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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                      |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                 |
| 1a      | Name of plan<br>OXFORD HOUSE INC. 401(K) PROFIT SHARING PLAN & TRUST                                                                                                                                                                                                                                                                   |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                     |
| 1c      | Effective date of plan<br>01/01/2004                                                                                                                                                                                                                                                                                                   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>OXFORD HOUSE INC.<br><br>1010 WAYNE AVE STE 300<br>SILVER SPRING, MD 20910-5657 |
| 2b      | Employer Identification Number (EIN)<br>52-1582231                                                                                                                                                                                                                                                                                     |
| 2c      | Plan Sponsor's telephone number<br>301-404-9528                                                                                                                                                                                                                                                                                        |
| 2d      | Business code (see instructions)<br>624200                                                                                                                                                                                                                                                                                             |

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. | 05/29/2026 | JARED PORTER                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
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| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>401GO, INC.<br><br>8427 S OLD BINGHAM HWY<br>WEST JORDAN, UT 84088-5277                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>3b</b> Administrator's EIN<br>84-2925395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3c</b> Administrator's telephone number<br>801-214-2125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
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| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr><tr><td><b>6a(1)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>247</td></tr><tr><td><b>6a(2)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>294</td></tr><tr><td><b>6b</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr><tr><td><b>6c</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr><tr><td><b>6d</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>294</td></tr><tr><td><b>6e</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr><tr><td><b>6f</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>294</td></tr><tr><td><b>6g(1)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>119</td></tr><tr><td><b>6g(2)</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>294</td></tr><tr><td><b>6h</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>21</td></tr></table> |  |  |  |  |  |  |  |     |  |  | <b>6a(1)</b> |  |  |  |  |  |  |  |  | 247 | <b>6a(2)</b> |  |  |  |  |  |  |  |  | 294 | <b>6b</b> |  |  |  |  |  |  |  |  | 0 | <b>6c</b> |  |  |  |  |  |  |  |  | 0 | <b>6d</b> |  |  |  |  |  |  |  |  | 294 | <b>6e</b> |  |  |  |  |  |  |  |  | 0 | <b>6f</b> |  |  |  |  |  |  |  |  | 294 | <b>6g(1)</b> |  |  |  |  |  |  |  |  | 119 | <b>6g(2)</b> |  |  |  |  |  |  |  |  | 294 | <b>6h</b> |  |  |  |  |  |  |  |  | 21 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 247 |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 294 |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 0   |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 0   |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 294 |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 0   |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 294 |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 119 |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 294 |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  | 21  |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2J 2K 2S 2T 3D 2E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |     |  |  |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |   |           |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |              |  |  |  |  |  |  |  |  |     |           |  |  |  |  |  |  |  |  |    |

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(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 \_\_\_\_\_
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                           |                                                                                    |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>OXFORD HOUSE INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</div>  | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>OXFORD HOUSE INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>52-1582231</div> |

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

401GO INC.

8427 S OLD BINGHAM HWY  
WEST JORDAN, UT 84088

84-2925395

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 15 37<br>50 99      |                                                                                                   | 6118                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>OXFORD HOUSE INC. 401(K) PROFIT SHARING PLAN & TRUST      | B Three-digit plan number (PN) ▶<br>001              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>OXFORD HOUSE INC. | D Employer Identification Number (EIN)<br>52-1582231 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 1358                  | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 46530                 | 60594           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 1486876               | 2167972         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 1534764               | 2228566         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 1534764               | 2228566         |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 174956     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 369731     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1712       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 546399    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 3587       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 3587      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 58895      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 58895     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 191063    |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 799944    |

**Expenses**

|                                                                                             |               |       |        |
|---------------------------------------------------------------------------------------------|---------------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 96290 |        |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |       |        |
| (3) Other .....                                                                             | <b>2e(3)</b>  |       |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |       | 96290  |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |       |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |       | 3734   |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |       |        |
| <b>i</b> Administrative expenses:                                                           |               |       |        |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |       |        |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 6118  |        |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |       |        |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |       |        |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |       |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |       |        |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |       |        |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |       |        |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |       |        |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |       |        |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |       |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |       | 6118   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |       | 106142 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 693802 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**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: **WELLSOLEMAN**

(2) EIN: **54-0593442**

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 222857 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     | <input checked="" type="checkbox"/> |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>OXFORD HOUSE INC. 401(K) PROFIT SHARING PLAN & TRUST                     | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>OXFORD HOUSE INC.                | D Employer Identification Number (EIN)<br>52-1582231 |     |

|        |               |
|--------|---------------|
| 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 |  |
| 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):<br><br>EIN(s): _____<br><br>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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> 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).....<br><b>b</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).....<br><b>c</b> 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)..... | <b>14a</b><br><br><br><b>14b</b><br><br><br><b>14c</b> |  |
| <b>15</b> 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:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>15a</b><br><br><b>15b</b>                           |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>16a</b><br><br><b>16b</b>                           |  |
| <b>17</b> 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> 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).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input checked="" type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> 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 <u>12 / 31 / 2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703912A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

Oxford House, Inc. 401(k) Profit-  
Sharing Plan & Trust  
Financial Statements and  
Supplemental Information  
December 31, 2024



WELLS COLEMAN

5004 Monument Avenue • Richmond, VA 23230

## TABLE OF CONTENTS

|                                                                       |             |
|-----------------------------------------------------------------------|-------------|
| <b>Independent Auditor's Report .....</b>                             | <b>1-4</b>  |
| <b>Financial Statements</b>                                           |             |
| Statements of Net Assets Available for Benefits .....                 | 5           |
| Statement of Changes in Net Assets Available for Benefits .....       | 6           |
| <b>Notes to Financial Statements .....</b>                            | <b>7-12</b> |
| <b>Supplemental Schedule</b>                                          |             |
| Schedule H, Line 4i -<br>Schedule of Assets Held at End of Year ..... | 13-14       |



## INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Participants  
Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust  
Silver Spring, Maryland

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

We have performed an audit of the accompanying financial statements of Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). 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 Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### Opinion

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

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

- Continued -

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust'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 Audits of the Financial Statements**

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust's internal control. Accordingly, no such opinion is expressed.

