments (at fair value):		
VALIC	\$ 1,241,691	\$ 1,201,409
Matrix Trust Company	10,285,544	8,845,025
Total Investments	<u>11,527,235</u>	<u>10,046,434</u>
Receivables:		
Employer Contribution	2,327	3,829
Employee Contribution - Roth	1,597	843
Employee Contribution	337	279
Other Receivables	43,937	33,606
Unallocated Insurance Contracts	226,806	225,550
Notes from Participants	195,702	155,465
Total Receivables	<u>470,706</u>	<u>419,572</u>
Total Assets	<u>11,997,941</u>	<u>10,466,006</u>
LIABILITIES		
Benefits Payable	1,052	1,011
Default Loans	54,695	60,110
Advance Contribution	1,530	1,727
Total Liabilities	<u>57,277</u>	<u>62,848</u>
Net Assets Available for Benefits	<u>\$ 11,940,664</u>	<u>\$ 10,403,158</u>

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

COLUMBIACARE SERVICES, INC.
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years ended December 31, 2024 and 2023

Additions to net assets attributed to:	<u>2024</u>	<u>2023</u>
Investment income:		
Interest income	\$ 7,944	\$ 7,411
Distribution overpayments	7,324	-
Other Income	-	401
Net (depreciation) appreciation in fair value of investments	<u>1,344,691</u>	<u>1,475,806</u>
Total investment income	<u>1,359,959</u>	<u>1,483,618</u>
Interest income on notes receivable from participants	<u>11,274</u>	<u>10,020</u>
Contributions:		
Employer contribution	571,050	597,216
Participant salary reduction	444,866	429,992
Participant salary reduction - Roth	352,593	362,746
Rollovers	105,573	33,356
In-plan transfers	-	-
Total contributions	<u>1,474,082</u>	<u>1,423,310</u>
Total additions	<u>2,845,315</u>	<u>2,916,948</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,208,185	694,519
Deemed distribution of participant loans	1,400	477
Administrative fees	<u>98,224</u>	<u>78,069</u>
Total deductions	<u>1,307,809</u>	<u>773,065</u>
Net (decrease) increase	1,537,506	2,143,883
Net assets available for benefits:		
Beginning of year	<u>10,403,158</u>	<u>8,259,275</u>
End of year	<u>\$ 11,940,664</u>	<u>\$ 10,403,158</u>

The accompanying notes are an integral part of these financial statements

COLUMBIACARE SERVICES, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years ended December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the ColumbiaCare Services, Inc. (Company) Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan was originally effective as of January 1, 2004.

General

The Plan shall be funded exclusively through the purchase of annuity contracts and/or the establishment of custodial accounts described in Section 403(b) of the Code, covering all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). For purposes of participation, employees are eligible to begin making elective deferrals to the Plan upon the date employment begins as there are no minimum age or service requirements for salary deferrals. For purposes of Employer Safe Harbor Matching Contributions, employees become eligible after completing one year of service and attain the age of 21.

Contributions

Participants may elect by salary reduction agreement to contribute up to the maximum amount allowed by IRS regulation per calendar year. The combination of employee contributions and employer contributions may not exceed 100% of compensation as defined by the Plan. The Plan also allows Roth after tax contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers all investments in variable annuities available through VALIC and mutual funds available through Orion Portfolio Solutions as investment options for participants. Employer safe harbor matching contributions shall be made at a rate equal to 100 percent of the elective deferrals of each Employee who is eligible for Employer Contributions. An Employee's elective deferrals in excess of 6 percent of compensation shall not be considered for purposes of the Employer safe harbor matching contribution. The Employer shall have discretion to vary the rate of Employer Safe Harbor Matching Contributions.

Participant accounts

Each participant's account is credited with the participant's elective deferrals, the Company's matching contributions, and Plan earnings. Allocations are based on participant deferrals or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their elective contributions, employer safe harbor match, plus actual earnings thereon.

COLUMBIACARE SERVICES, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
For the Years ended December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Loans

Participants meeting loan qualification requirements are permitted to borrow a portion of their account balance. The minimum loan amount is \$1,000 and the maximum amount is the lesser of \$50,000 or 50% of a participant's account balance. Loans will bear a reasonable rate of interest comparable to the interest rate charged on similar commercial loans by persons in the business of lending money and will be adequately secured by the vested balance in the participant's account. Repayment of principal and interest is required at least as frequently as quarterly over a period of time not to exceed five years. Any unpaid loan balance will be deducted from benefits paid as a result of any distributable event (disability, death, retirement, or separation of service). Outstanding participant loans are classified as notes receivable from participants and are measured at their unpaid principal balance, plus any accrued but unpaid interest.

