

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan COLUMBIA CARE, INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2020
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COLUMBIA CARE, INC. 321 BILLERICA ROAD, SUITE 204 CHELMSFORD, MA 01824
2b	Employer Identification Number (EIN) 98-1488978
2c	Plan Sponsor's telephone number 720-399-6840
2d	Business code (see instructions) 339900

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.	08/05/2026	ROBIN COTTRELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1574
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1574 6a(2) 1763 6b 12 6c 140 6d 1915 6e 0 6f 1915 6g(1) 6g(2) 490 6h 37
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 2F 2G 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **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 0
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLUMBIA CARE, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA CARE, INC.	D Employer Identification Number (EIN) 98-1488978	

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
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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)

ASPIRE FINANCIAL SERVICES LLC

27-1033755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 64 67	RECORD KEEPER	13446	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TAG RESOURCES, LLC

62-1874769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64	RECORD KEEPER	5486	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ALLIANCE BENEFIT GROUP

87-0364490

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	TPA	3270	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

BELPOINTE ASSET MANAGEMENT

56-2641678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	2267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLUMBIA CARE, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA CARE, INC.		D Employer Identification Number (EIN) 98-1488978

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	177394	459272
(2) Participant contributions	1b(2)	21771	0
(3) Other	1b(3)	0	1321278
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	37895
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1337144	4570887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1536309	6389332

Liabilities

1g Benefit claims payable	1g	0	174395
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	174395

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	1536309	6214937
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	459273	
(B) Participants	2a(1)(B)	1229823	
(C) Others (including rollovers)	2a(1)(C)	186189	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1875285
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	731	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		731
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	79729	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		79729
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		203395
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2159140

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	205581	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		205581
f Corrective distributions (see instructions)	2f		174395
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	22172	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2267	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		24439
j Total expenses. Add all expense amounts in column (b) and enter total	2j		404415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1754725
l Transfers of assets:			
(1) To this plan	2l(1)		2923903
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MH CPA PLLC**

(2) EIN: **37-1119790**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	152862
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

COLUMBIA CARE 401K PLAN

Chelmsford, Massachusetts

**Financial Statements
and Supplementary Information**

December 31, 2023, 2022, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Plan Trustee and Investment Committee
Columbia Care 401k Plan
Chelmsford, Massachusetts

Opinion on December 31, 2023, 2022, and 2021 Financial Statements

We have audited the accompanying financial statements of Columbia Care 401k Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023, 2022, 2021, and 2020 and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 2022, and 2021 and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023, 2022, and 2021 and the changes in its net assets available for benefits for the year ended December 31, 2023, 2022 and 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on December 31, 2023, 2022, and 2021 Financial Statements

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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matters for December 2023, 2022, and 2021 Financial Statements

As discussed in Note 1 and 6, the financial statements include investments, valued at \$10,814,495 at December 31, 2023, \$6,869,509 at December 31, 2022, \$4,570,887 at December 31, 2021, and, \$1,337,144 at December 31, 2020, held through multiple intermediaries on behalf of the Plan and Plan Sponsor. The Plan Sponsor's operations are subject to a variety of federal, state, and local regulations. Failure to comply with one or more of those regulations or changes in these regulations or their enforcement could impact the Plan. Our opinion is not modified with respect to this matter.

As discussed in Note 6, the Plan Sponsor is in the process of researching and quantifying historical recordkeeping matters that may necessitate additional contributions to the Plan or generate additional plan obligations. No amounts have been recognized in these financial statements for these matters as the analysis is ongoing and any such corrective actions, if any, are not yet known. Our opinion is not modified with respect to this matter.

As discussed in Note 9, the Plan sponsor filed for bankruptcy in 2026 and intends to terminate the Plan in late 2026 or early 2027. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the December 2023, 2022, and 2021 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.