- Continued -

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Supplemental Schedules Required by ERISA**

The supplemental 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. The information included in the supplemental schedule, other than that agreed to, or derived from, the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to, or is derived from, the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to, or is derived from, the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by, and certified to by, a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Wells Coleman*

April 20, 2026

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**December 31, 2024 and 2023**

|                                                | <u>2024</u>         | <u>2023</u>         |
|------------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                                  |                     |                     |
| <b>Investments</b>                             |                     |                     |
| Participant-directed investments at fair value |                     |                     |
| Registered investment companies                | \$ <u>2,167,972</u> | \$ <u>1,475,378</u> |
| <b>Total investments</b>                       | <u>2,167,972</u>    | <u>1,475,378</u>    |
| <b>Receivables</b>                             |                     |                     |
| Participant contributions receivable           | -                   | 9,251               |
| Employer contributions receivable              | -                   | 4,665               |
| Other receivable                               | -                   | 1,358               |
| Notes receivable from participants             | <u>60,594</u>       | <u>46,530</u>       |
| <b>Total receivables</b>                       | <u>60,594</u>       | <u>61,804</u>       |
| <b>Total Assets</b>                            | <u>2,228,566</u>    | <u>1,537,182</u>    |
| <b>Liabilities</b>                             |                     |                     |
| Accrued fees                                   | 4,230               | 1,209               |
| Excess contributions payable                   | <u>-</u>            | <u>2,696</u>        |
| <b>Total Liabilities</b>                       | <u>4,230</u>        | <u>3,905</u>        |
| <b>Net Assets Available for Benefits</b>       | \$ <u>2,224,336</u> | \$ <u>1,533,277</u> |

See accompanying notes to financial statements.

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**December 31, 2024**

**Additions**

**Investment income**

|                                               |               |
|-----------------------------------------------|---------------|
| Net appreciation in fair value of investments | \$ 185,508    |
| Dividend income                               | <u>58,895</u> |

|                              |                       |
|------------------------------|-----------------------|
| <b>Net investment income</b> | <b><u>244,403</u></b> |
|------------------------------|-----------------------|

|                                                              |                     |
|--------------------------------------------------------------|---------------------|
| <b>Interest income on notes receivable from participants</b> | <b><u>3,587</u></b> |
|--------------------------------------------------------------|---------------------|

**Contributions**

|              |              |
|--------------|--------------|
| Employer     | 174,956      |
| Participants | 369,731      |
| Other        | <u>1,712</u> |

|                            |                       |
|----------------------------|-----------------------|
| <b>Total contributions</b> | <b><u>546,399</u></b> |
|----------------------------|-----------------------|

|                        |                       |
|------------------------|-----------------------|
| <b>Total additions</b> | <b><u>794,389</u></b> |
|------------------------|-----------------------|

**Deductions**

|                          |              |
|--------------------------|--------------|
| Benefits to participants | 93,594       |
| Deemed distributions     | 3,734        |
| Administrative costs     | <u>6,002</u> |

|                         |                       |
|-------------------------|-----------------------|
| <b>Total deductions</b> | <b><u>103,330</u></b> |
|-------------------------|-----------------------|

|                             |                |
|-----------------------------|----------------|
| <b>Change in net assets</b> | <b>691,059</b> |
|-----------------------------|----------------|

|                                                             |                         |
|-------------------------------------------------------------|-------------------------|
| <b>Net Assets Available for Benefits, beginning of year</b> | <b><u>1,533,277</u></b> |
|-------------------------------------------------------------|-------------------------|

|                                                       |                            |
|-------------------------------------------------------|----------------------------|
| <b>Net Assets Available for Benefits, end of year</b> | <b><u>\$ 2,224,336</u></b> |
|-------------------------------------------------------|----------------------------|

See accompanying notes to financial statements.

# OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST

## NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

### 1. Description of Plan

The following description of the Oxford House, Inc. 401(k) Profit-Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General:* The Plan is a defined-contribution 401(k) plan, which includes a Roth 401(k) elective deferral, covering all employees over age 21 of Oxford House, Inc. ("Company"), excluding non-resident aliens, leased, and union employees. Employees become eligible to participate after completing three months of service. Entry to the Plan for employees occurs immediately upon date of eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Eligibility:* Employees of Oxford House, Inc. who have attained 21 years of age and have completed 90 days of service.

*Compensation:* Compensation is defined as W-2 wages, including bonuses for the Plan year and excluding compensation paid while not a participant of the Plan.

*Contributions:* Each year participants may contribute to the Plan 1% to 100% of their total compensation as defined by the Plan, subject to Internal Revenue Code limits. Participants who have attained age 50 before the end of the Plan year are eligible to make "catch-up" contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined-benefit or defined-contribution plans. The Company may contribute additional amounts at the option of the Board of Directors. Currently, the Company contributes a matching contribution equal to 100% of the participant's contribution up to 3% of eligible compensation. The Company may also make an annual discretionary contribution. There were no discretionary employer contributions for 2024 or 2023.

*Participant Accounts:* Each participant's account is credited with the participant's contribution, Company matching contributions, and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined by the Plan. 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 deferral, rollover contributions, and employer safe harbor contributions plus actual earnings thereon. Vesting in the Company's matching portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after 2 years of service. Additional qualified non-elective contributions may be made at the discretion of the Company. Vesting for non-elective contributions is graded per the following schedule:

|                            |      |
|----------------------------|------|
| 0-2 years of service       | 0%   |
| 2-3 years of service       | 20%  |
| 3-4 years of service       | 40%  |
| 4-5 years of service       | 60%  |
| 5-6 years of service       | 80%  |
| 6 or more years of service | 100% |

## OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

#### 1. Description of Plan - Continued

*Payment of Benefits:* Upon termination of service due to death, disability, or attainment of retirement age, each participant or their beneficiaries shall be entitled to receive his vested interest in his accrued benefits account. Payment shall be made as a single lump-sum payment in cash, or in installments as permitted for required minimum distributions. Distributions upon termination will be made as soon as administratively feasible. Participants may elect to receive the distribution or to roll over the distribution to another retirement plan. Account balances less than \$5,000 are automatically distributed. Account balances greater than \$5,000 require written consent.

*Normal Retirement Date:* The Plan defines the normal retirement date as the anniversary date coinciding with or next following the date of the participant's 65<sup>th</sup> birthday.

*Early Retirement Date:* There is no early retirement age under the Plan.

*Retirement Benefits:* At the applicable retirement date, each participant shall be entitled to receive their vested interest in their account.

*Hardship Distributions:* Hardship distributions are permitted from participant's elective deferral accounts.

*Notes Receivable from Participants:* Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Note terms cannot exceed five years, unless the proceeds are used to acquire a principal residence. The loans are secured by the balance in the participant's account and bear interest at rates determined at the time of loan application. Principal and interest are paid primarily through payroll deductions.

*Forfeitures:* The nonvested account of a participant will be forfeited at the time the participant ceases to be an employee of the Plan sponsor. All forfeitures are allocated as of the last day of the Plan year in which such forfeitures arise or are applied to reduce the employer contribution made after the forfeitures are determined. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$20,112 and \$14,070, respectively.

*Investment Options:* Upon enrollment in the Plan, a participant may direct employee contributions in any of the available investment options made available. Participants may change their investments daily.

