

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 <u>THE CHILD CENTER 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>08/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>08/01/1988</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MENTAL HEALTH FOR CHILDREN, INC.</u> <u>THE CHILD CENTER, INC.</u> <u>3995 MARCOLA ROAD</u> <u>SPRINGFIELD, OR 97477</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-7169042</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>541-726-1465</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621340</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-7169042</u>	2c Plan Sponsor's telephone number <u>541-726-1465</u>	2d Business code (see instructions) <u>621340</u>	
2b Employer Identification Number (EIN) <u>23-7169042</u>					
2c Plan Sponsor's telephone number <u>541-726-1465</u>					
2d Business code (see instructions) <u>621340</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	MEGHAN MELTON
	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 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	290
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.....		6a(1)	118
a(2) Total number of active participants at the end of the plan year		6a(2)	106
b Retired or separated participants receiving benefits.....		6b	11
c Other retired or separated participants entitled to future benefits		6c	171
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	288
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	288
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	258
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (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	
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE CHILD CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MENTAL HEALTH FOR CHILDREN, INC.	D Employer Identification Number (EIN) 23-7169042

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	0000T09470	10	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ANNE PACHECO
1369 MARTINGALE ST
EUGENE, OR 97401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CASCADE PACIFIC INS SVC
6446 FAIRWAY AVE SE STE 110
EUGENE, OR 97306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

THE ANNUITY SOURCE INC

11400 SE 8TH STE 430
BELLEVUE, WA 98004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

HANSEN, KENT O

390 HIGH STREET
EUGENE, OR 97401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

LEO JOHN KOWALSKI III

6446 FAIRWAY AVE STE #110
SALEM, OR 97306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

LENZ FINANCIAL GROUP

5550 SW MACADAM AVE STE 120
PORTLAND, OR 97239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

DOLECHEK, ROBERT JOSEPH

928 SHAUGHNESSY LN
EUGENE, OR 97401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE CHILD CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MENTAL HEALTH FOR CHILDREN, INC.	D Employer Identification Number (EIN) 23-7169042

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	0000T0947A	121	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 367	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DOLECHEK, ROBERT JOSEPH 928 SHAUGHNESSY LN
EUGENE, OR 97401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
367	0	SERVICE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PACHECO ANNE C 1369 MARTINGALE ST
EUGENE, OH 97401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

KOWALSKI, LEO J IV JUNIOR

PO BOX 2285
SALEM, OR 97308

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

THE ANNUITY SOURCE INC

11400 SE 8TH ST STE 430
BELLEVUE, WA 98004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

CASCADE PACIFIC INS SVC

6446 FAIRWAY AVE SE STE 110
SALEM, OR 97306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

LENZ FINANCIAL GROUP

5550 SW MACADAM AVE STE 120
PORTLAND, OR 97239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

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

KOWALSKI, LEO JOHN III

6446 FAIRWAY AVE SE #110
SALEM, OR 97306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	SERVICE	3

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	12242
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE CHILD CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MENTAL HEALTH FOR CHILDREN, INC.	D Employer Identification Number (EIN) 23-7169042

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	0000CHIL00OR00R	18	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 984	(b) Total amount of fees paid 0
---	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL (FORMALLY W&R) 1055 LPL WAY
PO BOX 29217
FORT MILL, SC 29715-9217

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
984	0	SERVICE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	25474
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	349508
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	10248
	(3) Interest credited during the year.....	7c(3)	11841
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	22089
d	Total of balance and additions (add lines 7b and 7c(6))	7d	371597
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	9
	(3) Transferred to separate account.....	7e(3)	2638
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	2647
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	368950

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE CHILD CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MENTAL HEALTH FOR CHILDREN, INC.	D Employer Identification Number (EIN) 23-7169042	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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 22 37 38 50	RECORDKEEPER	12395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WADDELL & REED, INC.

