

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 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CARDINAL SERVICES, INC. 401K PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1997
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) CARDINAL SERVICES, INC. 170 S 2ND ST #200 COOS BAY, OR 97420
2b	Employer Identification Number (EIN) 93-0985752
2c	Plan Sponsor's telephone number 541-888-9799
2d	Business code (see instructions) 561300

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.	09/23/2026	MICHAEL FREEMAN
	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 1719
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) 1159 6a(2) 1136 6b 0 6c 562 6d 1698 6e 0 6f 1698 6g(1) 1010 6g(2) 1077 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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 _____
- (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 01/01/2025 and ending 12/31/2025		
A Name of plan CARDINAL SERVICES, INC. 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL SERVICES, INC.	D Employer Identification Number (EIN) 93-0985752	

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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	163470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28 51	INVESTMENT MANAGEMENT	19229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NFP

489 W SOUTH JORDAN PKW #310
SOUTH JORDAN, UT 84095

(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	ADVISOR	14421	Yes ☐ No ☒	Yes ☐ No ☐		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)

CARDINAL SERVICES, INC.

93-0985752

(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?
14	PLAN ADMINISTRATOR	1643	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 01/01/2025 and ending 12/31/2025	
	A Name of plan CARDINAL SERVICES, INC. 401K PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL SERVICES, INC.	D Employer Identification Number (EIN) 93-0985752	

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)	160706	163902
(2) Participant contributions.....	1b(2)	132558	132854
(3) Other	1b(3)	3150	3243
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)	281425	341822
(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)	19693510	23321108
(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	20271349	23962929

Liabilities

1g Benefit claims payable	1g		
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	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	20271349	23962929
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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)	838349	
(B) Participants	2a(1)(B)	2048221	
(C) Others (including rollovers)	2a(1)(C)	36201	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2922771
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)	25700	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25700
(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)	712275	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		712275
(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)		2643977
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6304723

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1686107	
(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)		1686107
f Corrective distributions (see instructions)	2f		2120
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)	165112	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	7875	
(5) Investment advisory and investment management fees	2i(5)	33654	
(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)		206641
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1894868

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4409855
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		718275

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: EIDE BAILLY, LLP

(2) EIN: 45-0250958

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.)	☒	☐	9179
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?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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)
SKOGMAN FLOORING, LLC 401K	83-3944168	001
SOUTHWESTERN OREGON WORKFORCE INVESTMENT BOARD 401(K) PROFIT SHARING PLAN AND TRUST	47-3873798	001

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

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

SCHEDULE R (Form 5500) 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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CARDINAL SERVICES, INC. 401K PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL SERVICES, INC.		D Employer Identification Number (EIN) 93-0985752
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): EIN(s): 65-0708495		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... 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)..... 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).....	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702352A</u> .	
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SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CARDINAL SERVICES, INC. 401K PLAN	B Three-digit Plan number (PN)..... ▶	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF CARDINAL SERVICES, INC.	D Administrator's EIN 93-0985752	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

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

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

2a Name of Participating Employer A BETTER BAR LLC DBA RYE RESTAURANT	2b EIN 27-1159664	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 9857
2a Name of Participating Employer A QUALITY CONSTRUCTION CO LLC	2b EIN 47-3800272	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 4286

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

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

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

**Schedule MEP (2025)
v. 250312**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED PROPERTY MANAGEMENT	26-1228556	0.18	39798
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLIANCE COUNSELING CENTER	20-4438598	5.08	694044
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTERNATIVE YOUTH ACTIVITIES	93-0735343	0.89	84101
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN PAINTING (THE CONARD COMPANY)	93-1238457	0.00	15905
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANNA MARIE MORAN OD	51-7749100	0.21	20536
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASCENSIONS CHILD DEVELOPMENT PROGRAM, LLC	81-4830786	0.00	1401
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AT YOUR SERVICE CONSTRUCTION, LLC	47-3855232	0.00	296
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTOWERKS EXCLUSIVE LLC	20-8967659	0.00	5360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BASSETT-HYLAND ENERGY COMPANY	93-0764831	5.43	3988955

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACON CHIROPRACTIC	93-1138245	0.01	985
BETTY KWAN CHINN HOMELESS FOUNDATION	46-1413135	0.23	98013
BOOKS BY THE BAY	90-0255639	0.05	9009
BRADFORD PLACE, LLC	91-1863982	0.00	0
BROWN LIVESTOCK LLC	91-1811860	0.00	2232
BULLY GARDEN SUPPLY LLC	45-4954648	0.05	15489
CAFE DEJEUNER	54-4606900	0.00	1193
CANTERBERRY ROOFING LLC	83-1310581	0.19	27302
CARDINAL SERVICES SUSPENSE PLAN	22-5112256	0.00	44791