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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of December 2023, 2022, and 2021 Financial Statements

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matters

December 31, 2023, 2022, and 2021 Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (Schedules 1-4) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditor's Report on December 31, 2020, Financial Statements

The financial statements of the Plan as of December 31, 2020, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by a qualified institution. Their report dated March 25, 2022, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2020 Financial Statements, and (b) the form and content of the information included in the 2020 Financial Statements other than derived from the certified information were presented with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

MH CPA PLLC
Champaign, Illinois
July 23, 2026

COLUMBIA CARE 401K PLAN
Statements of Net Assets Available for Benefits
December 31, 2023, 2022, 2021 and 2020

	2023	2022	2021	2020
Assets				
Investments, at Fair Value	\$ 10,814,495	\$ 6,869,509	\$ 4,570,887	\$ 1,337,144
Receivables:				
Notes Receivable from Participants	95,543	104,394	37,895	-
Employer Contribution Receivable	975,689	1,126,653	459,272	177,394
Employee Contribution Receivable	94,889	63,845	-	21,771
Plan Merger Receivable	-	-	1,307,506	-
Other Receivable	13,772	13,772	13,772	-
Total Receivables	<u>1,179,893</u>	<u>1,308,664</u>	<u>1,818,445</u>	<u>199,165</u>
Total Assets	11,994,388	8,178,173	6,389,332	1,536,309
Liabilities				
Accrued Plan Corrections Payable	<u>149,324</u>	<u>109,836</u>	<u>174,395</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 11,845,064</u></u>	<u><u>\$ 8,068,337</u></u>	<u><u>\$ 6,214,937</u></u>	<u><u>\$ 1,536,309</u></u>

See Accompanying Notes

COLUMBIA CARE 401K PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2023, 2022, and 2021

	2023	2022	2021
Additions			
Additions to Net Assets Attributed to:			
Investment Income:			
Interest and Dividends	\$ 253,628	\$ 127,524	\$ 79,729
Net Appreciation (Depreciation) in Value of Investments	1,256,818	(1,200,148)	203,395
Net Investment Income (Loss)	1,510,446	(1,072,624)	283,124
Interest Income on Notes Receivable from Participants	5,135	4,284	731
Contributions:			
Participants	2,205,250	2,479,225	1,229,823
Rollovers	195,985	218,306	186,189
Employer	975,689	1,126,653	459,273
Total Contributions	3,376,924	3,824,184	1,875,285
Total Additions	4,892,505	2,755,844	2,159,140
Deductions			
Deductions from Net Assets Attributed to:			
Benefits Paid to Participants	907,167	764,528	205,581
Corrective Distributions	149,324	109,836	174,395
Administrative Expenses	59,287	28,080	24,439
Total Deductions	1,115,778	902,444	404,415
Change in Net Assets Before			
Transfers From Other Qualified Plans	3,776,727	1,853,400	1,754,725
Transfers From Other Qualified Plans	-	-	2,923,903
Change in Net Assets After			
Transfers From Other Qualified Plans	3,776,727	1,853,400	4,678,628
Net Assets Available for Benefits, Beginning of Year	8,068,337	6,214,937	1,536,309
Net Assets Available for Benefits, End of Year	\$ 11,845,064	\$ 8,068,337	\$ 6,214,937

See Accompanying Notes

COLUMBIA CARE 401K PLAN
Notes to the Financial Statements
December 31, 2023, 2022, 2021 and 2020

1. Description of Plan

The following description of the Columbia Care 401k Plan (the 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 was established on January 1, 2020, as a defined contribution plan covering employees of Columbia Care, LLC (the Company) and all affiliated service groups defined by the Plan who are 21 years of age after 3 months and 250 hours of service. The Plan excludes employees who are leased employees, and employees acquired in a Code Section 410(b)(6)(C) transaction until the transaction period is over. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendment and Restatement – The Plan was restated effective August 5, 2021, and, subsequently, on July 1, 2024, to comply with applicable required legislative updates and certain other amendments.

Contributions – Each year, participants may elect to defer a portion of their compensation, on a pre-tax or Roth basis, as defined by the Plan. The maximum contribution to the Plan in any year is determined by provisions in the Plan and the Internal Revenue Code (IRC) and Income Tax Regulations (prior to the August 5, 2021 restatement, the maximum contribution was subject to a 90 percent of compensation maximum). As of December 31, 2023, 2022, and 2021 the Plan offered various mutual funds and money market funds as investment options for participants. The funds are held by Fidelity Investments through SaveDaily, the provider of an electronic trading platform to PCS Retirement LLC, the 401(k) administrator of the Plan.

