Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
COLLABORATIVE RETIREMENT TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2020

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)
LEE RICHARDS

19 FRASERS LANE
VERONA ISLAND, ME 04416

2b Employer Identification Number (EIN) 85-3939698

2c Sponsor's telephone number 719-290-0924

2d Business code (see instructions) 711510

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
COLLABORATIVE OFFICE SERVICES, LLC
500 DAMONTE RANCH PARKWAY
BUILDING 700, UNIT 700
RENO, NV 89521

3b Administrator's EIN 84-3755476

3c Administrator's telephone number 203-622-2000

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

5a Total number of participants at the beginning of the plan year	**5a**	1
b Total number of participants at the end of the plan year	**5b**	1
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	1
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	1
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	1
d(2) Total number of active participants at the end of the plan year	**5d(2)**	1
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/09/2026	JAMES L. LOMBARDO JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/09/2026	JAMES L. LOMBARDO JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	10191	13687
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	10191	13687
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)	2500	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	1481	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3981
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	485	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		485
i Net income (loss) (subtract line 8h from line 8c)	8i		3496
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2T 3D

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1369
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** |

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 Q703995A.

Filing Authorization
for the 2025 Form 5500-SF

Name of Plan: Collaborative Retirement Trust – See Division List Attached

EIN / PN: See Division List Attached /001

Plan Year Ending: 12/31/2025

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Retirement Solutions Advisors, LLC. (RSA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 1 of the Form 5500-SF and provide a scanned copy of that signature page to RSA before the electronic filing can be initiated;
- RSA will retain a copy of this written authorization in its records;
- RSA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- RSA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: _____ Date: 2/2/26

Employer/Plan Sponsor (if not the Plan Administrator): _____ Date:

PART II Acknowledgement of Receipt of Authorization

On behalf of RSA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

RSA rep: _____ Date:
(signature and title)

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

Plan Name	Participating Employer	EIN	Pin
Collaborative Retirement Trust	100 Chiro Dallas 3, LLC	87-1782093	001
Collaborative Retirement Trust	100 Chiro Del Sur	86-3518256	001
Collaborative Retirement Trust	100 Chiro Des Peres LLC	99-1761633	001
Collaborative Retirement Trust	100 Chiro Gilbert AZ LLC	99-1392016	001
Collaborative Retirement Trust	100 Chiro Livingood Louetta, PLLC	87-4737124	001
Collaborative Retirement Trust	100 Chiro Livingood Woodlands, PLLC	88-0673638	001
Collaborative Retirement Trust	100 Chiro Ryan Four, LLC	88-1405750	001
Collaborative Retirement Trust	100 Chiro Ryan Three, LLC	88-1379633	001
Collaborative Retirement Trust	100 Chiro Thomas 1	86-3687313	001
Collaborative Retirement Trust	100 Chiropractic Helfrich HB Inc	93-2674116	001
Collaborative Retirement Trust	100 Chiropractic Panchal Livingood APC	92-0878694	001
Collaborative Retirement Trust	100 Percent A Chiropractic Wellness Center South Denver, LLC	27-2043197	001
Collaborative Retirement Trust	100 Percent Chiropractic Atlanta Four, LLC	46-5574790	001
Collaborative Retirement Trust	100 Percent Chiropractic Atlanta Two	27-5044692	001
Collaborative Retirement Trust	100 Percent Chiropractic Austin B, PLLC	84-2650143	001
Collaborative Retirement Trust	100 Percent Chiropractic Cotto, LLC	81-4742859	001
Collaborative Retirement Trust	100 Percent Chiropractic Helfrich Inc.	82-2198049	001
Collaborative Retirement Trust	100 Percent Chiropractic Livingood Inc, LLC	83-1554479	001
Collaborative Retirement Trust	100 Percent Chiropractic Livingood, Inc.	86-2105744	001
Collaborative Retirement Trust	100 Percent Chiropractic RCH, LLC	84-1851918	001
Collaborative Retirement Trust	100 Percent Chiropractic Ryan LLC	81-4561234	001

Collaborative Retirement Trust	100 Percent Chiropractic Ryan Two LLC	83-2529137	001
Collaborative Retirement Trust	100 Percent Chiropractic Santos	84-4456959	001
Collaborative Retirement Trust	100 Percent Chiropractic Williams	83-1803324	001
Collaborative Retirement Trust	100 Percent EPIC, LLC	46-2998106	001
Collaborative Retirement Trust	100 Percent INC	46-2992543	001
Collaborative Retirement Trust	100 Percent Nutrition, LLC	92-2175925	001
Collaborative Retirement Trust	A&M Painting and Powerwash	26-2891823	001
Collaborative Retirement Trust	AJ Tool and Manufacturing, LLC	84-3814287	001
Collaborative Retirement Trust	Angels's Management, Inc.	20-4252713	001
Collaborative Retirement Trust	Belpointe Labs, LLC	88-1825832	001
Collaborative Retirement Trust	Belpointe Services, LLC	37-1850825	001
Collaborative Retirement Trust	Berry Firm, LLC	83-2591031	001
Collaborative Retirement Trust	Brendon Hansen Agency, Inc.	27-2085770	001
Collaborative Retirement Trust	Brooks and Associates, PLC	62-1663491	001
Collaborative Retirement Trust	Buhrt Engineering	35-1608177	001
Collaborative Retirement Trust	Building Automation Solutions, LLC	81-4646141	001
Collaborative Retirement Trust	Carepoint, LLC.	92-2073899	001
Collaborative Retirement Trust	Caspian Technology Concepts, LLC	71-0886778	001
Collaborative Retirement Trust	Catalytic Consulting Inc	86-2296107	001
Collaborative Retirement Trust	CHC Cedar Park, LLC	84-2410695	001
Collaborative Retirement Trust	CHC Centennial LLC	83-2042462	001