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARDINAL SERVICES, INC.	93-0985752	10.45	3320641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL OREGON EVALUATION & RELATED COMPANY	27-4043050	0.14	30016
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL WINDOW WASHING & JANITORIAL	93-1299913	0.15	33442
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CFE LLC	26-0711985	0.00	1531
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLIE TREE SERVICE	46-1403406	0.04	1475
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHECKERBERRY'S FLOWERS AND GIFTS	93-1213188	0.17	21769
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEANLINE PAINTING, LLC	83-3869787	0.00	1035
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COASTAL FAMILIES RELIEF NURSERY	88-2689294	0.22	9706
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COBURG ROAD CAR WASH, INC	45-3818437	0.00	15334

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLBEE, LLC	20-0800746	0.00	5911
2a Name of Participating Employer COMBINED COMMUNICATIONS, INC.	93-0993152	3.43	981612
2a Name of Participating Employer COMFORT CONSTRUCTION, LLC	27-2236147	0.00	11107
2a Name of Participating Employer COOPERATIVE MANAGEMENT, INC.	85-1695831	0.64	59628
2a Name of Participating Employer COOS BAY DOWNTOWN ASSOCIATION	93-0824903	0.09	24901
2a Name of Participating Employer COOS BAY PROPERTIES R.E. LLC	46-4650687	1.26	182768
2a Name of Participating Employer COOS BAY/NORTH BEND VISITORS CONVENTION BUREAU	93-1241434	0.58	95746
2a Name of Participating Employer CORELLIAN SOFTWARE, INC	47-1372895	2.84	665832
2a Name of Participating Employer COTTON CLOUD BED AND HOME, LLC	93-3535934	0.13	18183

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DALE C. JOHNSON, LAWYER	93-1239650	0.00	4647
2a Name of Participating Employer DAR USA INC DBA FAMILY MART & PARTICIPATING EMPLOYERS	82-5251150	0.07	10565
2a Name of Participating Employer DARLING'S LAWN SERVICE	27-2660862	0.00	1937
2a Name of Participating Employer DEER HAVEN CONSTRUCTION, INC.	26-4097316	0.02	6599
2a Name of Participating Employer DESCHUTES DENTAL CENTER	93-1199296	0.00	2393
2a Name of Participating Employer DHFITNESS LLC	81-4122147	0.11	16476
2a Name of Participating Employer DIAMOND LAKE MINI STORAGE LLC	26-1636183	0.06	14277
2a Name of Participating Employer DIRTY DOG GROOMING LLC	82-5061876	0.00	12561
2a Name of Participating Employer DMC TILE, LLC	50-2807134	0.00	419

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOG GONE CRAZY, LLC DBA GROOMING AT FIRST, LLC	88-3161993	0.05	5032
DOUBLE R BUILDERS CORPORATION	45-5435212	0.00	5207
DR. MICHELLE K. JACKSON	46-0501145	0.05	5410
DROP BEAR BREWERY LLC	87-1875823	0.03	1538
EAGLE RIDGE CONSTRUCTION, LLC	46-1104699	0.00	18501
EDSTAR, INC. DBA TERRY'S DINER	93-1091974	0.31	49565
EGYPTIAN THEATRE PRESERVATION ASSOCIATION	68-0624507	0.00	1039
ELECTRIC HOSPITAL	93-0799648	0.04	7028
ELITE FORKLIFT SERVICES, LLC	27-1955379	0.01	9940

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERIC M CADWELL DDS PLLC DBA PURECARE DENTAL OF BEND	27-2905707	3.78	1237065
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESTREET OREGON INC DBA SENIOR HELPERS PORTLAND	87-4029827	0.19	31459
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EUGENE PALLET ENTERPRISES, INC	46-3776672	0.38	70315
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FALKEN CONSTRUCTION LLC	47-4992934	0.00	4543
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FEIGE & ASSOCIATES, INC.	46-0484870	0.17	22096
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLOWERLAND NURSERY	47-4417449	0.00	2520
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRED HODECKER INC DBA MID-STATE FERTILIZER	93-0569384	1.12	1520224
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRIENDS OF THE CHILDREN CENTRAL OREGON	82-1749087	1.82	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GARDENCRAFT	14-2486606	0.00	989

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GOLD BEACH WOOD FLOORS & CONSTRUCTION	93-1297644	0.00	381
GOLD COAST SWIM TEAM	42-1641386	0.01	882
GOLDER CO. INC	93-0684930	0.18	27705
GOONEYS SPORTS BAR	93-1168548	0.00	812
GREAT NORTHERN TRAILER WORKS, INC & CO-ADOPTING COMPANIES	30-0299070	0.00	0
GREEK APRON CATERING LLC	81-2908132	0.00	7374
HAGEN CONSTRUCTION LLC	83-2286279	0.03	13807
HALLOWED CONSTRUCTION	81-5155153	0.00	7017
HANS JOHNSON	54-1029628	0.00	4174