Payment of benefits

On termination of service due to death, disability or retirement, a participant will receive benefits in the form of a qualified joint and survivor annuity for the balance in their separate account. For termination of service due to other reasons, a participant may elect to leave his or her funds in the Plan or the funds will be available for distribution at any time after termination of employment in the form of a lump-sum distribution or direct rollover. The Plan allows for in-service hardship withdrawals. Participants may elect to withdraw part or all of their elective deferral accounts (excluding earnings thereon) in the event of a hardship as defined in Section 213(d) of the Internal Revenue Code. In-service withdrawals of elective deferrals are allowed after a participant attains the age of 59 1/2. The vested portion of employer contributions is available for distribution prior to termination only after attaining age 59 1/2.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for discussion of fair value measurements.

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

Administrative expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

COLUMBIACARE SERVICES, INC.
 RETIREMENT PLAN
 NOTES TO FINANCIAL STATEMENTS (Continued)
 For the Years ended December 31, 2024 and 2023

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Use of Estimates

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

Payment of benefits

Benefits are recorded when paid.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active market for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of fair value hierarchy under FASB ASC 830 are described as follows:

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

Level 2: Inputs to the valuation methodology include –

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

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.

The Plan investments in mutual funds, which are valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are deemed to be actively traded.

The following table shows by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	Fair Value	Quoted Prices Level1
Mutual Funds	\$ 11,527,235	\$ 11,527,235

COLUMBIACARE SERVICES, INC.
 RETIREMENT PLAN
 NOTES TO FINANCIAL STATEMENTS (Continued)
 For the Years ended December 31, 2024 and 2023

NOTE 4 – INVESTMENTS

The Plan's investments are participant directed and held in trust by VALIC (The Variable Annuity Life Insurance Company) and Matrix Trust Company, and invested in a variety of mutual funds and money market funds.

At December 31, 2024 and 2023 the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$1,344,691 and \$1,475,806, respectively.

NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN OF PLAN ASSETS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodians of Plan assets.

	2024	2023
Investments, at fair value:		
Mutual Funds Investments	\$ 11,527,235	\$ 10,046,434

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined that 403(b) Plans are not required to acquire Determination Letters; therefore, the Plan has not requested a letter.

NOTE 8 – NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits consist of the following:

	2024	2023
Amounts allocated to active participants	\$ 7,707,090	\$ 6,770,563
Amounts allocated to accounts of persons who have withdrawn from participation	4,233,574	3,632,595
	\$ 11,940,664	\$ 10,403,158

COLUMBIACARE SERVICES, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
For the Years ended December 31, 2024 and 2023

NOTE 9 – RELATED PARTY TRANSACTIONS

Plan assets are held in trust by VALIC (The Variable Annuity Life Insurance Company) and Matrix Trust Company. The Plan document was obtained from VALIC and Matrix Trust Company and contributions from the Participants and Employer are direct transmitted to VALIC or Matrix Trust Company for investment purposes. Fees paid by the Plan for the investment management services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE 10 – PLAN AMENDMENT

On September 6, 2019 the Governing Board of ColumbiaCare Services, Inc. voted to amend the Plan to modify the eligibility provisions for receiving a safe harbor contribution under the Plan. Under the Plan, as amended, employees must be at least age 21 to be eligible to receive a safe harbor matching contribution. In addition, the Plan will count service with the predecessor employer Rogue Valley Veterans & Community Outreach (RVVCO) regarding eligibility.

NOTE 11 – RISKS AND UNCERTAINTIES

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

NOTE 12 – HISTORICAL PAN ADMINISTRATION

Prior to 2009, the Plan's third-party administrator tracked contributions, investment earnings, distributions, and other activity on a "contract" basis. Each participant was set up as having a separate "contract" and Plan level activity was not captured. This method of administration was utilized prior to January 1, 2009, as the regulations governing 403(b) plans did not require plan level reporting. As a result of this administration and lack of historical plan level financial reporting, the Plan administrator is unable to obtain plan level information prior to January 1, 2009.

NOTE 13 – SUBSEQUENT EVENTS

Management has evaluated the Plan for subsequent events through October 15, 2025 – the date upon which the financial statements were available for issue. No subsequent events were identified for disclosure.