Collaborative Retirement Trust	CHC Chandler, LLC	36-4907188	001
Collaborative Retirement Trust	CHC Highland Village, LLC	61-1895838	001
Collaborative Retirement Trust	CHC NCS LLC	61-1902384	001
Collaborative Retirement Trust	CHC NWMetro LLC	83-2012926	001
Collaborative Retirement Trust	Coconut Grove LLC	03-9360315	001
Collaborative Retirement Trust	Collaborative Fund Services, LLC	83-1413175	001
Collaborative Retirement Trust	Creek at Capricorn	84-3280983	001
Collaborative Retirement Trust	Creek Media., LLC.	81-1838196	001
Collaborative Retirement Trust	Derby City Tint, LLC.	92-0498451	001
Collaborative Retirement Trust	DeVane Holdings LLC	88-4020397	001
Collaborative Retirement Trust	DEX Ventures, LLC	33-1565371	001
Collaborative Retirement Trust	DFW Enterprises	99-0402449	001
Collaborative Retirement Trust	DFW Floors LLC	93-2871376	001
Collaborative Retirement Trust	Dickey & Lamoure County Abstract & Title Company	82-4465616	001
Collaborative Retirement Trust	Dracyon Corp	92-1048419	001
Collaborative Retirement Trust	Eastern Oaks Academy Daycare	83-2782000	001
Collaborative Retirement Trust	Freshwater Vacation Rentals	46-0599335	001
Collaborative Retirement Trust	Fritzco, LLC	81-1013695	001
Collaborative Retirement Trust	G Grace LLC	45-1813634	001
Collaborative Retirement Trust	Grant Simpson D.M.D., Inc.	88-2315802	001
Collaborative Retirement Trust	H & H Restaurant	61-1745125	001

Collaborative Retirement Trust	Helfrich Chiropractic Hermosa Beach PC	99-1835569	001
Collaborative Retirement Trust	Helfrich Chiropractic Laguna Niguel PC	99-1765195	001
Collaborative Retirement Trust	Helfrich Chiropractic Pasadena PC	99-1493702	001
Collaborative Retirement Trust	Helzer Insurance Agency	33-3146376	001
Collaborative Retirement Trust	Innerpak of WI	39-1513764	001
Collaborative Retirement Trust	J and J Powerline Contractors, Inc.	48-0943866	001
Collaborative Retirement Trust	Kansas Farmers Union	48-0806620	001
Collaborative Retirement Trust	KGF Building LLC	86-3494752	001
Collaborative Retirement Trust	Lee Richards	85-3939698	001
Collaborative Retirement Trust	Lematta Insurance Agency	84-4220636	001
Collaborative Retirement Trust	LV Wellness LLC	47-2531439	001
Collaborative Retirement Trust	MacGillis Law Group, LLC	33-2367988	001
Collaborative Retirement Trust	Mark D. Russo LLC	26-4416679	001
Collaborative Retirement Trust	MHGGL, LLC	86-2109149	001
Collaborative Retirement Trust	Michael Sahr Crop Insurance Agency, LLC	38-2632671	001
Collaborative Retirement Trust	Moonhanger Gath, LLC	81-4224943	001
Collaborative Retirement Trust	Moonhanger Group, LLC	27-0380356	001
Collaborative Retirement Trust	Moonhanger North, LLC	82-3021949	001
Collaborative Retirement Trust	N & P Bonn LLC 401(k) Plan	20-4328261	001
Collaborative Retirement Trust	On Point Electrical, Inc.	61-1900285	001
Collaborative Retirement Trust	Pastry is Art, Inc.	27-1161216	001

Collaborative Retirement Trust	Proviclean LLC	99-4107504	001
Collaborative Retirement Trust	R&S Accounting & Consulting Ltd.	47-2378004	001
Collaborative Retirement Trust	Roger Williams Insurance Agency, Inc.	85-1672224	001
Collaborative Retirement Trust	Ryan Consulting, LLC	88-2739867	001
Collaborative Retirement Trust	Santee Sioux Nation	47-0533471	001
Collaborative Retirement Trust	School House Rock Daycare	82-5268463	001
Collaborative Retirement Trust	Silvas Law, PC.	35-2702593	001
Collaborative Retirement Trust	Skoby, Inc	47-0977916	001
Collaborative Retirement Trust	Spatiques	37-1797001	001
Collaborative Retirement Trust	Stehlik North, LLC	88-0878155	001
Collaborative Retirement Trust	Stehlik South, LLC	88-0902324	001
Collaborative Retirement Trust	Strategic Fire Corporation	26-0836824	001
Collaborative Retirement Trust	Susan F. Barnes MD, Inc	46-2013125	001
Collaborative Retirement Trust	The House Downtown, Inc.	30-0190624	001
Collaborative Retirement Trust	The Untethered Spirit, LLC	93-1349730	001
Collaborative Retirement Trust	Top Shelf Soccer, LLC	39-2772627	001
Collaborative Retirement Trust	TS Customs, LLC	45-2674378	001
Collaborative Retirement Trust	United Cabs	27-3426406	001
Collaborative Retirement Trust	United Metals Corp	85-4132649	001
Collaborative Retirement Trust	United Vertical Group	85-4073382	001
Collaborative Retirement Trust	Wendy Richards	85-3939848	001

Collaborative Retirement Trust	Westlake Academy, LLC /Daycare	87-3623932	001
Collaborative Retirement Trust	YCI LLC	87-3821703	001