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARBOR STORAGE LLC	46-0683029	0.02	1413
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEALTH INSURANCE STRATEGIES LLC	71-1027208	0.20	445209
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HESS VENTURES, LLC	84-4174096	0.02	2825
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHWAY DELI MART	20-2262832	0.04	1589
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HILTON FUEL AND SUPPLY COMPANY & CO-ADOPTING COMPANIES	93-0743417	4.52	485778
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOWARD & MEYERS EUGENE REAL ESTATE IMPROVEMENTS, LLC	82-2673832	0.11	3083
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HWM EQUIPMENT REPAIR	54-3068016	0.10	8216
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILLINOIS VALLEY WATERSHED COUNCIL	26-4448321	0.54	51618
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMMORTAL THREADS, INC ABN FIBERS AND STITCHES	37-1694681	0.01	12225

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMT FINANCIAL SERVICES, INC	47-1064345	0.00	13404
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRAL YOUTH SERVICES	93-0981933	0.05	23096
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J & R CUSTOM CANOPY	93-1294355	0.00	231093
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J.A.C.S TRUCKING	90-0010329	0.19	7287
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAY MORRIS CONSTRUCTION	54-3881375	0.25	28746
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BWR ECO, LLC DBA EXPRESS ECO LAUNDROMAT	47-1995695	0.23	6922
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOSEPH ARPAIA, M.D.	93-1300974	0.00	1081
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOSEPH BROWN WOODWORKING	54-3064595	0.00	1062
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JP COAST INVESTMENTS INC	91-1754527	1.57	238723

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUST BUCKET EXCAVATION, INC.	93-1297540	1.66	245410
KOOS BAY MIXER	43-2107519	0.02	459620
KRONBERG CONSTRUCTION, INC.	91-1849631	0.00	4
KUNERT ELECTRIC, LLC	93-1235309	0.40	29709
L B ENGINEERING	91-1786228	0.25	157807
LATITUDE HEALTHCARE MANAGEMENT DBA ALDERWOOD ASST LIVING	86-2533040	1.25	60653
LD FINANCIAL LLC	52-1760137	0.02	3361
LET'S TALK DIVERSITY COALITION, INC.	81-3530015	0.00	7814
LUMINARE PRESS	45-2450128	0.37	49845

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MARK HANRAHAN CONSTRUCTION	54-4667344	0.00	1551
MARK HOSMER PAINTING	56-1900074	0.00	10542
AMAZING GRACE AFH LLC	87-1220269	0.00	0
MEL'S MARINE SERVICE, INC	93-1163136	0.28	69985
MICHAEL SIMMONS CONSTRUCTION	56-6082376	0.03	5567
MINGUS PARK POOL	93-0729779	0.02	5745
MOE'S SUPER LUBE INC.	93-1170904	0.02	5989
MOLES VETERINARY CLINIC, INC	46-4734934	0.00	281460
MORRELL LOGGING, LLC	20-2231310	1.04	397482

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOUNTAIN VIEW IMPORTS	81-0566196	1.26	230255
MULBERRY COURT LLC	36-7675848	0.13	16318
NANCY DEVEREUX CENTER, INC.	93-0822406	0.00	0
NATHAN PERRY HEATING & AIR CONDITIONING	46-1869165	0.85	108409
NATURAL FELT, INC. & CO-ADOPTING COMPANIES	81-1155022	0.00	10384
NEB, INC	80-0773276	0.20	17858
NEW DIRECTION HOME CARE, LLC	47-1708546	0.20	4402
NORTH BEND LANES	93-0463122	0.87	596037
NORTH BEND SENIOR CENTER	93-0773478	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOSTER KITCHEN, LLC	82-0642155	0.00	1251
OAK HILL MOBILE ESTATES	56-0722471	0.00	0
O'BRIEN CONSTRUCTION & DESIGN, LLC	30-0782419	0.00	6567
OHM EQUITY PARTNERS LLC	56-2561927	0.00	2327
OREGON BAY PROPERTIES, LLC	80-0507637	0.06	3714
OREGON RESOURCES CORPORATION	93-1010006	0.00	15095
OSPREY CAFE	47-1287661	0.00	24639
OUTBACK WILDFIRE, LLC	83-3579958	0.00	1060
PACIFIC TACTICAL, LLC	46-1398922	4.08	230605

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARADISE GOLF LLC DBA SENIOR HELPERS PORTLAND WEST	83-0701706	0.00	7733
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHIL BERNHARDT & SONS GENERAL CONTRACTORS LLC	57-1228652	0.04	9087
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHO THE GOOD TIMES LLC	45-5145902	0.27	28616
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PILGRIM SOULS FOUNDATION	93-2405025	0.05	3108
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLUMMERS PLUMBING	90-0131869	0.00	28173
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROVEND SERVICES LLC	20-2586445	0.00	1641
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R&R ROOFING, LLC	36-4900557	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R3 HOMES, LLC	84-4656631	0.27	42480
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RADIUS DESIGN, LLC	81-0970249	0.00	11664