The Company may make discretionary profit-sharing or matching contributions into the Plan. Management elected to make a match of 100 percent of each participant's deferrals up to 3 percent through August 5, 2021. Starting on August 5, 2021, the Plan changed the formula to a matching contribution of 100 percent of each participant's deferrals up to 3 percent and 50 percent of each participants deferrals between 3 and 5 percent. Employees are eligible for company contributions after 1,000 hours of service and must be employed on the last day of the applicable plan year. Company contributions totaling \$975,689, \$1,126,653, and \$459,273 were made for the years ending December 31, 2023, 2022 and 2021, respectively.

Participant Accounts – Each participant's account is credited with the participant's contribution, if any, and allocations of (a) company contributions, (b) administrative expenses, and (c) plan earnings, net of investment fees. Allocations are based on participant earnings, account balances, or other participant events, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Accrued Plan Corrections Payable – Amounts payable to participants totaling \$149,324, \$109,836, \$174,395, and, \$0 for contributions in excess of amounts allowed by the IRS were recorded as accrued plan corrections payable on the statements of net assets available for benefits and as corrective distributions in the changes in net assets available for benefits as of and for the years ended December 31, 2023, 2022, 2021, and 2020, respectively.

Vesting – Participants are required to work 1,000 hours of service in a plan year to gain 1 year of vesting. Vesting in company contributions plus earnings thereon is based on years of service and a participant is 100 percent vested after four years of credited service. Participants are 100 percent vested upon the occurrence of death, permanent disability, or normal retirement age.

Payment of Benefits – On termination of service, for any reason, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan provides for an automatic lump-sum distribution of account balances of \$5,000 or less. The Plan allows for in-service distributions, normal retirement (age 62) distributions, and financial hardship withdrawals of all or part of the participant's deferral contributions, if the participant can prove financial hardship and is unable to meet their financial needs another way.

Forfeited Accounts – Forfeited amounts may be used to reduce company contributions, pay plan expenses, or be allocated to participant accounts. In 2021, the Plan received forfeited funds of approximately \$152,500 related to a transfer into the Plan. The Plan had forfeitures of \$156,968, \$187,029, and \$157,383 as of December 31, 2023, 2022, and 2021, respectively.

Notes Receivable from Participants – Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 (reduced by the excess, if any, of the participant's highest outstanding note balance during the one-year period ending on the day before the date on which such note is made over the participant's outstanding balance of notes on the date such note was made) or 50 percent of their vested balance for reasons as defined by the Plan. Participants may have only one outstanding loan at a time. The minimum amount of a loan is \$1,000. Loan terms range from one to five years except for the purchase of a primary residence, which is a longer term not to exceed fifteen years determined by the plan administrator. The loans are secured by the vested balance in the participant's account and bear interest at prevailing rates. Principal and interest are paid ratably through payroll deductions.

2. Summary of Significant Accounting Policies

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

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation (allocated and unallocated) and Income Recognition – The Plan’s investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Investment and Administrative Expenses – The Plan’s expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain fees are charged to the Plan for services provided to the Plan. When applicable, these fees and fees charged by mutual funds are netted with investment earnings.

Payment of Benefits – Benefits are recorded when paid for financial statement purposes.

Subsequent Events – The Plan has evaluated subsequent events through July 23, 2026, the date on which the financial statements were available to be issued.

3. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 establishes a framework for measuring fair value under generally accepted accounting principles. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

- Level 1 Inputs to the valuation methodology are based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the asset or liability
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2023, 2022, 2021, and 2020.