6300 LAMAR AVE
PO BOX 29217
SHAWNEE MISSION, KS 66201-9217

43-1235675

(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?
26	INVESTMENT ADVISOR	11812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL LLC-RPCP

RPCP COMPENSATION PROCESSING
PO BOX 502533
SAN DIEGO, CA 92150-2533

95-2834236

(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	INVESTMENT ADVISORY	5504	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)

O'CONNELL PENSION CONSULTING, INC.

1075 WASHINGTON STREET
SUITE 200
EUGENE, OK 97401

41-2064284

(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?
13	THIRD PARTY ADMIN	4636	Yes ☒ No ☐	Yes ☒ No ☐	11	Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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 22 37 38 50	RECORDKEEPER	262	Yes ☒ No ☐	Yes ☒ No ☐	1338	Yes ☒ No ☐

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

IRON-CO-FID-COMPREHENSIVE

630 DUNDEE RD STE 200
NORTHBROOK, IL 60062

26-2409128

(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	INVESTMENT ADVISORY	1313	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE CHILD CENTER 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MENTAL HEALTH FOR CHILDREN, INC.	D Employer Identification Number (EIN) 23-7169042	

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)	20783	41136
(2) Participant contributions.....	1b(2)	8098	19791
(3) Other	1b(3)	0	2873
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)	31432	84319
(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)	729649	718672
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3491723	4261026
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4281685 5127817
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4281685 5127817

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	265591
	(B) Participants	2a(1)(B)	130323
	(C) Others (including rollovers).....	2a(1)(C)	72566
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	468480
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)	2415
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2415
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	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)		569985
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1040880
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	194411	
(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)		194411
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	337	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		337
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		194748
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		846132
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: KERNUTT STOKES LLP

(2) EIN: 93-0396435

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a	X		10183

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>THE CHILD CENTER 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MENTAL HEALTH FOR CHILDREN, INC.</u>	D Employer Identification Number (EIN) <u>23-7169042</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>31-4156830</u> <u>93-0242990</u> 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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



**THE CHILD CENTER
403(b) PLAN**

Independent Auditors' Report
Financial Statements and
Supplemental Schedules
Years Ended December 31, 2021 and 2020

KERNUTTSTOKES

THE CHILD CENTER 403(b) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
The Child Center 403(b) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of The Child Center 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section-

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibility of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matters - 2021 Supplemental Schedules Required by ERISA

The 2021 supplemental schedules, as described in the table of contents, are presented for purposes of additional analysis and is not a required part of the 2021 financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matters - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in dark ink, appearing to read "Kenneth Stokes". The signature is fluid and cursive, with the first name "Kenneth" and last name "Stokes" clearly distinguishable.

Eugene, Oregon
October 13, 2022

THE CHILD CENTER 403(b) PLAN
Employer Identification Number: 23-7169042
Plan Number: 002
Statements of Net Assets Available for Benefits

	December 31	
	2021	2020
ASSETS		
INVESTMENTS, at fair value:		
Registered investment companies	\$ 2,856,358	\$ 2,314,995
Variable annuity contracts	1,044,978	839,262
Total	3,901,336	3,154,257
INVESTMENTS, at contract value:		
Fixed annuity contracts	1,089,249	1,080,735
Total investments	4,990,585	4,234,992
RECEIVABLES:		
Participant notes	76,307	17,810
Participant contributions	19,792	8,098
Employer contributions	41,136	20,783
Total receivables	137,235	46,691
NET ASSETS AVAILABLE FOR BENEFITS	\$ 5,127,820	\$ 4,281,683

See accompanying notes and independent auditors' report.