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RAMSHACK ENTERPRISES, INC	20-3488206	0.00	15560
REACH REDMOND	47-1465358	0.00	26064
RESORT SPAS & BILLIARDS	32-0113508	0.00	0
REYNOLDS CONSULTATION, INC. ABA SENIOR HELPERS OF SALEM	26-3339495	0.10	10763
RICHARD WEAVER CONSTRUCTION	57-4601745	0.00	510
RIVER EDGE CONSTRUCTION & LANDSCAPES LLC	81-4390880	0.00	424
ROGUE ROCK GYM LLC	20-2638117	0.06	13080
ROSEWOOD HOMEOWNERS COOPERATIVE	36-4947669	0.02	4944
ROY A. OTT GENERAL CONTRACTOR	54-5862017	0.01	5762

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUN! DAY CAMP FOR DOGS, LLC	87-0812765	0.35	88485
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
S & L ENTERPRISES DBA CHUBB'S AND RELATED COMPANIES	27-1244674	0.00	5651
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAFE SHELTER FOR SIUSLAW STUDENTS	83-3675582	0.21	10668
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCOTT'S FAST MARKET INC. & RELATED COMPANY	38-3675578	0.36	55868
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEAFOOD ENTERPRISES LLC	27-1438667	0.05	1617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEBASTIAN ELRITE DBA AQUA-RODEO FARMS	68-0441412	0.04	1320
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHERI MCGRATH INC.	47-1655047	0.00	1024
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIGNATURE IMPORTS INC	93-1047985	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SINGLE TREE ELECTRIC & CONSULTANTS, LLC	93-1221730	0.18	44687

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIUSLAW WATERSHED COUNCIL	93-1234456	0.82	122838
SKOGMAN FLOORING	83-3944168	0.00	0
SKYLIGHT HOMEBUILDERS INC.	47-2071785	0.00	28582
SOLO CAFE	55-3592317	0.04	7968
SOUTH COAST CONSTRUCTION	93-1151926	1.07	47733
SOUTH COAST FAMILY HARBOR	46-3458457	0.00	1053
SOUTHERN OREGON FINE MEATS	83-2864288	0.12	18888
SOUTHWEST REHABILITATION	93-1269641	0.28	47423
SOUTHWESTERN OREGON WORKFORCE INVESTMENT BOARD	47-3873798	1.31	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPORKS A LA CART, LLC	46-2453749	0.00	816
STORAGE 2U, LLC	81-4438262	6.86	1058736
SUNSET BAY GOLF COURSE	93-0831903	0.03	3092
SWEET CREEK, INC	20-4103952	0.00	1539
TENNEY GROUP LLC DBA BAYSHORE AUTO REPAIR	99-1861015	0.16	41989
THE BIGFOOT TAPROOM	83-4220373	0.00	0
THE BUTCHER SHOP, INC.	90-0226540	0.01	8352
THE DENOVO INITIATIVE	87-3930773	9.27	1042749
ANNIE'S BAKERY, LLC	88-2816629	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE STEEL OUTLET, INC. & CO-ADOPTING COMPANIES	36-4704195	0.18	44093
THE VAULT TAPHOUSE	46-3752939	0.00	12247
THREE SISTERS LANDSCAPING	54-1860981	0.15	30693
TNT MARKET	93-0918469	0.00	173944
TRAVEL SOUTHERN OREGON COAST	82-1190062	0.67	132706
TRIUNE IN-HOME CARE, LLC & CO-ADOPTING COMPANIES	82-1146183	3.64	719829
TROPICAL BEACH TANNING AND WELLNESS, LLC	81-3193603	0.01	874
UMPQUA LANDSCAPE MAINTENANCE LLC	27-3382617	0.00	176
UNCLE JIM'S ALA CART	93-0911731	0.00	1881

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VELOCITY PROPERTY MANAGEMENT	46-1545015	0.21	12524
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN WATER DEVELOPMENT CORP.	93-1080296	0.00	2331
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APRIL'S SPOTLESS CLEANING, LLC	83-1997699	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHEEL FUN RENTALS	55-0827739	0.63	64773
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHIT INDUSTRIES	52-8592728	0.08	9741
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE CLOUD ENTERPRISES	54-3219935	0.07	15004
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINGSPREAD MOBILE HOME PARK	68-0447175	0.01	328
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H&N PETROLEUM LLC	56-2615778	0.49	127797
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARVEST VALLEY ELECTRIC, LLC	92-3791562	1.91	91773