The following is a description of the valuation methodologies used for assets measured at fair value:

- *Money Market Funds* – Valued at the total of the invested deposit plus earnings thereon, which approximates fair value.
- *Mutual Funds* – Valued at quoted market prices, which represent net asset value (NAV) of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
<i>Assets Included in the Fair Value Hierarchy:</i>				
Mutual Funds	\$ 10,569,876	\$ -	\$ -	\$ 10,569,876
Money Market Funds	244,619	-	-	244,619
Total	\$ 10,814,495	\$ -	\$ -	\$ 10,814,495

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
<i>Assets Included in the Fair Value Hierarchy:</i>				
Mutual Funds	\$ 6,682,195	\$ -	\$ -	\$ 6,682,195
Money Market Funds	187,314	-	-	187,314
Total	\$ 6,869,509	\$ -	\$ -	\$ 6,869,509

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
<i>Assets Included in the Fair Value Hierarchy:</i>				
Mutual Funds	\$ 4,402,322	\$ -	\$ -	\$ 4,402,322
Money Market Funds	168,565	-	-	168,565
Total	\$ 4,570,887	\$ -	\$ -	\$ 4,570,887

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
<i>Assets Included in the Fair Value Hierarchy:</i>				
Mutual Funds	\$ 1,337,144	\$ -	\$ -	\$ 1,337,144

4. Administrative Expenses and Party-in-Interest Transactions

A transaction with a plan service provider or a participant of the Plan qualifies as a party-in-interest transaction. Service provider fees, either directly or indirectly, are paid to the investment custodian, third-party administrator, investment advisor, record keeper, and auditor. Of these fees, \$59,287, \$28,080, and \$24,439 is included in administrative expenses on Exhibit B for the year ended December 31, 2023, 2022 and 2021 respectively. Other investment fees are netted with investment earnings. Expenses, net of any revenue sharing credits (if any), incurred in the administration of the Plan were also paid by the plan sponsor.

Notes receivable from participants are considered to be both party-in-interest and a related-party transaction.

5. Plan Termination

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 percent vested in company contributions. See Note 10.

6. Tax Status

On June 30, 2020, the Internal Revenue Service stated that the prototype plan adopted by the Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the prototype plan has been amended and restated since receiving this letter through July 23, 2026, the plan administrator and the prototype plan sponsor believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has undertaken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor's operations are subject to a variety of federal, state, and local regulations. Failure to comply with one or more of those regulations or changes in these regulations or their enforcement could impact the Plan. The plan administrator has analyzed the Plan's tax positions and concluded as of December 31, 2023, 2022, 2021 and 2020, and through July 23, 2026, that the Plan has maintained its tax-exempt status and has generated no uncertain tax positions that require recognition of a liability or disclosure in the financial statements.

However, the Plan Sponsor is in the process of researching and quantifying certain historical recordkeeping and other matters that may necessitate additional contributions to the Plan or generate additional plan obligations, that if left unaddressed, could impact the qualified status of the Plan. Although the investigation into these matters is ongoing, the Plan has recognized a provision for corrective actions (liability) in the amount of \$50,000 for remediation of potential issues identified (included in Accrued Plan Corrections Payable). It is at least reasonably possible that additional liabilities or assets may be identified and recognized with respect to this investigation in future periods.

7. Risks and Uncertainties

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

8. Plan Mergers

On August 5, 2021, the TGS Management 401(k) Plan (TGS Plan) was merged into the Plan and all net assets of the TGS Plan, totaling \$1,616,397, were transferred to the Plan on August 31, 2021. This transfer was included in the statements of changes in net assets available for benefits as transfers from other qualified plans in 2021.

Effective December 30, 2021, the Green Leaf Medical 401(k) Plan (Green Leaf Plan) was merged into the Plan and all net assets of the Green Leaf Plan, totaling \$1,307,506, were transferred to the Plan in January 2022. The Plan has reported this amount as a plan merger receivable on the statements of net assets available for benefits as of December 31, 2021, and transfers from other qualified plans on the statements of changes in net assets available for benefits for the year ended 2021 in accordance with the merger agreement.

9. Subsequent Events

On March 26, 2026, the Cannabist Company Holdings Inc., (formerly Columbia Care, Inc), the plan sponsor, filed for bankruptcy. As of July 23, 2026, while formal actions have not yet been taken with respect to the impact plan, currently, plan administration intends to terminate the plan in late 2026 or early 2027.

10. Prohibited Transactions

Contributions totaling \$95,905, \$35,793, and \$152,862 were not remitted timely to the Plan for the years ending December 31, 2023, 2022, and 2021, respectively. As of July 23, 2026, these amounts have been remitted to the Plan, but corrections for lost earnings have not yet been made for the untimely contributions.