#### 2. Summary of Accounting Policies

*Basis of Accounting:* The Plan prepares its financial statements on the accrual basis whereby revenue is recognized when earned and expenses are recognized when incurred.

*Estimates:* The preparation of financial statements in accordance with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

## OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

#### 2. Summary of Accounting Policies - Continued

*Investment Valuation and Income Recognition:* The Plan's investments are stated at fair value as determined by Matrix Trust Company using generally accepted accounting principles and applicable laws. 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. Purchases and sales of securities are recorded on the trade-date basis, as are the earnings on investment accounts. 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.

*Notes Receivable from Participants:* Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan payments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*Payment of Benefits:* Benefit payments to participants are recorded when paid.

*Administrative Expenses:* The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. The expenses paid using the Plan's assets will generally be allocated among the accounts of participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balance or as an equal dollar amount based on the number of participants in the Plan.

*Evaluation of Subsequent Events:* Management has evaluated subsequent events through April 20, 2026, which is the date the financial statements were available to be issued.

#### 3. Information Certified to by the Plan Trustees (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from, information certified as complete and accurate by Matrix Trust Company (the trustee of the Plan):

|                                       | <u>2024</u>  | <u>2023</u>  |
|---------------------------------------|--------------|--------------|
| Investments at fair value             |              |              |
| Mutual funds                          | \$ 1,424,387 | \$ 1,064,008 |
| Exchange traded funds                 | \$ 720,367   | \$ 384,152   |
| Cash and cash equivalents             | \$ 23,218    | \$ 27,218    |
| Notes receivable from participants    | \$ 60,594    | \$ 46,530    |
| Dividend income                       | \$ 58,895    | \$ 32,905    |
| Interest income on participants loans | \$ 3,587     | \$ 1,941     |
| Net appreciation of investments       | \$ 185,508   | \$ 211,445   |

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024**

**4. Fair Value Measurements (Unaudited)**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, “Fair Value Measurements and Disclosures”, defines fair value, establishes a framework for measuring fair value, and expands disclosures regarding fair value measurements. The standard establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or 2 inputs are not available.

Level 1 inputs are based on quoted prices in active markets for identical assets that the Plan has the ability to access at year-end. Level 1 investments include mutual funds. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

No Level 2 or 3 inputs were used for valuation at December 31, 2024 or 2023.

The Plan’s investments are reported at fair value in the statements of net assets available for benefits as follows:

Input Levels by Investment Category:

|                                  |                            | <u>Fair Value Measurements at Reporting Date Using:</u>                 |                                                     |                                                    |
|----------------------------------|----------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
|                                  |                            | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                                  | <u>Total</u>               |                                                                         |                                                     |                                                    |
| <b><u>December 31, 2024</u></b>  |                            |                                                                         |                                                     |                                                    |
| <b>Mutual Funds</b>              | <b>\$ 1,424,387</b>        | <b>\$ 1,424,387</b>                                                     | <b>\$ -</b>                                         | <b>\$ -</b>                                        |
| <b>Exchange-Traded Funds</b>     | <b>720,367</b>             | <b>720,367</b>                                                          | <b>-</b>                                            | <b>-</b>                                           |
| <b>Cash and Cash Equivalents</b> | <b>23,218</b>              | <b>23,218</b>                                                           | <b>-</b>                                            | <b>-</b>                                           |
| <b>Investments at Fair Value</b> | <b><u>\$ 2,167,972</u></b> | <b><u>\$ 2,167,972</u></b>                                              | <b><u>\$ -</u></b>                                  | <b><u>\$ -</u></b>                                 |
| <b><u>December 31, 2023</u></b>  |                            |                                                                         |                                                     |                                                    |
| <b>Mutual Funds</b>              | <b>\$ 1,064,008</b>        | <b>\$ 1,064,008</b>                                                     | <b>\$ -</b>                                         | <b>\$ -</b>                                        |
| <b>Exchange-Traded Funds</b>     | <b>384,152</b>             | <b>384,152</b>                                                          | <b>-</b>                                            | <b>-</b>                                           |
| <b>Cash and Cash Equivalents</b> | <b>27,218</b>              | <b>27,218</b>                                                           | <b>-</b>                                            | <b>-</b>                                           |
| <b>Investments at Fair Value</b> | <b><u>\$ 1,475,378</u></b> | <b><u>\$ 1,475,378</u></b>                                              | <b><u>\$ -</u></b>                                  | <b><u>\$ -</u></b>                                 |

## **OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024**

#### **5. Parties-in-Interest**

401GO, Inc. is the contract administrator. 401GO, Inc. is a service provider of the Plan, therefore, transactions qualify as party-in-interest transactions. Fees paid by the Plan totaled \$6,118 for the year ended December 31, 2024.

WellsColeman performs the audit for the Plan. WellsColeman is a service provider of the Plan, therefore, transactions qualify as party-in-interest transactions. There were no fees paid by the Plan to the firm for the year ended December 31, 2024.

Matrix Trust Company is the Plan trustee and provides recordkeeping services to the Plan. These transactions qualify as party-in-interest transactions. There were no fees paid by the Plan to Matrix Trust Company for the year ended December 31, 2024.

#### **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. In the event of Plan termination, participants will become 100% vested in their accounts.

#### **7. Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the prototype Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **8. Risks and Uncertainties**

The Plan provides for 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 values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024**

**9. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

|                                                                          | <u><b>2024</b></u>         | <u><b>2023</b></u>         |
|--------------------------------------------------------------------------|----------------------------|----------------------------|
| Net Assets Available for Benefits, reflected on the financial statements | <b>\$ 2,224,336</b>        | \$ 1,533,277               |
| Other (receivables) payables                                             | <b>4,230</b>               | \$ (1,209)                 |
| Excess contributions payable                                             | <u>-</u>                   | <u>2,696</u>               |
| Net Assets Available for Benefits, reflected on Form 5500                | <b><u>\$ 2,228,566</u></b> | <b><u>\$ 1,534,764</u></b> |

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2024:

|                                                                                    |                          |
|------------------------------------------------------------------------------------|--------------------------|
| Change in Net Assets Available for Benefits, reflected on the financial statements | \$ 691,059               |
| Current year payable                                                               | 4,230                    |
| Prior year payable                                                                 | (2,696)                  |
| Prior year receivable                                                              | <u>1,209</u>             |
| Change in Net Assets Available for Benefits, reflected on Form 5500                | <b><u>\$ 693,802</u></b> |

**10. Employer and Employee Contributions Receivable**

As of December 31, 2023, the Plan's financial statements include employer and employee contributions receivable of \$9,251 and \$4,665, respectively, related to the final remittance of the year. The timing differences arises due to differences in the payroll processing and contract administrator reporting period compared to the reporting period of the trust. Contributions withheld from employees and the corresponding employer contributions for the final payroll period were remitted to the Plan subsequent to year-end per the trust reporting period. There were no receivables as of December 31, 2024.