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOLLIE LAW, PC	81-5338595	0.96	55757
KSI AGENCY INC. DBA FARMERS INSURANCE	47-4956482	0.08	4214
LARA REAR PROPERTY MANAGEMENT, LLC DBA WEBFOOT RENTALS	26-2294181	0.01	642
MAKAI PAINTING & RESIDENTIAL/GRAND MANAGEMENT SERVICES	27-4417934	0.19	7484
OREGON WEST ENTERPRISES, LLC	26-0457003	2.34	166209
PIONEER SERVICES, LLC DBA THE GREAT OUTDOOR GRILL	99-3079551	0.00	10372
PROGRESS ESTATES, LLC	93-0996405	0.06	2067
R & D, INC DBA MAIN ST MARKET 5	37-1796931	0.00	2239
ARMADILLO ROOFING, INC	93-1241105	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASCEND WEALTH PARTNERS, LLC	99-4089391	1.85	86841
BELISLE'S DENTURES BY DESIGN	54-4153812	0.00	0
BEND BURGER COMPANY	26-3017610	0.00	0
BEYOND THE FOREST, LLC	84-3542134	0.00	0
BLOOM SUPPLY CO DBA PERRY'S SUPPLY	33-2278031	1.78	314896
CABINETS, FLOORS & MORE	20-5797296	0.00	0
CARDINAL SERVICES, INC. PLAN EXPENSE REIMBURSEMENT ACCOUNT	93-0981111	0.00	33480
COMPASS OUTREACH, INC	93-0822406	0.15	30525
DUKES MOBILE HOME COMMUNITY LLC	45-4328765	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GHOST TRACK CONSTRUCTION LLC	47-4384650	0.00	0
JENFAB, LLC	80-0147785	0.00	0
JERRY L TABOR BUILDING INC	93-0747928	0.07	2163
JOHN SHEPHERD CONSTRUCTION	93-0674704	0.00	0
MELISSA D ORCHARD DBA MELISSA'S ADULT FOSTER CARE HOME	54-9617938	0.00	0
MOE'S BIKE SHOP	54-3667318	0.01	207
MOUNTAIN VIEW AUTO GLASS	47-3203342	0.00	0
PEERLESS CONSTRUCTION SOLUTIONS, LLC	84-2592571	0.57	16724
PETERS CRANBERRIES INC	26-2655275	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUARISA AND SONS CONSTRUCTION LLC	82-1236029	0.00	0
ROSENQUIST CUSTOM DESIGN	48-4580962	0.00	0
SERICKO RESOURCES, LLC	93-1255712	0.00	0
SHORELINE COMMUNITY CHURCH	20-5839536	0.00	0
SIUSLAW VISION	85-3294887	0.00	0
THE PEREGRINE GROUP INC	98-0584778	0.00	0
TONYAAARON, LLC DBA HOT SHOTS COFFEE	93-3740265	0.02	354
WEST COAST CONSTRUCTION & REMODEL	60-5225535	0.06	2006

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

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

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

Financial Statements

December 31, 2025 and 2024

Cardinal Services, Inc. 401(k) Plan

Cardinal Services, Inc. 401(k) Plan

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December 31, 2025 and 2024

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Independent Auditor's Report

The Board of Trustees
Cardinal Services, Inc. 401(k) Plan
Coos Bay, Oregon

Opinion

We have audited the financial statements of Cardinal Services, Inc. 401(k) 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Cardinal Services, Inc. 401(k) Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cardinal Services, Inc. 401(k) 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.

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.

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 Cardinal Services, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cardinal Services, Inc. 401(k) 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 Cardinal Services, Inc. 401(k) 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.

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 schedule H, line 4i-schedule of assets held at end of year and schedule H, line 4a-schedule of delinquent participant contributions as of or for the year ended December 31, 2025, 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 (DOL) 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 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 GAAS.

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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Eide Bailly LLP

Tustin, California
September 15, 2026

Cardinal Services, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	\$ 23,321,108	\$ 19,693,510
Notes receivable from participants	341,822	281,425
Contributions receivable		
Employer	163,902	160,706
Participant	132,854	132,558
Other receivables	<u>3,243</u>	<u>3,150</u>
Net Assets Available for Benefits	<u><u>\$ 23,962,929</u></u>	<u><u>\$ 20,271,349</u></u>

Cardinal Services, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions	
Investment Income	
Dividends	\$ 712,275
Net appreciation in fair value of investments	2,643,977
	<u>3,356,252</u>
Interest income on notes receivable from participants	<u>25,700</u>
Contributions	
Employer	838,349
Participant	2,048,221
Rollovers	36,201
	<u>6,304,723</u>
Total additions	
	<u>6,304,723</u>
Deductions	
Benefits paid to participants	1,688,227
Administrative expenses	206,641
	<u>1,894,868</u>
Total deductions	
	<u>1,894,868</u>
Net Increase	4,409,855
Transfer of Assets out of the Plan	(718,275)
Net Assets Available for Benefits	
Beginning of year	<u>20,271,349</u>
End of year	<u><u>\$ 23,962,929</u></u>

Note 1 - Description of Plan

The following brief description of the Cardinal Services, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Cardinal Services, Inc. is a Professional Employer Organization (PEO/Sponsor). The PEO provides a multiple-employer defined contribution plan for all of the participating employers utilizing its services. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for oversight of the Plan.