COLUMBIA CARE 401K PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 98-1488978 Plan# 001
December 31, 2023

(a) Party-in- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Mutual Funds, at Fair Value			
	Vanguard Target Retirement 2050 INVT	**	\$ 1,203,815
	Vanguard Target Ret 2045 FD Investor CL	**	1,181,891
	Fidelity 500 Index	**	1,039,788
	Vanguard Target Retirement 2055	**	1,027,758
	Fidelity Advisor Equity Growth CL Z	**	681,979
	Vanguard Target Retirement 2040 INVT	**	493,843
	Vanguard Target Retirement 2030 INVT	**	377,946
	Vanguard Windsor II Admiral	**	367,926
	Vanguard Financial Index Admiral SHRS	**	305,821
	Fidelity Small Cap Index Fund	**	263,541
	Vanguard Target Retirement 2060	**	255,832
	Vanguard Target Ret 2025 FD Investor CL	**	244,462
	Vanguard Target Ret 2035 FD Investor CL	**	241,374
	Fidelity Mid Cap Index Fund	**	229,743
	Vanguard Wellington Admiral	**	222,439
	Delaware Ivy Mid CapGrowth CL I	**	205,359
	Eaton Vance Income Fund of Boston CL I	**	192,814
	Vanguard Information Tech Ind Admir SHS	**	192,209
	TIAA-CREF Real Estate Sec Retirement	**	183,388
	Fidelity International Index Fund	**	163,713
	Hartford Strategic Inc Fund Class R6	**	159,675
	Fidelity Emerging Markets	**	154,458
	Vanguard Target Retirement 2065	**	152,292
	AB Small Cap Growth Port Advisor Class	**	135,521
	Vanguard Energy Index Admiral CL	**	128,372
	Bridgeway Small Cap Value Fund CL N	**	112,983
	Fidelity Mid Cap Value Indes FD	**	107,397
	PGIM Jennison Natural Resources Fund Z	**	97,512
	Fidelity U.S.Bond Index Fund	**	76,574
	Vanguard Small-Cap Value Index Admiral	**	74,629
	Vanguard Balanced Index Admiral	**	62,298
	MFS International Growth Fund Class R6	**	57,416
	American Bond Fund of America CL R5	**	47,251
	MFS Mid Cap Value Fund CL I	**	44,971
	Americal Capital World Bong FD R5	**	29,051
	Vanguard Target Retirement 2020 INVT	**	24,689
	Vanguard Target Ret Inc FD Investor CL	**	24,480
	Vanguard Materials Indx FD Admiral SHS	**	4,666
			10,569,876

COLUMBIA CARE 401K PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 98-1488978 Plan# 001
December 31, 2023

(a) Party-in- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Money Market Funds, at Fair Value			
	Invesco Govt and Agency Port Instl	**	141,380
	Invesco Government MMKT A	**	59,859
	Fidelity Cash Reserves	**	43,380
			<u>244,619</u>
	Total Investments		10,814,495
Notes Receivable from Participants			
*	Interest Rate 1.00 to 9.50 Percent	- 0 -	95,543
	Total Assets Held at End of Year		<u><u>\$ 10,910,038</u></u>

* = Represents a Party-in-Interest to the Plan

** = Cost information has been omitted, as all investments are participant directed.

COLUMBIA CARE 401K PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 98-1488978 Plan# 001
December 31, 2022