COLUMBIACARE SERVICES, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
For the Years ended December 31, 2024 and 2023

NOTE 14 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of assets per the financial statements at December 31, 2024 to Schedule H of Form 5500:

	<u>Financial Statements</u>	<u>Form 5500</u>
Interest in registered investment co.	11,527,235	11,527,235
Funds held in general account	226,806	226,806
Total	<u>\$ 11,754,041</u>	<u>\$ 11,754,041</u>
Employer contribution receivable	2,327	2,327
Employee contribution receivable	1,934	1,934
Other receivables	43,937	43,937
Participant loans	195,702	195,702
Liabilities	(57,277)	(57,277)
Net Assets	<u>\$ 11,940,664</u>	<u>\$ 11,940,664</u>

In addition, the following is a reconciliation of contributions and interest income as a result of different categorization methods and reporting.

	<u>Financial Statements</u>	<u>Form 5500</u>
Employee Contributions	\$ 444,866	\$ 444,866
Employee Contributions - Roth	352,593	352,593
Total Employee Contributions	<u>\$ 797,459</u>	<u>\$ 797,459</u>
Interest - Participant Loans	\$ 11,274	\$ 11,274
Interest Income	7,944	7,944
Other Income	7,324	7,324
	<u>\$ 26,542</u>	<u>\$ 26,542</u>

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(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
*	VALIC	AGGRESSIVE GROWTH LIFESTYLE	\$	50,136
*	VALIC	ARIEL APPRECIATION FUND		2,045
*	VALIC	ARIEL FUND		39,626
*	VALIC	ASSET ALLOCATION FUND		95
*	VALIC	CORE BOND FUND		19,425
*	VALIC	DIVIDEND VALUE		14,714
*	VALIC	EMERGING ECONOMIES		40,693
*	VALIC	FIXED ACCOUNT PLUS		136,687
*	VALIC	GLOBAL REAL ESTATE FUND		12,259
*	VALIC	GLOBAL STRATEGY		1,037
*	VALIC	GOVERNMENT SECURITIES FUND		310
*	VALIC	GS VIT GOV MONEY MKT FD INST		12,133
*	VALIC	HIGH YIELD BOND FUND		7,278
*	VALIC	INFLATION PROTECTED FUND		11,762
*	VALIC	INTERNATIONAL GOVERNMENT BOND		259
*	VALIC	INTERNATIONAL GROWTH FUND		4,911
*	VALIC	INTERNATIONAL VALUE FUND		20,241
*	VALIC	INTERNATL EQUITIES INDEX FUND		69,941
*	VALIC	INTL OPPORTUNITIES		18,919
*	VALIC	INTL SOCIALLY RESPONSIBLE FUND		51,516
*	VALIC	LARGE CAPITAL GROWTH		70
*	VALIC	LOAN COLLATERAL FUND		68,394
*	VALIC	LOAN ESCROW FUND		956
*	VALIC	MID CAP INDEX FUND		66,895
*	VALIC	MID CAP STRATEGIC GWTH		15,171
*	VALIC	MID CAP VALUE FUND		25,107
*	VALIC	MODERATE GROWTH LIFESTYLE		60,601
*	VALIC	NASDAQ-100(R) INDEX FUND		33,447
*	VALIC	SCIENCE & TECHNOLOGY FUND		67,323
*	VALIC	SHORT TERM FIXED ACCOUNT		90,119
*	VALIC	SMALL CAP GROWTH FUND		90
*	VALIC	SMALL CAP INDEX FUND		13,616
*	VALIC	SMALL CAP VALUE FUND		15,525
*	VALIC	STOCK INDEX FUND		77,275
*	VALIC	SYSTEMATIC CORE FUND		2,019
*	VALIC	SYSTEMATIC GROWTH FUND		36,290
*	VALIC	SYSTEMATIC VALUE		19,175
*	VALIC	US SOCIALLY RESPONSIBLE FUND		58,490
*	VALIC	VANGUARD LONG-TERM TREASURY		153
*	VALIC	VANGUARD WELLINGTON FUND INC		10,353
*	VALIC	VANGUARD WINDSOR II		53,144
*	VALIC	VC I CAPITAL APPRECIATION		12,069
*	VALIC	VC I CONSERV GROWTH LIFESTYLE		1,422
		UNALLOCATED INSURANCE		226,806

Continued.....