The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility

Participating employers under the PEO have the option to adopt the following eligibility requirements: Active employees with no age requirement up to 21 years of age, and from immediately eligible up to 12 months of service and 1,000 hours. Employees covered by a collective bargaining agreement and non-resident aliens are excluded from participating in the Plan.

Entry Date

Participating employers under the PEO have the option to adopt an entry date for employee participation of immediately, monthly, or quarterly after satisfying the Plan's eligibility requirements.

Contributions

Each year, the participants may contribute up to 98% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover).

The adoption agreement allows participating employers the following contribution types:

Elective Deferrals Only

There are no employer contributions. The plan allows pre-tax and Roth 401(k) contributions.

Discretionary Matching Contributions

The matching contribution is equal to a pre-determined percentage of the participant's elective deferral up to a pre-determined percentage of the participant's compensation during each pay period. The match can be funded each payroll or annually. Employers can also select a maximum amount of contributions to be funded each year.

Non-Elective Profit-Sharing Contribution

Discretionary profit-sharing is determined by the board of directors each year. Employees are required to be employed on the last day of the year.

Safe Harbor Match Elections

The employer is required to contribute to each active participant in an amount equal to 100% of the participant's elective deferrals which range from 1% to 6% of the participant's compensation for each payroll period.

Safe Harbor Non-Elective Contribution

The employer is required to contribute to each active participant in an amount equal to 3% of the participant's compensation for the plan year.

During the year ended December 31, 2025, employer matching contributions were \$545,802 and profit-sharing contributions were \$292,547.

The Plan includes an auto-enrollment provision whereby certain participating employers allow for all newly eligible employees to be automatically enrolled in the Plan. Automatically enrolled participants have their deferral rate set at 1% of eligible compensation and their contributions invested in the applicable Vanguard Target Retirement Fund until changed by the participant. In addition, the Plan includes an option for an auto-escalation feature, participating employers can select deferral rate increases from 1% on the first day of each Plan year up to a maximum of 10% of eligible compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and employer's contributions, as well as allocations of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's compensation, account balances or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment to the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

Vesting

Participants are vested immediately in their contributions, safe harbor matching, and safe harbor non-elective employer contributions, plus actual earnings thereon. Vesting in the employer's discretionary matching contribution and non-elective profit-sharing contributions plus actual earnings thereon, is based on years of continuous service. Participating employers can select either a three year cliff or six year graded vesting schedule.

Forfeitures

At December 31, 2025 and 2024, forfeited non-vested accounts totaled \$40,059 and \$5,290, respectively. These accounts will be used to reduce future employer contributions or offset plan expenses. During the year ended December 31, 2025, employer contributions were reduced by \$8,577 from forfeited non-vested 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 account balance. The notes are secured by the balance in the participant's account. The interest rates, determined quarterly by the Plan administrator, are commensurate with local prevailing rates. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, unless the proceeds of the note were used to acquire the participant's residence, in which case the note terms can range up to 15 years. A participant may have no more than two outstanding notes at any one time.

Payment of Benefits

Participants may elect to receive a lump-sum amount equal to the value of their vested interest as defined in the Plan document upon retirement, termination of service, death or disability. A terminated participant with a balance of less than \$1,000 may be automatically paid out by the Plan upon termination. Any terminated participants with a balance between \$1,000 and \$5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. Distributions may be made at the participant's election prior to termination upon attainment of age 59 ½ or hardship as defined in the Plan document.

Plan Termination

Although they have not expressed any intent to do so, the Sponsor or Participating Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth in the ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 2 - 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 the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date 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 those held during the year.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Contributions

Participant contributions and the related employer matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

The Plan's expenses are paid by either the Plan or the Sponsor and/or Participating Employer, as provided by the Plan document. Expenses that are paid directly by the Sponsor and/or Participating Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan Sponsor has evaluated subsequent events through September 15, 2026, the date which the financial statements were available to be issued.

Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended 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.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2025 and 2024:

		2025			
		Level 1	Level 2	Level 3	Total
Mutual funds		\$ 23,321,108	\$ -	\$ -	\$ 23,321,108
Investments at fair value		<u>\$ 23,321,108</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,321,108</u>
		2024			
		Level 1	Level 2	Level 3	Total
Mutual funds		\$ 19,693,510	\$ -	\$ -	\$ 19,693,510
Investments at fair value		<u>\$ 19,693,510</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 19,693,510</u>

Note 4 - Tax Status

The Plan uses a pre-approved plan document sponsored by Slavic Integrated Administration Inc, DBA Slavic, which received an opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5 - Related Party and Party-in-Interest Transactions

Certain Plan investments consist of mutual funds as managed by Fidelity Investments, the custodian as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

The PEO provides certain administrative services to the participating employers pursuant to a service agreement between the Plan and the employers. The PEO receives income for its services. During the year ended December 31, 2025, the Plan paid the PEO \$1,643. This transaction is an exempt party-in-interest transaction under ERISA.