THE CHILD CENTER 403(b) PLAN**Employer Identification Number: 23-7169042****Plan Number: 002****Statements of Changes in Net Assets Available for Benefits**

	Year Ended December 31	
	2021	2020
INVESTMENT INCOME:		
Net appreciation in fair value of investments	\$ 574,313	\$ 426,059
Interest on fixed annuity contracts	31,594	31,162
Total investment income	605,907	457,221
Investment expenses	(18,629)	(13,488)
Net investment income	587,278	443,733
OTHER INCOME:		
Interest on participant notes receivable	2,415	1,645
CONTRIBUTIONS:		
Participant	130,324	116,695
Employer	265,591	235,397
Rollover	72,567	11,038
Total contributions	468,482	363,130
EXPENSES:		
Benefits paid to participants	(194,412)	(276,318)
Administrative expenses	(17,626)	(13,374)
Total expenses	(212,038)	(289,692)
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	846,137	518,816
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	4,281,683	3,762,867
End of year	\$ 5,127,820	\$ 4,281,683

See accompanying notes and independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

1. Description of the Plan

The following description of The Child Center 403(b) Plan (the Plan) provides only general information. Reference should be made to the underlying plan document for a more complete description of the Plan's provisions.

General. Established by Mental Health for Children, Inc. dba The Child Center (the Organization) on August 1, 1988, the Plan is a 403(b) defined contribution plan formed for the benefit of all eligible employees of the adopting employer. Under the Plan's provisions, employees are able to make tax deferred contributions to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Generally, all employees of the Organization, except part-time employees who normally work less than 20 hours per week and substitute employees, are eligible to participate in the Plan.

Contributions. Eligible employees may make elective deferral contributions to the Plan. Participant elective deferral contributions represent amounts by which an eligible employee has elected a reduction in taxable compensation in consideration of the Organization contributing such amounts to the Plan. Such elective deferral contributions are excluded from the participant's taxable income until received as a distribution from the Plan. Total participant contributions are limited by various Internal Revenue Code (IRC) provisions. Participants over 50 years of age may make additional annual "catch-up" contributions as allowed by the IRC. Special Code Section 403(b) catch-up provisions are permitted as well, if a participant has 15 years of service. The Plan also provides that refunds may be made to certain participants in order to comply with those statutory limits.

A participant may commence deferrals beginning the first day of employment following the completion of a valid deferral election form. After initial participation, a participant may commence, recommence, or change the amount of the deferral at any time. Such change will be effective on the first day of the next payroll period. A participant can also elect to cease the deferral at any time.

The Plan provides for discretionary nonelective contributions which are made in accordance with the collective bargaining agreement. Whether or not the nonelective contributions will be made and the amount of the nonelective contributions will be determined by the plan administrator each year in their sole discretion. A participant is eligible to receive nonelective contributions on the first day of the calendar month after a participant has completed 1,000 hours of service in a 12-month period.

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

1. Description of the Plan (Continued)

The nonelective contribution ranges between five and ten percent of an eligible participant's compensation based upon his or her length of service in accordance with the collective bargaining agreement as follows:

- 1-3 years 5% of the salary paid to the participant by the employer
- 3-4 years 6% of the salary paid to the participant by the employer
- 4-5 years 7% of the salary paid to the participant by the employer
- 5-6 years 8% of the salary paid to the participant by the employer
- 6-7 years 9% of the salary paid to the participant by the employer
- 7+ years 10% of the salary paid to the participant by the employer

For the years ended December 31, 2021 and 2020, the Organization made nonelective contributions of \$265,591 and \$235,397, respectively.

Participant Accounts. Individual accounts are maintained for each plan participant to reflect the participant's deferral, rollover, and employer contributions. These individual accounts are self-directed by the participants, allowing the participants to choose the investment combination they wish from numerous available funds or annuity contracts. Income and loss are allocated to the participants' accounts based on the investment performance of the investments the participant has chosen. The benefit to which a participant or beneficiary is entitled is the benefit that can be provided from the participant's account.

Investment Options. In prior years, the Organization had selected Nationwide Life and Annuity Insurance Company (Nationwide Annuity) and The Standard Insurance Company (Standard) to provide the investment options available under the Plan. Nationwide Annuity provided fixed and variable annuity contracts while Standard only provided fixed annuity contracts. The variable contracts contained various investment options from which the participants were able to choose. Each participant instructed the Organization as to whether they wanted their contributions invested with Nationwide Annuity or Standard. If a participant selected Nationwide Annuity, the participant further instructed Nationwide Annuity as to which investment options available under the annuity contract their contributions were to be invested in.