(a) Party-in- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Mutual Funds, at Fair Value			
	Vanguard Target Retirement 2050 INVT	**	\$ 899,557
	Vanguard Target Ret 2045 FD Investor CL	**	664,598
	Vanguard Target Retirement 2055	**	645,124
	Fidelity 500 Index	**	569,418
	Fidelity Advisor Equity Growth CL Z	**	408,771
	Vanguard Windsor II Admiral	**	255,319
	Vanguard Target Retirement 2040 INVT	**	238,978
	Vanguard Target Retirement 2030 INVT	**	236,438
	Vanguard Financial Index Admiral SHRS	**	220,062
	Vanguard Target Ret 2035 FD Investor CL	**	196,446
	Fidelity Small Cap Index Fund	**	167,322
	Vanguard Target Ret 2025 FD Investor CL	**	166,301
	Vanguard Balanced Index Admiral	**	145,834
	Fidelity Mid Cap Index Fund	**	140,133
	Delaware Ivy Mid CapGrowth CL I	**	132,248
	Eaton Vance Income Fund of Boston CL I	**	131,313
	TIAA-CREF Real Estate Sec Retirement	**	125,556
	Vanguard Energy Index Admiral CL	**	123,255
	Vanguard Target Retirement 2060	**	120,179
	Hartford Strategic Inc Fund Class R6	**	115,393
	Fidelity International Index Fund	**	109,503
	Vanguard Target Retirement 2065	**	98,053
	Fidelity Emerging Markets	**	96,771
	AB Small Cap Growth Port Advisor Class	**	95,663
	Vanguard Materials Indx FD Admiral SHS	**	86,623
	Fidelity Mid Cap Value Indes FD	**	84,420
	Vanguard Information Tech Ind Admir SHS	**	81,734
	Bridgeway Small Cap Value Fund CL N	**	78,166
	Fidelity U.S.Bond Index Fund	**	57,577
	Vanguard Small-Cap Value Index Admiral	**	57,463
	MFS International Growth Fund Class R6	**	33,168
	American Bond Fund of America CL R5	**	32,432
	MFS Mid Cap Value Fund CL I	**	22,262
	Vanguard Target Ret Inc FD Investor CL	**	16,180
	Vanguard Target Retirement 2020 INVT	**	15,264
	Americal Capital World Bong FD R5	**	14,671
			6,682,195

COLUMBIA CARE 401K PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 98-1488978 Plan# 001
December 31, 2022

(a) Party-in- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	Money Market Funds, at Fair Value		
	Invesco Govt and Agency Port Instl	**	185,703
	Fidelity Cash Reserves	**	1,611
			<u>187,314</u>
	Total Investments		6,869,509
	Notes Receivable from Participants		
*	Interest Rate 3.25 to 8.00 Percent	- 0 -	<u>104,394</u>
	Total Assets Held at End of Year		<u><u>\$ 6,973,903</u></u>

* = Represents a Party-in-Interest to the Plan

** = Cost information has been omitted, as all investments are participant directed.

COLUMBIA CARE 401K PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 98-1488978 Plan# 001
December 31, 2021

(a) Party-in- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Mutual Funds, at Fair Value			
	Vanguard Target Retirement 2050 INVT	**	\$ 826,081
	Vanguard Target Ret 2045 FD Investor CL	**	794,811
	Vanguard Target Retirement 2055	**	438,170
	Fidelity Advisor Equity Growth CL Z	**	322,953
	Fidelity 500 Index	**	311,536
	Vanguard Target Retirement 2040 INVT	**	305,986
	Vanguard Target Ret 2025 FD Investor CL	**	167,696
	Vanguard Target Retirement 2030 INVT	**	155,739
	Vanguard Target Retirement 2065	**	126,324
	Vanguard Target Ret 2035 FD Investor CL	**	125,019
	Fidelity Small Cap Index Fund	**	119,998
	TIAA-CREF Real Estate Sec Retirement	**	105,004
	Vanguard Target Retirement 2060	**	83,212
	Fidelity International Index Fund	**	75,378
	Fidelity Emerging Markets	**	72,448
	Vanguard Balanced Index Admiral	**	66,605
	Bridgeway Small Cap Value Fund CL N	**	60,133
	Fidelity U.S.Bond Index Fund	**	41,258
	Fidelity Mid Cap Index Fund	**	40,812
	Vanguard Windsor II Admiral	**	36,957
	MFS International Growth Fund Class R6	**	18,384
	AB Small Cap Growth Port Advisor Class	**	17,984
	American Bond Fund of America CL R5	**	17,173
	Vanguard Information Tech Ind Admir SHS	**	15,859
	Eaton Vance Income Fund of Boston CL I	**	14,907
	Vanguard Target Retirement 2020 INVT	**	11,825
	MFS Mid Cap Value Fund CL I	**	11,430
	Americal Capital World Bong FD R5	**	7,275
	Vanguard Target Ret 2015 FD Investor CL	**	4,989
	Hartford Strategic Inc Fund Class R6	**	2,437
	Delaware Ivy Mid CapGrowth CL I	**	2,066
	Vanguard Target Ret Inc FD Investor CL	**	1,873
			4,402,322