## **SUPPLEMENTAL SCHEDULE**

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**  
**FEIN: 52-1582231, Plan No. 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**

**December 31, 2024**

| (a)                          | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment | (e)<br>Current<br>Value |
|------------------------------|--------------------------------------------------------------------|----------------------------------|-------------------------|
| <b>Mutual Funds</b>          |                                                                    |                                  |                         |
| American Century             | American Century Short Duration Strt Inc R6                        |                                  | \$ 192,625              |
| DFA                          | DFA Emerging Markets Small Cap I                                   |                                  | 28                      |
|                              | DFA US Core Equity 1 I                                             |                                  | 112                     |
|                              | DFA US Core Equity 2 I                                             |                                  | 280                     |
|                              | DFA US Large Company I                                             |                                  | 7,327                   |
| Fidelity                     | Fidelity 500 Index Institutional Prem                              |                                  | 441,993                 |
|                              | Fidelity Blue Chip Growth                                          |                                  | 41,610                  |
|                              | Fidelity US Bond Index Instl. Prem                                 |                                  | 1,941                   |
| Schwab                       | Schwab Target 2050 Index                                           |                                  | 1,962                   |
|                              | Schwab Total Stock Market Index                                    |                                  | 8,497                   |
|                              | Schwab US Aggregate Bd Index                                       |                                  | 114                     |
|                              | Schwab S&P 500 Index                                               |                                  | 8,442                   |
| Vanguard                     | Vanguard 500 Index Admiral                                         |                                  | 4,752                   |
|                              | Vanguard Emerging Mkts Stock Index Adm                             |                                  | 265                     |
|                              | Vanguard Growth Index Admiral                                      |                                  | 111                     |
|                              | Vanguard High-Yield Corporate Adm                                  |                                  | 213,589                 |
|                              | Vanguard Short-Term Bond Index Adm                                 |                                  | 9,008                   |
|                              | Vanguard Short-Term Federal Adm                                    |                                  | 228                     |
|                              | Vanguard Target Retirement 2020 Inv                                |                                  | 873                     |
|                              | Vanguard Target Retirement 2025 Inv                                |                                  | 197,599                 |
|                              | Vanguard Target Retirement 2030 Inv                                |                                  | 10,453                  |
|                              | Vanguard Target Retirement 2035 Inv                                |                                  | 38,673                  |
|                              | Vanguard Target Retirement 2040 Inv                                |                                  | 13,278                  |
|                              | Vanguard Target Retirement 2045 Inv                                |                                  | 71,702                  |
|                              | Vanguard Target Retirement 2050 Inv                                |                                  | 91,239                  |
|                              | Vanguard Target Retirement 2055 Inv                                |                                  | 41,248                  |
|                              | Vanguard Target Retirement 2060 Inv                                |                                  | 20,427                  |
|                              | Vanguard Target Retirement 2065 Inv                                |                                  | 1,256                   |
|                              | Vanguard Total Intl Stock Mkt Index Adm                            |                                  | 4,755                   |
|                              |                                                                    |                                  | <b><u>1,424,387</u></b> |
| <b>Exchange-Traded Funds</b> |                                                                    |                                  |                         |
| Aberdeen                     | Abrnd Gold ETF Trust                                               |                                  | 232                     |
| Fidelity                     | Fidelity Financials ETF                                            |                                  | 223                     |
| Invesco                      | Invesco Bulletshares 2025 Hi                                       |                                  | 84,944                  |
| BlackRock                    | iShares MSCI International Q                                       |                                  | 143,114                 |
|                              | iShares Russell 1000 Growth ETF                                    |                                  | 45,008                  |
|                              | NYLI Ftse International Equi                                       |                                  | 3,949                   |
| Vanguard                     | Vanguard Energy ETF                                                |                                  | 115                     |
|                              | Vanguard Growth ETF                                                |                                  | 217,181                 |
|                              | Vanguard S&P500 ETF                                                |                                  | 97,832                  |
| Victory Capital              | Victoryshares Short Term Bond ETF                                  |                                  | 127,769                 |
|                              |                                                                    |                                  | <b><u>720,367</u></b>   |

- Continued -

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**  
**FEIN: 52-1582231, Plan No. 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED**

**December 31, 2024**

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment                                      | (e)<br>Current<br>Value    |
|-----|--------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------|
|     | <b>Cash and Cash Equivalents</b>                                   |                                                                       |                            |
|     | Federated                                                          | Money Market                                                          |                            |
|     | Securities                                                         | Retirement Cash Account                                               | 2,169                      |
|     |                                                                    | Cash                                                                  | <u>21,049</u>              |
|     |                                                                    |                                                                       | <b><u>23,218</u></b>       |
|     | <b>Participant Loans</b>                                           |                                                                       |                            |
| *   | Participant Loans                                                  | Participant loans, 4.25-9.50% interest rate,<br>maturities 2-30 years | <u>60,594</u>              |
|     |                                                                    |                                                                       | <b><u>\$ 2,228,566</u></b> |

Note: An asterisk (\*) in column (a) denotes an entity known to be a party-in-interest to the Plan. Column (d) is not presented since cost of investments is not required for participant-directed investments.



Oxford House, Inc 401(k) Profit  
Sharing Plan & Trust  
Audit Results & Communications  
December 31, 2024



WELLSCOLEMAN

5004 Monument Avenue • Richmond, VA 23230



WELLSCOLEMAN

To the Plan Sponsor and Participants  
Oxford House, Inc.  
Silver Spring, Maryland

We are pleased to present the results of our ERISA Section 103(a)(3)(C) audit of the December 31, 2024 financial statements of Oxford House, Inc 401(k) Profit Sharing Plan & Trust.

This report to the Plan Sponsor and Participants summarizes our audit, the scope of our engagement and the reports to be issued. The document also contains the communications to those charged with governance required by our professional standards, as well as significant current accounting developments and issues that could affect the Plan.

We were engaged to perform an ERISA Section 103(a)(3)(C) audit of the financial statements as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and to determine whether the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

We appreciate this opportunity to meet with you.