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

1. Description of the Plan (Continued)

Currently, the Organization has selected a custodial account investment option through Nationwide Financial Services, Inc. (Nationwide Custodial). Under this option, a participant is able to select investments from a menu of registered investment companies made available by Nationwide Custodial. Concurrent with the addition of the Nationwide Custodial account option, participants are no longer able to invest in new annuity contracts with Nationwide Annuity or Standard. Any participant with a previous annuity contract with Nationwide Annuity or Standard is still able to direct contributions to those contracts. All other contributions are directed to the new Nationwide Custodial account option. The Plan maintains no investments which are not directed by plan participants.

Participant Notes Receivable. Participants using the Nationwide Custodial registered investment company platform may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 (reduced by the highest outstanding note receivable balance incurred by the participant during the 12-month period ending on the date on which the note was made) or 50% of their account balance. Notes receivable terms are up to five years or such longer period as the plan administrator deems appropriate in the case of a note used for the purchase of a primary residence. No participant may have more than one note concurrently. These note transactions are treated as a transfer between the investment fund and the participant note fund and are reflected as participant notes receivable on the statements of net assets available for benefits. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. The interest rates on Nationwide Custodial loans outstanding range from 3.93% to 7.50% at December 31, 2021.

Participants with annuity contracts may borrow from Nationwide Annuity or Standard, subject to the same loan limits applicable to the Nationwide Custodial loans. These loans and repayments are made outside of the Plan, between the participant and Nationwide Annuity or Standard, and are not reflected in the Plan's financial statements. These loans use the participant's plan account balance as collateral. Amounts used as collateral for the participant notes receivable are invested in the fixed annuity investment option. The collateral must be equal to or exceed 100% of the note receivable. The notes bear interest at a rate as determined in the controlling contract. The fixed annuity investment option included \$10,886 and \$13,621 held as collateral for participant notes receivable at December 31, 2021 and 2020, respectively.

Vesting. Participants are always fully vested in their accounts.

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

1. Description of the Plan (Continued)

Payment of Benefits. On termination of service, a participant or beneficiary will receive an amount equal to the value of the participant's balance in their annuity contracts and custodial account as elected by the participant or beneficiary, in accordance with the Plan's payment provisions. The Plan allows in-service distributions after attaining age 59½. The Plan also allows for certain in-service distributions if a participant suffers a hardship, as defined by the Plan.

Plan Expenses. The Plan pays recordkeeping and third-party administration fees which are reflected as administrative expenses on the statements of changes in net assets available for benefits. The Plan also pays for the services of an investment advisor which are reflected as investment expenses in the financial statements. The individual investment funds also pay fund management fees which are paid out of investment returns and reflected as a reduction in the net appreciation or depreciation in the fair value of investments. Participants have access to fund information which details these expenses. The plan sponsor pays all other fees, including audit fees, on behalf of the Plan.

2. Summary of Significant Accounting Policies

Basis of Reporting. The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts in the statements of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation. Amounts in the fixed annuity contracts are stated at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Amounts in variable annuity contracts and registered investment companies are stated at fair value. GAAP defines fair value as 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 and establishes a framework for measuring fair value. GAAP also allows for a practical expedient whereby the net asset value (NAV) of investment units owned by the Plan, which meet certain conditions, is used as a substitute for fair value.

The fair value framework requires the categorization of assets and liabilities into three levels based upon the ability to observe the inputs used to value the assets and liabilities. The 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. Level One provides the most reliable and observable measure of fair value, whereas Level Three generally requires significant judgment.

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

2. Summary of Significant Accounting Policies (Continued)

The three levels of the fair value hierarchy are defined as follows:

- Level One - Unadjusted, quoted prices in active markets for identical assets and liabilities.
- Level Two - Observable inputs, other than those included in Level One. For example, quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.
- Level Three - Unobservable inputs reflecting assumptions about the inputs used in pricing the asset or liability.