COLUMBIA CARE 401K PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 98-1488978 Plan# 001
December 31, 2021

(a) Party-in- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Money Market Funds, at Fair Value			
	Invesco Govt and Agency Port Instl	**	168,565
			<u>168,565</u>
	Total Investments		4,570,887
Notes Receivable from Participants			
*	Interest Rate 3.25 to 5.50 Percent	- 0 -	37,895
	Total Assets Held at End of Year		<u>\$ 4,608,782</u>

* = Represents a Party-in-Interest to the Plan

** = Cost information has been omitted, as all investments are participant directed.

COLUMBIA CARE 401K PLAN
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN# 98-1488978 Plan# 001
December 31, 2023, 2022, and 2021

	Check Here if Participant Loan Repayments are Included	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2021	X	\$ 152,862	\$ 152,862	\$ -	\$ -	\$ -
2022	X	\$ 35,793	\$ 35,793	\$ -	\$ -	\$ -
2023	X	\$ 95,905	\$ 95,905	\$ -	\$ -	\$ -

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLUMBIA CARE, INC. 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA CARE, INC.		D Employer Identification Number (EIN) 98-1488978
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.....		0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?		☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?		☐ Yes ☐ No ☐ N/A
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

COLUMBIA CARE 401K PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 98-1488978 Plan# 001
December 31, 2023

(a) Party-in- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Mutual Funds, at Fair Value			
	Vanguard Target Retirement 2050 INVT	**	\$ 1,203,815
	Vanguard Target Ret 2045 FD Investor CL	**	1,181,891
	Fidelity 500 Index	**	1,039,788
	Vanguard Target Retirement 2055	**	1,027,758
	Fidelity Advisor Equity Growth CL Z	**	681,979
	Vanguard Target Retirement 2040 INVT	**	493,843
	Vanguard Target Retirement 2030 INVT	**	377,946
	Vanguard Windsor II Admiral	**	367,926
	Vanguard Financial Index Admiral SHRS	**	305,821
	Fidelity Small Cap Index Fund	**	263,541
	Vanguard Target Retirement 2060	**	255,832
	Vanguard Target Ret 2025 FD Investor CL	**	244,462
	Vanguard Target Ret 2035 FD Investor CL	**	241,374
	Fidelity Mid Cap Index Fund	**	229,743
	Vanguard Wellington Admiral	**	222,439
	Delaware Ivy Mid CapGrowth CL I	**	205,359
	Eaton Vance Income Fund of Boston CL I	**	192,814
	Vanguard Information Tech Ind Admir SHS	**	192,209
	TIAA-CREF Real Estate Sec Retirement	**	183,388
	Fidelity International Index Fund	**	163,713
	Hartford Strategic Inc Fund Class R6	**	159,675
	Fidelity Emerging Markets	**	154,458
	Vanguard Target Retirement 2065	**	152,292
	AB Small Cap Growth Port Advisor Class	**	135,521
	Vanguard Energy Index Admiral CL	**	128,372
	Bridgeway Small Cap Value Fund CL N	**	112,983
	Fidelity Mid Cap Value Indes FD	**	107,397
	PGIM Jennison Natural Resources Fund Z	**	97,512
	Fidelity U.S.Bond Index Fund	**	76,574
	Vanguard Small-Cap Value Index Admiral	**	74,629
	Vanguard Balanced Index Admiral	**	62,298
	MFS International Growth Fund Class R6	**	57,416
	American Bond Fund of America CL R5	**	47,251
	MFS Mid Cap Value Fund CL I	**	44,971
	Americal Capital World Bong FD R5	**	29,051
	Vanguard Target Retirement 2020 INVT	**	24,689
	Vanguard Target Ret Inc FD Investor CL	**	24,480
	Vanguard Materials Indx FD Admiral SHS	**	4,666
			10,569,876