*Wells Coleman*

April 20, 2026  
Richmond, Virginia

# CONTENTS

## AUDIT RESULTS AND COMMUNICATIONS

|                                 |     |
|---------------------------------|-----|
| Summary of What We Agreed To Do | 1   |
| Required Communications         | 2-7 |

## APPENDICES

|                                                      |       |
|------------------------------------------------------|-------|
| Appendix A - Summary of Management Comments          | 8     |
| Appendix B - Employee Benefit Plans Upcoming Changes | 9     |
| Appendix C - Cybersecurity: FAQs                     | 10-16 |

# **A**AUDIT RESULTS AND COMMUNICATIONS

## **SUMMARY OF WHAT WE AGREED TO DO**

As discussed with management during our planning process, we designed our audit to:

- Perform an ERISA Section 103(a)(3)(C) audit of the Plan's financial statements pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and whether the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).
- Consider internal control relevant to the Plan's preparation and fair presentation of the financial statements and communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control.
- Consider the Plan's compliance with applicable Internal Revenue Code requirements for tax-exempt status, and with the Employee Retirement Income Security Act of 1974 (ERISA), and inform you of any instances of tax or ERISA noncompliance that came to our attention during the audit.

## **REQUIRED COMMUNICATIONS**

We have audited the financial statements of Oxford House, Inc 401(k) Profit Sharing Plan & Trust, 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] for the year ended December 31, 2024, and we have issued our report thereon dated April 20, 2026. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by 401GO, the trustee, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and ERISA-required supplemental schedules, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated April 21, 2025. Professional standards also require that we communicate to you the following information related to our audit.

### **Significant Audit Matters**

#### ***Our Responsibility under U.S. Generally Accepted Auditing Standards***

As stated in our engagement letter dated April 21, 2025, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements, as described by professional standards, is to evaluate the presentation of the ERISA-required supplemental schedules in relation to the financial statements as a whole and to report on whether the ERISA-required supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and whether the form and content of the ERISA-required supplemental schedules are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### ***Qualitative Aspects of Accounting Practices***

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Oxford House, Inc 401(k) Profit Sharing Plan & Trust are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2024. We noted no transactions entered into by the Company during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

Your estimate of the investment value is based on fair market value provided by the custodians. Mutual funds are valued using the daily closing price as reported by the fund. We evaluated the key factors and assumptions used to develop the investment values in determining that it is reasonable in relation to the financial statements taken as a whole

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were:

The disclosure of fair value of investments in Notes 3 to 4 to the financial statements.  
The disclosure was prepared using the information provided and certified by Matrix Trust Company.

The financial statement disclosures are neutral, consistent, and clear.

### ***Form 5500 Procedures***

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

### ***Difficulties Encountered in Performing the Audit***

The issuance of the audit report was delayed due to delays in receiving information necessary to perform required testing.

### ***Corrected and Uncorrected Misstatements***

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. You have corrected all such misstatements.

### ***Disagreements with Management***

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### ***Management Representations***

We have requested certain representations from management that are included in the management representation letter dated April 20, 2026.

### ***Management Consultations with Other Independent Accountants***

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all relevant facts. To our knowledge, there were no such consultations with other accountants.

### ***Other Audit Findings or Issues***

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. These discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

These discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

### ***Other Matters***

With respect to the ERISA-required supplemental schedules accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements.

We compared and reconciled the ERISA-required supplemental schedules to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Plan Sponsor and Participants of Oxford House, Inc 401(k) Profit Sharing Plan & Trust and is not intended to be, and should not be, used by anyone other than these specified parties.



To the Plan Sponsor and Participants  
Oxford House, Inc.  
Silver Spring, Maryland

Except as discussed in the following paragraph, in planning and performing our audit of the financial statements of Oxford House, Inc 401(k) Profit Sharing Plan & Trust (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as of and for the year ended December 31, 2024, in accordance with auditing standards generally accepted in the United States of America, we considered the Plan’s system of internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of issuing our report on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of the Plan’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan’s internal control.

We were engaged to perform an ERISA Section 103(a)(3)(C) audit of those financial statements as permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by Matrix Trust Company that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit also did not include a consideration of internal control relating to the investment information.

Our consideration of internal control was for the limited purpose described in the preceding paragraphs and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be material weaknesses.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Plan’s financial statements will not be prevented, or detected and corrected, on a timely basis.

We consider the following deficiencies in the Plan's internal control to be material weaknesses:

A material weakness in internal controls allowed a participant to initiate a loan with a maturity date of 30 years. The purpose of this loan was for the purchase of a residential home. This loan issuance conflicts with the provisions of the Plan document, which states that the maximum term for a loan for the purchase of buying a residential home is 15 years.

This would be considered a prohibited transaction and has the potential to reduce the participant's retirement earnings and a fiduciary breach of the plan.

This communication is intended solely for the information and use of management, the Plan Sponsor, and others within the Plan, and is not intended to be, and should not be, used by anyone other than these specified parties.

A handwritten signature in black ink that reads "Wells Coleman". The signature is written in a cursive, flowing style.

April 20, 2026

# **A**PPENDIX A – SUMMARY OF MANAGEMENT COMMENTS

1. Management has elected to seek the auditor's assistance with regard to the preparation of financial statements. In regard to financial statements preparation service performed by us, you have:
  - a. Assumed all management responsibilities.
  - b. Designated an individual (within senior management) with suitable skill, knowledge, or experience to oversee the services.
  - c. Evaluated the adequacy and results of the services performed.
  - d. Accepted responsibility for the results of the services.
2. Management and any Third-Party Administrators should prioritize timely, informative responses to audit requests. Upcoming Form 5500 filings will require a financial statement audit, which will be due no later than July 31<sup>st</sup> (without extension) October 15<sup>th</sup> (with extension) of the year following the Plan's year-end. To ensure all required documents are submitted by applicable deadlines, timely and effective communication between auditors and third-party administrators will be essential.

# **A**PPENDIX B – EMPLOYEE BENEFIT PLANS UPCOMING CHANGES

## **401(k) Communications – 2026**

### **What is changing?**

The SECURE 2.0 Act has made significant changes to catch-up contributions. Beginning on January 1, 2026 if you are age 50 or older and earned more than \$150,000 in the previous year, any catch-up contributions you make must be Roth contributions.

### **What does this mean?**

The means the contributions will be made with after-tax dollars and qualified withdrawals will be tax-free. If your prior year's wages were \$150,000 or less, you can continue making catch-up contributions to your regular pre-tax 401(k) or a Roth 401(k). As of 2026, the catch-up contribution limit for DC plans (including Roth 401(k)s for individuals aged 50 or older will be \$8,000. Workers aged 60-63 may elect \$11,250 in place of the \$8,000 catch-up.

### **What if my plan does not offer a Roth option?**

If your plan does not offer a Roth option than those making over \$145,000 in the previous year will not be able to make any catch-up contributions.

### **What should you do as an employer to prepare?**

#### **1. Review and update retirement Plan Documents**

- a. Confirm your 401(k) plan allows for Roth Contributions to accommodate the mandatory requirements for high earners and work with your plan providers to update plan documents accordingly.

#### **2. Coordinate with Payroll Providers**

- a. Ensure payroll systems can track employee compensation to identify those exceeding the \$150,000 threshold and adjust contribution limits based on age and eligibility.