Purchase and sales of securities are recorded on a trade-date basis. The cost of investments sold for the purpose of computing gains and losses is based on average cost. Interest income is recorded on the accrual basis. The Plan presents in the statements of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of the variable annuity contract and registered investment companies, which consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments. Income from investments in the fixed annuity contract is reflected as interest income in the statements of changes in net assets available for plan benefits.

Participant Notes Receivable Valuation. Participant notes in custodial accounts are carried at unpaid principal balance plus accrued interest. Interest on participant notes receivable in custodial accounts is reported as other income on the statements of changes in net assets available for benefits.

Risks and Uncertainties. The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Payment of Benefits. Benefits are recorded when paid. There were no amounts allocated to persons who have elected to withdraw from the Plan but have not yet been paid as of December 31, 2021 and 2020.

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

2. Summary of Significant Accounting Policies (Continued)

Subsequent Events. The Plan evaluates subsequent events and the evidence they provide about conditions existing at the date of the statements of net assets available for benefits as well as conditions that arose after the statements of net assets available for benefits date but before the financial statements are issued. The effects of conditions that existed at the date of the statements of net assets available for benefits are recognized in the financial statements. Events and conditions arising after the statements of net assets available for benefits date but before the financial statements are issued are evaluated to determine if disclosure is required to keep the financial statements from being misleading. To the extent such events and conditions exist, disclosures are made regarding the nature of events and the estimated financial effects for those events and conditions. For purposes of preparing the accompanying financial statements and the following notes to these financial statements, the Plan evaluated subsequent events through October 13, 2022, the date the financial statements were available for issue.

3. Fair Value Measurement

Following is a description of the valuation methodology used for assets measured at fair value.

- Units held in the investments underlying the variable annuities are valued using the NAV practical expedient of the investments as reported by the account managers. The NAV practical expedient is based on the fair value of the underlying investments assets owned, minus liabilities, and then divided by the number of units outstanding. The NAV practical expedient of these investments is calculated based on a compilation of primarily observable market information. These investments are redeemable daily at NAV by participants and had no commitment provisions.
- The fair value of registered investment companies is based on quoted market prices.

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

In accordance with GAAP, all investments valued using the NAV practical expedient have not been classified in the fair value hierarchy.

(Continued)

See independent auditors' report

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

3. Fair Value Measurement (Continued)

The following presents a summary of the Plan's investments measured at fair value:

	Fair Value Measurement			
	December 31, 2021		December 31, 2020	
	Total	Quoted Prices in Active Markets for Identical Assets (Level One)	Total	Quoted Prices in Active Markets for Identical Assets (Level One)
Registered investment companies	\$ 2,856,358	\$ 2,856,358	\$ 2,314,995	\$ 2,314,995
Variable annuity contracts	1,044,978	-	839,262	-
Total	\$ 3,901,336	\$ 2,856,358	\$ 3,154,257	\$ 2,314,995

4. Information Certified by Nationwide Custodial, Nationwide Annuity, and Standard

The plan administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Custodial, Nationwide Annuity, and Standard, qualified institutions, have certified that the following investment information included in the accompanying financial statements is complete and accurate:

Total investments as shown in the accompanying statements of net assets available for benefits of \$4,990,585 and \$4,234,992 as of December 31, 2021 and 2020, respectively.

Investment income as shown in the accompanying statements of changes in net assets available for benefits of \$605,907 and \$457,221 for the years ended December 31, 2021 and 2020, respectively.

All investment-related information in the accompanying supplemental schedule, Form 5500, Schedule H, part IV, line 4i - schedule of assets (held at end of year) as of December 31, 2021, other than the information related to participant loans.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

5. Annuity Contracts with Insurance Companies

The Plan has annuity contracts with Nationwide Annuity and Standard providing benefits to eligible employees. Nationwide Annuity provides for both a fixed annuity contract option and a variable annuity contract option. Standard provides only fixed annuity contracts. These contracts are credited with participant elective deferral, rollover, and employer contributions, and investment income. They are charged for investment losses, expenses, and benefits paid to plan participants.