Note 6 - Risks and Uncertainties

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

Note 7 - Delinquent Participant Contributions

In 2024, there were delays by the PEO in submitting employee contributions to the custodian in the aggregate amount of \$9,207. In 2025, the PEO corrected the remaining lost earnings for the \$9,179 of late contributions.

Note 8 - Transfer of Assets

As a participating employer joins the PEO, the plan assets from the participating employer's previous plan may be transferred into the Plan. For the year ended December 31, 2025, there were no transfers into the Plan from participating employers. In addition, as participating employers leave the PEO, plan assets are transferred out of the Plan to a new plan provided by the exiting employer. For the year ended December 31, 2025, \$718,275 was transferred out of the Plan for exiting participating employers.

Note 9 - Plan Amendments

The Plan has operationally adopted all mandatory provisions to comply with recent legislative and regulatory changes in connection with the Setting Every Community Up for Retirement Enhancement Act (SECURE Act 2.0) and plans to formally amend the Plan documents

Supplementary Information
December 31, 2025

Cardinal Services, Inc. 401(k) Plan

Cardinal Services, Inc. 401(k) Plan
Schedule H, Line 4i – Schedule of Assets Held at the End of Year
December 31, 2025
Plan: 001

EIN: 93-0985752

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	VANGUARD TARGET RETIREMENT 2025	Mutual Funds	N/A	\$ 3,379,660
	VANGUARD TOTAL STOCK MARKET INDEX ADMIRA	Mutual Funds	N/A	3,024,277
	VANGUARD 500 INDEX ADMIRAL	Mutual Funds	N/A	2,239,920
	VANGUARD TARGET RETIREMENT 2035	Mutual Funds	N/A	1,975,104
	VANGUARD TARGET RETIREMENT 2045	Mutual Funds	N/A	1,864,740
	VANGUARD TARGET RETIREMENT 2050	Mutual Funds	N/A	1,158,936
	VANGUARD INTERMEDIATE-TERM BOND INDEX AD	Mutual Funds	N/A	972,053
	VANGUARD TARGET RETIREMENT 2030	Mutual Funds	N/A	824,040
	ISHARES MSCI EAFE INTERNATIONAL INDEX K	Mutual Funds	N/A	820,288
	VANGUARD FEDERAL MONEY MARKET	Mutual Funds	N/A	747,553
	VANGUARD INFORMATION TECHNOLOGY INDEX AD	Mutual Funds	N/A	610,473
*	FIDELITY US BOND INDEX	Mutual Funds	N/A	592,913
	VANGUARD TARGET RETIREMENT 2040	Mutual Funds	N/A	582,768
	VANGUARD TARGET RETIREMENT 2060	Mutual Funds	N/A	551,960
	VANGUARD TARGET RETIREMENT 2055	Mutual Funds	N/A	459,866
	VANGUARD CONSUMER STAPLES INDEX	Mutual Funds	N/A	355,920
	AMERICAN FUNDS NEW PERSPECTIVE R6	Mutual Funds	N/A	348,379
	VANGUARD MID CAP VALUE INDEX ADMIRAL	Mutual Funds	N/A	320,708
	JPMORGAN LARGE CAP GROWTH II I1	Mutual Funds	N/A	319,422
	VANGUARD SMALL CAP GROWTH INDEX ADM	Mutual Funds	N/A	286,747
	VANGUARD TARGET RETIREMENT 2020	Mutual Funds	N/A	206,303
	VANGUARD TARGET RETIREMENT 2065 INV	Mutual Funds	N/A	163,380
	INVESCO OPPENHEIMER GOLD & SPECIAL MINER	Mutual Funds	N/A	161,501
	VANGUARD SMALL CAP INDEX ADMIRAL	Mutual Funds	N/A	145,548
	VANGUARD MID CAP INDEX ADMIRAL	Mutual Funds	N/A	126,973
	JPMORGAN CORE PLUS BOND FUND R6	Mutual Funds	N/A	126,888
	VANGUARD GLOBAL CAPITAL CYCLES FUND INVESTOI	Mutual Funds	N/A	126,243
	VANGUARD SHORT-TERM BOND INDEX ADMIRAL	Mutual Funds	N/A	122,934
	VANGUARD INFLATION PROTECTED SECURITIES	Mutual Funds	N/A	103,835
	VANGUARD UTILITIES INDEX ADMIRAL	Mutual Funds	N/A	97,884
	AMERICAN FUNDS EUROPACIFC R6	Mutual Funds	N/A	85,393
	VANGUARD SHORT-TERM FEDERAL ADMIRAL	Mutual Funds	N/A	63,458
	VANGUARD VALUE INDEX ADMIRAL	Mutual Funds	N/A	60,449
	PRINCIPAL INVESTORS HIGH YIELD II	Mutual Funds	N/A	58,864
	VANGUARD MID CAP GROWTH INDEX ADMIRAL	Mutual Funds	N/A	55,832
	DFA REAL ESTATE SECURITIES	Mutual Funds	N/A	35,428
	VANGUARD TARGET RETIREMENT INCOME	Mutual Funds	N/A	31,587
	VANGUARD ENERGY INDEX ADMIRAL	Mutual Funds	N/A	30,903
	DFA EMERGING MARKETS CORE EQUITY	Mutual Funds	N/A	23,574
	VANGUARD SMALL CAP VALUE INDEX ADM	Mutual Funds	N/A	21,390
	VANGUARD TARGET RETIREMENT 2070	Mutual Funds	N/A	19,881
	VANGUARD SHORT-TERM INF PROT INDEX ADMIR	Mutual Funds	N/A	17,133
				<u>23,321,108</u>
*	Notes receivable from participants	Maturing 2026 - 2030 at interest rates of 3.0% - 9.5%		<u>341,822</u>
	Total			<u>\$ 23,662,930</u>