#### **3. Work with you 401(k) Provider**

- a. Discuss with your provider how the new limits will be handled in compliance testing and verify if Roth recharacterization options are available to correct potential testing failures.

#### **4. Educate employees**

- a. Inform your employees about the changes, especially those aged 50 or higher and are high earners.

# APPENDIX C – Cybersecurity FAQs

⌘

## 1. How are employee benefit plans at risk for cyber-attacks?

Employee benefit plans, like all other organizations and individuals, are vulnerable to cyber-attacks and thus exposed to risks relating to privacy, security, and fraud. Retirement, savings, and health and welfare plans are attractive targets for hackers seeking access to plan assets and participant and beneficiary personal information. Factors that contribute to cyber risk in plans include:

- The electronic environment in which they operate. Electronic benefit plan information is especially susceptible to cyber-attacks because it includes large amounts of sensitive employee information that is shared with multiple third parties, including outsourced service organizations that also maintain and electronically share sensitive employee and asset information.
- Benefit plans often fall outside the scope of a sponsor organization's cybersecurity planning with regard to ongoing business activities.
- Employee benefit plans are not regulated for cybersecurity purposes, as are certain other businesses that handle personal information.
- Plan sponsors and administrators may have a false sense that anti-virus and anti-spam software adequately protect them from these risks.
- Plan sponsors and administrators may have a false sense that their service organization SOC 1 reports address cyber risks at the service organization.

## 2. What plan information and assets are at risk from a cyber-attack?

Plan sponsors, administrators, and service providers maintain electronic information that may be particularly vulnerable to cyber-attacks, including:

- “Personally identifiable information” (PII) such as social security numbers, dates of birth, and email addresses. PII has significant value to cybercriminals because it is permanently associated with an individual (unlike a credit card account number, PII cannot be easily “cancelled”) and therefore can be misused over a longer period of time.
- Participant enrollment data, individual account balances, direct deposit information, compensation, and other financial information. A hacker could also target individual accounts online to gain the ability to request loans and distributions, and access participant and/or sponsor contributions.
- “Electronic protected health information” (EPHI), which includes information about health status, provision of healthcare, or payment for health care that can be linked to a specific individual, that is produced, saved, transferred or received in an electronic form. Similar to PII, EPHI does not expire, and stolen information can be used to acquire prescription drugs, receive medical care, falsify insurance claims, file fraudulent tax returns, open credit accounts, obtain official government-issued documents such as passports and driver's licenses, and even create new identities.

### 3. What are the potential consequences of a cyber-attack?

The consequences of a cybersecurity breach can be substantial for plan sponsors, service providers, participants, and beneficiaries.

- Significant costs may be incurred in detecting the extent of the break-in, investigating and managing the incident response, recovering data, and restoring system integrity.
- The theft of certain PII and breach of online security over plan assets and records can lead to monetary losses to participants, beneficiaries, the plan, the plan sponsor, and service providers.
- Cybersecurity breaches may result in operational disruption and damage to a sponsor's and administrator's reputation.
- Plan fiduciaries potentially could be found to be responsible for a fiduciary breach and required to restore losses to the plan participants and beneficiaries.
- A cybersecurity breach of EPHI in a health plan could result in potential violations of the Health Insurance Portability and Accountability Act (HIPAA) and subject the plan sponsor and service providers to fines or monetary settlements.

### 4. What are examples of cyber threats to benefit plans?

Plans and service providers have fallen victim to cyber schemes to steal participant data, make fraudulent transfers of participant assets (through direct transfers and fraudulent plan loans), and ransomware attacks. Some examples of cyber threats to benefit plans include:

**“Phishing” techniques** to deceitfully obtain logon credentials and passwords to gain access to online participant account information and request distributions or loans, redirect benefits to another account, or create fraudulent health claims.

- An email, purported to be from the plan sponsor's top executive, was sent to the human resources (HR) department requesting sensitive employee data. HR responded by sending the information before realizing it was a “spear phishing” or “whaling” email from an outside party.
- A phishing scheme was successfully carried out at a plan recordkeeper. As a result, participant accounts were breached and unauthorized distributions were made from those accounts.

**Socially engineered malware**, when an end-user is tricked into running a Trojan horse program, often from a website they trust and visit frequently. The otherwise innocent website is temporarily compromised to deliver malware instead of the normal website coding.

- A plan sponsor's internal IT department discovered malware on 50 computers. One participant account was breached and an improper distribution occurred before the Malware was discovered.
- In November 2016, the Department of Health and Human Services (HHS) announced a settlement with a large university for potential violations of HIPAA. Following a malware infection targeting the university's employee health care plan, the university agreed to pay \$650,000 in penalties and to comply with the requirements of a corrective action plan. The breach exposed the private health information of 1,500 people. An HHS investigation

revealed that the university had failed to accurately assess the risk of malware infection and adopt procedures to secure its data.

**Cyber criminals** using employees' personal information and setting up web profiles that allow them to take out loans from individual participant accounts.

- In June 2016, more than 90 deferred-compensation retirement accounts of a city's municipal employees were breached. Hackers obtained the personal information of plan participants and used it to set up online profiles on the plan custodian's web platform; the hackers accessed personal information and withdrew loans from 58 accounts. Reports estimate that the city lost about \$2.6 million. The city returned funds taken from participant accounts and offered credit monitoring services to account holders.
- A service provider received an unusual number of distribution requests for one of their plan clients. The requests were vetted through the established process and denied because they were determined to be unauthorized.

**Ransomware attacks** in which cyber criminals encrypt and seize an entire hard drive, only releasing it in exchange for a ransom.

- In July 2016, a cyberattack targeted a grocery workers union pension plan. Hackers took control of the pension plan's computer servers and demanded a ransom in digital currency (three bitcoins, or about \$2,000). "At risk" data included employee names, birthdates, Social Security numbers and bank information. The union refused to pay the ransom and turned to its backup system. While there was no evidence that hackers accessed sensitive information, the union offered plan participants 12 months of credit monitoring and identity theft restoration services.

**Loss or theft** of mobile devices, laptops, and flash drives with personal data, and personal information transmitted via unsecured email or portals.

- A CD-ROM and laptop that contained private data of 30,000 plan participants and beneficiaries were stolen from the vehicle of an employee of a plan sponsor. Notification, credit monitoring, and insurance costs were approximately \$200,000.

## **5. What responsibilities do plan fiduciaries, including those charged with governance, have for protecting plan information from cyber-attacks and responding to breaches?**

Plan administrators and those charged with governance have an ERISA fiduciary duty with respect to the management of the plan, including implementing processes and controls to restrict access to a plan's systems, applications and data, including third-party records and other sensitive information. ERISA Section 404 requires benefit plan sponsors and other fiduciaries to administer their plans for the exclusive benefit of plan participants and beneficiaries, and with the "care, skill, prudence, and diligence under the circumstances that a prudent person acting in a like capacity and familiar with such matters would use." DOL Reg. §2520.104b-1(c) and DOL Technical Release No. 2011-03 and 2011-03R impose obligations to ensure that electronic systems protect the confidentiality of personal information.