Each participant has an individual contract, and each contract is subject to contingent deferred sales charges if the contract is surrendered within the period defined in the investment contract. Contracts with Nationwide Annuity are subject to a deferral sales charge that decreases from 7% to 0%, ratably, over seven years. The deferred sales charges on Nationwide Annuity contracts apply to each new contract purchase and fund deposit in the Plan separately. Contracts with Standard are subject to a deferred sales charge starting at 9% in year one of the contract purchase, decreasing to 0% over nine years. The deferred sales charge will be based upon the original contract purchase date. Both Nationwide Annuity and Standard will waive deferred sale charges if contract liquidation is a result of certain circumstances as defined in the investment contracts.

The fixed annuity contracts contain various minimum guaranteed crediting interest rates which range from 1% to 3%. The interest crediting rate for Nationwide Annuity and Standard will remain in effect for a period of not less than 12 months and remain at such rates unless changed.

6. Income Tax Status

The Plan utilizes a volume submitter plan document and relies on the advisory letter issued to the volume submitter document sponsor. The volume submitter document sponsor received an advisory letter on March 31, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Organization believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and tax-exempt as of December 31, 2021 and 2020. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. Related Party Transactions

The Plan invests in fixed and variable annuity contracts managed by Nationwide Annuity and Standard. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA. Loans issued directly from funds owned by Nationwide Annuity or Standard that are collateralized by participant accounts also represent exempt transactions with parties-in-interest.

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Notes to Financial Statements

7. Related Party Transactions (Continued)

Nationwide Custodial is the custodian of the Plan's investments in registered investment companies. Affiliates of Nationwide Custodial also manage some of the investment funds made available to participants. As manager, these affiliates receive fees from the managed accounts, which affect investment performance. Participants have access to fund information which includes these expenses. In addition, Nationwide Custodial charges fees directly to participants' accounts for certain recordkeeping expenses. Total fees paid by the Plan to Nationwide were \$12,657 and \$10,177 for the years ended December 31, 2021 and 2020, respectively.

Waddell & Reed acts as the insurance broker with respect to one of the Plan's annuity contracts and received a commission from the insurance company for providing that service. In addition, Waddell & Reed acts as the Plan's investment advisor and received both direct and indirect compensation from the Plan for the investment advisory services. The indirect compensation is not reflected as an expense in these financial statements. For the years ended December 31, 2021 and 2020, Waddell & Reed received \$11,812 and \$12,525 as direct compensation for investment advisory services, respectively.

LPL Financial acts as the Plan's investment advisor and received direct compensation from the Plan for the investment advisory services. For the years ended December 31, 2021 and 2020, LPL Financial received \$5,504 and \$0, as direct compensation for investment advisory services, respectively.

8. Plan Termination

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

See independent auditors' report.