* A party in-interest as defined by ERISA

N/A - Not applicable for a participant-directed plan.

Cardinal Services, Inc. 401(k) Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
December 31, 2025
Plan: 001

EIN: 93-0985752

Total that Constitute Nonexempt Prohibited Transactions				
Late Participant Loan Repayments are Included (Yes/No)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Participant contributions and loan payments	Yes	\$ -	\$ 9,179 *	\$ -

*Amount represents late contributions from the 2024 Plan year. The contributions were remitted during 2024, and the related lost earnings were fully corrected during the 2025 Plan year.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

CARDINAL SERVICES, INC. 401K PLAN

PLAN # 001

EIN # 93-0985752

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		820,288
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		23,573
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		35,428
	Fidelity	FXNAX - Fidelity US Bond Index Fund		592,912
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		126,888
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		161,501
	Principal	PHYTX - Principal Investors High Yield II		58,864
	JPMorgan	QJUHQ - JPMorgan Large Cap Growth II		319,422
	American Funds	REGX - American Funds EuroPacific Growth Fund Class R6		85,393
	American Funds	RNPGX - American Funds New Perspective R6		348,379
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		103,835
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		972,054
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		122,934
	Vanguard	VCSAX - Vanguard Consumer Staples Index		355,920
	Vanguard	VENAX - Vanguard Energy Index Admiral		30,902
	Vanguard	VFFVX - Vanguard Target Retirement 2055		459,866
	Vanguard	VFIAX - Vanguard 500 Index Admiral		2,239,920
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,158,935
	Vanguard	VFORX - Vanguard Target Retirement 2040		582,769
	Vanguard	VGPMX - Vanguard Global Capital Cycles Fund Inv		126,243
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		126,973
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		610,473
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		163,380
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		747,554
	Vanguard	VMGMX - Vanguard Mid-Cap Growth Index Fund Admiral Shares		55,832
	Vanguard	VMRXX - Vanguard Cash Reserves Federal Adm		0
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		320,708
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		286,746
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		63,458
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		21,389
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		145,548
	Vanguard	VSVNX - Vanguard Target Retirement 2070		19,881
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		17,133
	Vanguard	VTHRX - Vanguard Target Retirement 2030		824,040
	Vanguard	VTINX - Vanguard Target Retirement Income		31,586
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,864,740
	Vanguard	VTSA - Vanguard Total Stock Market Index Fund Admiral Shares		3,024,278
	Vanguard	VTTHX - Vanguard Target Retirement 2035		1,975,104
	Vanguard	VTTSX - Vanguard Target Retirement 2060		551,960
	Vanguard	VTTVX - Vanguard Target Retirement 2025		3,379,661
	Vanguard	VTWVX - Vanguard Target Retirement 2020		206,303
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		97,884
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		60,450
	Participant Loans	3.00% - 9.50%		341,822

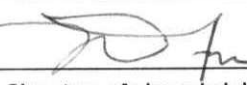
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 01/01/2025 and ending 12/31/2025
A This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information	
1a Name of plan CARDINAL SERVICES, INC. 401K PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1997
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) CARDINAL SERVICES, INC. 170 S 2nd St #200 COOS BAY OR 97420	2b Employer Identification Number (EIN) 93-0985752
	2c Plan Sponsor's telephone number (541) 888-9799
	2d Business code (see instructions) 561300

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		9/24/26	Michael Freeman
	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

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

Form 5500 (2025)
v. 250312

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 1,719
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) 1,159 6a(2) 1,136 6b 0 6c 562 6d 1,698 6e 0 6f 1,698 6g(1) 1,010 6g(2) 1,077 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

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 _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)