As part of their ERISA duty to monitor plan service providers, plan sponsors must understand how their service providers store and protect the participant data they handle (see Question 8 below for special considerations when a service provider is used).

It is unclear whether state privacy and cyber laws are pre-empted by ERISA as it relates to benefit plan data. As such, fiduciaries should consider state statutes in determining their responsibilities for cyber security.

According to the DOL ERISA Advisory Council report, *Cybersecurity Considerations for Benefit Plans* (November 2016), (2016 DOL Advisory Council Cybersecurity Report), if (or more likely, when) a cybersecurity breach occurs, plan sponsors should have a plan in place for addressing the breach. The DOL Advisory Council Cybersecurity Report recommends:

- The plan should establish procedures for how the sponsor, likely working with its service providers, will communicate with plan participants who may be anxious about the breach and protecting their data.
- Sponsors should also have a process for determining how a breach will be corrected and what remedies will be used.
- Sponsors should document both their overall process for responding to cybersecurity breaches and any steps they take in correcting an actual breach. This documentation will help show that they acted prudently in the face of the breach.
- The Advisory Council stressed the need for plan sponsors to thoroughly vet their service providers and to negotiate contract provisions to lower or mitigate the costs of correcting a possible cyberattack on a plan.
- Finally, the Advisory Council encouraged plan sponsors to review and understand the limitations of their business insurance coverage, and consider cyber insurance to address possible coverage gaps. (The 2016 DOL Advisory Council Cybersecurity Report includes a detailed discussion of cyber insurance.)

## **6. What is the plan auditor’s responsibility for evaluating cybersecurity risk and controls in an audit of a plan’s financial statements?**

The auditor’s responsibilities with respect to cybersecurity matters in a financial statement audit are outlined in the Center for Audit Quality (CAQ) *Alert #2014-03, Cybersecurity and the External Audit*. The CAQ Alert notes the following:

“Cybersecurity risks and controls are within the scope of the financial statement auditor’s concern only to the extent they could impact financial statements and company assets to a material extent. Auditing standards require the financial statement auditor to obtain an understanding of how the company uses IT and the impact of IT on the financial statements. Financial statement auditors also are required to obtain an understanding of the extent of the company’s automated controls as they relate to financial reporting, including the IT general controls that are important to the effective operation of automated controls, and the reliability of data and reports used in the audit that were produced by the company.

In assessing the risks of material misstatement to the financial statements—including IT risks resulting from unauthorized access and unauthorized use or disposition of company

assets—financial statement auditors are required to take into account their understanding of the company’s IT systems and controls. If information about a material breach is identified, the financial statement auditor would need to consider the impact on financial reporting, including disclosures, and the impact on ICFR.

The financial statement auditor uses a top-down approach to the audit of ICFR to select the controls to test. A top-down approach begins at the financial statement level and with the auditor’s understanding of the overall risks to ICFR. The financial statement auditor then focuses on entity-level controls and works down to significant accounts and disclosures and their relevant assertions. This approach directs the financial statement auditor’s attention to accounts, disclosures, and assertions that present a reasonable possibility of material misstatement to the financial statements, including related disclosures.

Systems and data that are within the scope of most audits usually are a subset of the totality of systems and data used by companies to support their overall business operations. The auditor’s focus is on access and changes to systems and data that could impact the financial statements and unauthorized use and disposition of assets; that is, matters within the defined boundary of ICFR.

A company’s overall IT platform includes systems and related data that not only address financial reporting needs, but also operational and compliance needs of the entire organization. The financial statement auditor’s primary focus is on the controls and systems that are in the closest proximity to the application data of interest to the financial statement and ICFR audit—that is, systems and applications that house financial statement-related data. It is important to note that cyber incidents usually first occur through the perimeter and internal network layers, which tend to be further removed from the application, database, and operating systems that are typically included in access control testing of systems that affect the financial statements.”

In a plan environment, even when a breach of participant information occurs, it may have no direct effect on the plan’s financial statements. This might happen when, for example, participant information was breached but there were no plan assets lost because no participant accounts were accessed. In such situations, the breach would need to be considered, but because there is no effect on financial reporting, the auditor’s response may be minimal. The CAQ Alert includes general information for auditors and should not be relied upon as being definitive or all inclusive. Auditors should refer to the rules, standards, guidance, and other resources in their entirety, and to carefully evaluate which requirements apply in each specific situation.

## **7. Are there additional cybersecurity considerations when plan administration is performed by a third-party service provider?**

Many plan sponsors use third-party service providers such as plan administrators, actuaries, auditors, trustees, insurers and consultants for plan management and administration. These providers collect and maintain sensitive employee data, such as Social Security numbers, addresses, dates of birth, account balance information, beneficiary information and bank account details to meet their responsibilities and deliver services. Certain service providers also maintain

systems that allow employees to initiate transactions online, such as obtaining loans and/or account withdrawals. Consequently, a cybersecurity breach within a service provider could result in participants' identities, personal information, or plan assets being compromised.

Plan sponsors should have discussions with the plan's third-party service providers regarding policies and procedures relating to data security, including passwords, use of social media, document retention, internet privacy, and other relevant issues. Plan sponsors should also understand the providers' procedures for breach notification, including any obligations they may have to notify participants or governmental authorities. Plan sponsors can obtain this information through discussions with those providers and by reviewing the service provider agreements.

The 2016 DOL Advisory Council Cybersecurity Report includes a list of questions regarding the protection of data that may be helpful to plan administrators when contracting with, and evaluating, service providers.

## **8. Does a SOC® 1 report address a plan's internal control over cybersecurity controls and risk?**

For plans that utilize service organizations for most (or all) of their electronic records and investment transactions, a common misconception may be that those plans have relatively little cybersecurity risk if the service organization's SOC 1 report identifies no issues. However, a SOC 1 report addresses only a plan's internal control over financial reporting; it does *not* address broader entity cybersecurity controls and risk.

A SOC 2 report, however, specifically addresses the cybersecurity controls and risks in the system used by the service organization to provide such services to the plan. The report may also address controls relevant to the service organization's ability to maintain the confidentiality or privacy of the information processed by the system. (A SOC 2 report can address any or all of the categories in the AICPA's trust services criteria, including security, availability, processing integrity, confidentiality, or privacy.) As such, a SOC 2 report can help plan management assess and manage risks associated with outsourcing a function to a service organization by providing information about the effectiveness of controls at the service organization and how those controls integrate with the plan's controls. SOC 2 examinations are performed by independent CPAs in accordance with AICPA Guide SOC 2® *Reporting on an Examination of Controls at a Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy* (SOC 2 guide). Read *Understanding How Users of Service Organizations Would Make Use of a SOC for Service Organizations SOC 2® Report* to better understand how a SOC 2 report may be useful to managing the plan's cybersecurity risks.