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR - Continued)

(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
*	MATRIX TRUST COMPANY	AMERICAN FUNDS AMCAP F2		17,853
*	MATRIX TRUST COMPANY	AMERICAN FUNDS FUNDAMENTAL INVS F2		11,954
*	MATRIX TRUST COMPANY	AMERICAN FUNDS GROWTH FUND OF AMERICA F2		29,717
*	MATRIX TRUST COMPANY	AMERICAN FUNDS INVMT CO OF AMER F2		11,920
*	MATRIX TRUST COMPANY	AMERICAN FUNDS NEW PERSPECTIVE F2		17,847
*	MATRIX TRUST COMPANY	AMERICAN FUNDS SMALLCAP WORLD F2		17,874
*	MATRIX TRUST COMPANY	BLACKROCK MID-CAP GROWTH EQUITY INSTL		8,080
*	MATRIX TRUST COMPANY	BROWN ADVISORY SUSTAINABLE GROWTH I		6,966
*	MATRIX TRUST COMPANY	CALVERT GLOBAL WATER FUND CLASS I		6,784
*	MATRIX TRUST COMPANY	COLUMBIA SELIGMAN COMMUNICATIONS AND INFO		36,148
*	MATRIX TRUST COMPANY	CCM COMMUNITY IMPACT BOND FUND		24,676
*	MATRIX TRUST COMPANY	DOMINI IMPACT BOND INSTITUTIONAL		30,682
*	MATRIX TRUST COMPANY	DOMINI IMPACT INTERNATIONAL EQUITY Y		28,257
*	MATRIX TRUST COMPANY	EVENTIDE DIVIDEND OPPORTUNITIES I		7,985
*	MATRIX TRUST COMPANY	FIDELITY BLUE CHIP GROWTH FUND		19,879
*	MATRIX TRUST COMPANY	FIDELITY CONTRAFUND		3,077
*	MATRIX TRUST COMPANY	FIDELITY OTC PORTFOLIO		19,342
*	MATRIX TRUST COMPANY	FIDELITY SELECT TECHNOLOGY PORTFOLIO		19,601
*	MATRIX TRUST COMPANY	FRANKLIN DYNTECH FUND-ADV		11,285
*	MATRIX TRUST COMPANY	IMPAX LARGE CAP FUND INSTL		49,071
*	MATRIX TRUST COMPANY	JANUS HENDERSON GLOBAL LIFE		6,046
*	MATRIX TRUST COMPANY	MIROVA GLOBAL SUSTAINABILITY INDEX FUND		26,885
*	MATRIX TRUST COMPANY	NUVEEN REAL ESTATE SECURITIES SELECT FUND R6		8,640
*	MATRIX TRUST COMPANY	PARNASSUS CORE EQUITY FUND INSTITUTIONAL		21,230
*	MATRIX TRUST COMPANY	PARNASSUS VALUE EQUITY FUND INV		39,399
*	MATRIX TRUST COMPANY	PERFORMANCE TRUST TOTAL RETURN		6,294
*	MATRIX TRUST COMPANY	PIMCO HIGH YIELD FUND CLASS A		3,287
*	MATRIX TRUST COMPANY	PRAXIS VALUE INDEX I		35,364
*	MATRIX TRUST COMPANY	RBC EMERGING MARKETS EQUITY I		15,133
*	MATRIX TRUST COMPANY	RBC IMPACT BOND I		34,609
*	MATRIX TRUST COMPANY	SHELTON SUSTAINABLE EQUITY FUND INV SHARES		5,626
*	MATRIX TRUST COMPANY	T ROWE PRICE BLUE CHIP GROWTH FUND		19,154
*	MATRIX TRUST COMPANY	T ROWE PRICE CAPITAL APPRECIATION		12,873
*	MATRIX TRUST COMPANY	THE NEW ECONOMY FUND-F2		12,030
*	MATRIX TRUST COMPANY	THRONBURG BETTER WORLD INTERNATIONAL I		26,012
*	MATRIX TRUST COMPANY	THORNBURG LIMITED TERM INCOME INSTL		6,349
*	MATRIX TRUST COMPANY	TRILLIUM ESG GLOBAL EQUITY FUND INSTL		25,619

Continued.....

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR - Continued)

(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
*	MATRIX TRUST COMPANY	VANGUARD 500 INDEX FUND-ADMIRAL SHARES		14,465
*	MATRIX TRUST COMPANY	VANGUARD BALANCED INDEX ADMIRAL CLASS		7,272
*	MATRIX TRUST COMPANY	VANGUARD DEVELOPED MARKETS INDEX FUND		1,461,400
*	MATRIX TRUST COMPANY	VANGUARD EMERGING MARKETS STOCK INDEX ADM		499,633
*	MATRIX TRUST COMPANY	VANGUARD EUROPEAN STOCK INDEX FUND AD		1,713
*	MATRIX TRUST COMPANY	VANGUARD GROWTH INDEX - ADMIRAL SHARES		1,872,445
*	MATRIX TRUST COMPANY	VANGUARD HEALTH CARE INDEX FUND ADMIRAL		7,888
*	MATRIX TRUST COMPANY	VANGUARD HEALTH CARE ADM		7,211
*	MATRIX TRUST COMPANY	VANGUARD HIGH DIVIDEND YIELD INDEX FUND		260,977
*	MATRIX TRUST COMPANY	VANGUARD HIGH YIELD CORPORATE FUND AD		1,817
*	MATRIX TRUST COMPANY	VANGUARD INFORMATION TECHNOLOGY IDX ADM		9,416
*	MATRIX TRUST COMPANY	VANGUARD INTERMEDIATE TERM BOND INDEX		165,893
*	MATRIX TRUST COMPANY	VANGUARD INTERM-TERM TREASURY ADM		12,166
*	MATRIX TRUST COMPANY	VANGUARD INTERNATIONAL GROWTH FUND		70,435
*	MATRIX TRUST COMPANY	VANGUARD LARGE CAP INDEX FUND ADMIRAL		88,335
*	MATRIX TRUST COMPANY	VANGUARD LIFE STRATEGY CONSERVATIVE		46,163
*	MATRIX TRUST COMPANY	VANGUARD LIFE STRATEGY GROWTH FUND		59,560
*	MATRIX TRUST COMPANY	VANGUARD LIFE STRATEGY INCOME FUND		9,501
*	MATRIX TRUST COMPANY	VANGUARD LIFE STRATEGY MODERATE GR		572,062
*	MATRIX TRUST COMPANY	VANGUARD LONG TERM BOND INDEX		157,782
*	MATRIX TRUST COMPANY	VANGUARD MID CAP INDEX ADMIRAL SHARES		2,558
*	MATRIX TRUST COMPANY	VANGUARD MID CAP VALUE INDEX FUND ADMIRAL		80,173
*	MATRIX TRUST COMPANY	VANGUARD MORTGAGE-BACKED SECURITIES IDX ADM		176,241
*	MATRIX TRUST COMPANY	VANGUARD SHORT TERM BOND INDEX ADMIRAL		354,227
*	MATRIX TRUST COMPANY	VANGUARD SHORT-TERM TREASURY ADM		6,236
*	MATRIX TRUST COMPANY	VANGUARD SMALL CAP GROWTH INDEX FUND		76,732
*	MATRIX TRUST COMPANY	VANGUARD SMALL CAP INDEX-ADMIRAL SHARES		405,537
*	MATRIX TRUST COMPANY	VANGUARD SMALL CAP VALUE INDEX FUND ADMIRAL		3,823
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2025 FUND		41,722
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2030 FUND		137,022
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2035 FUND		64,781
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2040 FUND		93,600
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2045 FUND		531,071
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2050 FUND		328,178
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2055 FUND		89,024
*	MATRIX TRUST COMPANY	VANGUARD TARGET RETIREMENT 2060 FUND		74,140
*	MATRIX TRUST COMPANY	VANGUARD TOTAL INTL BOND INDEX ADMIRAL		384,784
*	MATRIX TRUST COMPANY	VANGUARD VALUE INDEX-ADMIRAL SHARES		1,426,012
*	Participant Loans			195,702
				<u>\$ 11,949,743</u>

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: Columbia Care Services Inc Retirement Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan): Columbia Care Services Inc
2b Employer Identification Number (EIN): 81-0609831
2c Plan Sponsor's telephone number: 541-858-8170
2d Business code (see instructions): 624100

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Enter name of individual signing as... Row 1: Michelle Grigory, 10/4/25, Enter name of individual signing as plan administrator. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	782	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	548	
6a(2) Total number of active participants at the end of the plan year	6a(2)	522	
b Retired or separated participants receiving benefits	6b	93	
c Other retired or separated participants entitled to future benefits	6c	138	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	753	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0	
f Total. Add lines 6d and 6e	6f	753	
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)	385	
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)	382	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2J 2K 2M 2T 3D

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor
(4) <input type="checkbox"/> General assets of the sponsor			

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

a Pension Schedules

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

b General Schedules

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

(a) (b) & (c) Identity and Description	(d) Cost	(e) Value
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)		
Combined Segregated Account	10,192,178	11,527,235
Participant Loans	Participant Loan 195,702	195,702
Corebridge General Account	Unallocated Ins. Contract 225,550	226,806
	10,613,430	11,949,743

(a) & (b) Identity and Description	(c) Cost	(d) Proceeds
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Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

None