In addition, the AICPA *SOC for Cybersecurity* is a new risk framework that establishes common criteria and guidelines for communicating about an organization's cybersecurity risk management program. It enables plan management to report on the plan's cybersecurity management program to external stakeholders with the credibility associated with an independent examination report. Read more about the SOC for Cybersecurity guidance.

## **9. Are there resources available to help plans address their cybersecurity risks?**

The 2016 DOL Advisory Council Cybersecurity Report included information for plan sponsors and fiduciaries to utilize when developing a cybersecurity strategy and program. A *cybersecurity risk management program* is a set of policies, processes, and controls put into place by management to protect information and systems from security events that could compromise the achievement of the entity's cybersecurity objectives and to detect, respond to, mitigate, and recover from, on a timely basis, security events that are not prevented. The report emphasized that when implementing a cybersecurity risk management strategy, plan sponsors should remember that one size does not fit all—the sponsor's approach will depend on its own circumstances, balancing the need to protect plan participant data and the sponsor's own business needs.

The AICPA has developed a Cybersecurity Resource Center that provides tools and information that plan sponsors can use to address cybersecurity risks.

*Source: AICPA Employee Benefit Plan Audit Quality Center*

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**  
**FEIN: 52-1582231, Plan No. 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**

**December 31, 2024**

| (a)                          | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment | (e)<br>Current<br>Value |
|------------------------------|--------------------------------------------------------------------|----------------------------------|-------------------------|
| <b>Mutual Funds</b>          |                                                                    |                                  |                         |
| American Century             | American Century Short Duration Strt Inc R6                        |                                  | \$ 192,625              |
| DFA                          | DFA Emerging Markets Small Cap I                                   |                                  | 28                      |
|                              | DFA US Core Equity 1 I                                             |                                  | 112                     |
|                              | DFA US Core Equity 2 I                                             |                                  | 280                     |
|                              | DFA US Large Company I                                             |                                  | 7,327                   |
| Fidelity                     | Fidelity 500 Index Institutional Prem                              |                                  | 441,993                 |
|                              | Fidelity Blue Chip Growth                                          |                                  | 41,610                  |
|                              | Fidelity US Bond Index Instl. Prem                                 |                                  | 1,941                   |
| Schwab                       | Schwab Target 2050 Index                                           |                                  | 1,962                   |
|                              | Schwab Total Stock Market Index                                    |                                  | 8,497                   |
|                              | Schwab US Aggregate Bd Index                                       |                                  | 114                     |
|                              | Schwab S&P 500 Index                                               |                                  | 8,442                   |
| Vanguard                     | Vanguard 500 Index Admiral                                         |                                  | 4,752                   |
|                              | Vanguard Emerging Mkts Stock Index Adm                             |                                  | 265                     |
|                              | Vanguard Growth Index Admiral                                      |                                  | 111                     |
|                              | Vanguard High-Yield Corporate Adm                                  |                                  | 213,589                 |
|                              | Vanguard Short-Term Bond Index Adm                                 |                                  | 9,008                   |
|                              | Vanguard Short-Term Federal Adm                                    |                                  | 228                     |
|                              | Vanguard Target Retirement 2020 Inv                                |                                  | 873                     |
|                              | Vanguard Target Retirement 2025 Inv                                |                                  | 197,599                 |
|                              | Vanguard Target Retirement 2030 Inv                                |                                  | 10,453                  |
|                              | Vanguard Target Retirement 2035 Inv                                |                                  | 38,673                  |
|                              | Vanguard Target Retirement 2040 Inv                                |                                  | 13,278                  |
|                              | Vanguard Target Retirement 2045 Inv                                |                                  | 71,702                  |
|                              | Vanguard Target Retirement 2050 Inv                                |                                  | 91,239                  |
|                              | Vanguard Target Retirement 2055 Inv                                |                                  | 41,248                  |
|                              | Vanguard Target Retirement 2060 Inv                                |                                  | 20,427                  |
|                              | Vanguard Target Retirement 2065 Inv                                |                                  | 1,256                   |
|                              | Vanguard Total Intl Stock Mkt Index Adm                            |                                  | 4,755                   |
|                              |                                                                    |                                  | <b><u>1,424,387</u></b> |
| <b>Exchange-Traded Funds</b> |                                                                    |                                  |                         |
| Aberdeen                     | Abrnd Gold ETF Trust                                               |                                  | 232                     |
| Fidelity                     | Fidelity Financials ETF                                            |                                  | 223                     |
| Invesco                      | Invesco Bulletshares 2025 Hi                                       |                                  | 84,944                  |
| BlackRock                    | iShares MSCI International Q                                       |                                  | 143,114                 |
|                              | iShares Russell 1000 Growth ETF                                    |                                  | 45,008                  |
|                              | NYLI Ftse International Equi                                       |                                  | 3,949                   |
| Vanguard                     | Vanguard Energy ETF                                                |                                  | 115                     |
|                              | Vanguard Growth ETF                                                |                                  | 217,181                 |
|                              | Vanguard S&P500 ETF                                                |                                  | 97,832                  |
| Victory Capital              | Victoryshares Short Term Bond ETF                                  |                                  | 127,769                 |
|                              |                                                                    |                                  | <b><u>720,367</u></b>   |

- Continued -

**OXFORD HOUSE, INC. 401(k) PROFIT-SHARING PLAN & TRUST**  
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**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED**

**December 31, 2024**

| (a)                              | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment                                      | (e)<br>Current<br>Value    |
|----------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------|
| <b>Cash and Cash Equivalents</b> |                                                                    |                                                                       |                            |
|                                  | Federated                                                          | Money Market                                                          |                            |
|                                  | Securities                                                         | Retirement Cash Account                                               | 2,169                      |
|                                  |                                                                    | Cash                                                                  | <u>21,049</u>              |
|                                  |                                                                    |                                                                       | <b><u>23,218</u></b>       |
| <b>Participant Loans</b>         |                                                                    |                                                                       |                            |
| *                                | Participant Loans                                                  | Participant loans, 4.25-9.50% interest rate,<br>maturities 2-30 years | <u>60,594</u>              |
|                                  |                                                                    |                                                                       | <b><u>\$ 2,228,566</u></b> |

Note: An asterisk (\*) in column (a) denotes an entity known to be a party-in-interest to the Plan. Column (d) is not presented since cost of investments is not required for participant-directed investments.