SUPPLEMENTAL SCHEDULES

THE CHILD CENTER 403(b) PLAN

Employer Identification Number: 23-7169042

Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	FIXED ANNUITY CONTRACTS:			
*	Nationwide Insurance Company General Account	Fixed Annuity Contract	•	\$ 368,951
*	Standard Insurance Company General Account	Fixed Annuity Contract	•	720,298
	VARIABLE ANNUITY CONTRACTS:			
*	BNY Mellon Stock Index Fund	Variable Annuity Contract	•	214,479
*	BNY Mellon Sustainable U.S. Equity Fund	Variable Annuity Contract	•	121,004
*	Fidelity VIP Investment Grade Bond Portfolio	Variable Annuity Contract	•	15
*	Fidelity VIP Mid Cap Portfolio	Variable Annuity Contract	•	172
*	Franklin Income VIP Fund	Variable Annuity Contract	•	427
*	Franklin Small Cap Value VIP Fund	Variable Annuity Contract	•	1,361
*	Invesco VI Global Fund	Variable Annuity Contract	•	37,455
*	Janus Henderson Forty Fund	Variable Annuity Contract	•	603
*	MFS VIT - MFS Value Series Fund	Variable Annuity Contract	•	422
*	Nationwide NVIT Jacobs Levy Large Cap Growth Fund	Variable Annuity Contract	•	15
*	Nationwide NVIT Wells Fargo Discovery Fund	Variable Annuity Contract	•	16
*	Neuberger Berman AMT Short Duration Bond Portfolio	Variable Annuity Contract	•	7
*	NVIT AllianzGI International Growth Fund	Variable Annuity Contract	•	14
*	NVIT AQR Large Cap Defensive Style Fund	Variable Annuity Contract	•	625
*	NVIT BlackRock Equity Dividend Fund	Variable Annuity Contract	•	6
*	NVIT Columbia Overseas Value Fund	Variable Annuity Contract	•	9
*	NVIT Core Bond Fund	Variable Annuity Contract	•	10
*	NVIT Government Bond Fund	Variable Annuity Contract	•	67,108
*	NVIT Investor Destinations Aggressive Fund	Variable Annuity Contract	•	378
*	NVIT Investor Destinations Moderate Fund	Variable Annuity Contract	•	4,848
*	NVIT Investor Destinations Moderately Aggressive Fund	Variable Annuity Contract	•	75,116
*	NVIT Investor Destinations Moderately Conservative Fund	Variable Annuity Contract	•	42,439
*	NVIT Mellon Dynamic US Core Fund	Variable Annuity Contract	•	109,752
*	NVIT Mellon Dynamic US Equity Income Fund	Variable Annuity Contract	•	148
*	NVIT Multi-Manager Mid Cap Value Fund	Variable Annuity Contract	•	64,667
*	NVIT Multi-Manager Small Cap Value Fund	Variable Annuity Contract	•	143
*	NVIT Multi-Manager Small Company Fund	Variable Annuity Contract	•	43,948
*	NVIT Neuberger Berman Multi-Cap Opportunities Fund	Variable Annuity Contract	•	140,008
*	NVIT Newton Sustainable US Equity Fund	Variable Annuity Contract	•	28
*	NVIT Real Estate Fund	Variable Annuity Contract	•	119,752
*	Pimco VIT Low Duration Portfolio	Variable Annuity Contract	•	3

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN
Employer Identification Number: 23-7169042
Plan Number: 002
Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) (Continued)
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
REGISTERED INVESTMENT COMPANIES:				
	Artisan International Value Fund	Registered Investment Company	•	\$ 63,288
	Avantis US Small Cap Value Fund	Registered Investment Company	•	201
	Baird Core Plus Bond Fund	Registered Investment Company	•	43,655
	BlackRock High Yield Bond Portfolio	Registered Investment Company	•	106
	BlackRock Mid-Cap Growth Equity Portfolio	Registered Investment Company	•	397
	Cohen & Steers Real Estate Securities Fund	Registered Investment Company	•	8,909
	Columbia Select Large Cap Growth Fund	Registered Investment Company	•	678
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	•	724
	DFA US Large Cap Value Portfolio	Registered Investment Company	•	845
	Diamond Hill Mid Cap Fund	Registered Investment Company	•	418
	Dodge & Cox International Stock Fund	Registered Investment Company	•	924
	Federated Hermes Institutional High Yield Bond Fund	Registered Investment Company	•	69,712
	Fidelity 500 Index Fund	Registered Investment Company	•	1,369
	Fidelity International Index Fund	Registered Investment Company	•	1,139
	Fidelity US Bond Index Fund	Registered Investment Company	•	105
	Goldman Sachs GQG Partners International	Registered Investment Company	•	919
	JPMorgan Equity Income Fund	Registered Investment Company	•	423,729
*	Nationwide Geneva Small Cap Growth Fund	Registered Investment Company	•	111,619
*	Nationwide Loomis All Cap Growth Fund	Registered Investment Company	•	708
	PGIM Total Return Bond Fund	Registered Investment Company	•	211
	Pimco CommodityRealReturn Strategy Fund	Registered Investment Company	•	202
	PIMCO International Bond Fund	Registered Investment Company	•	25,921
	PIMCO Real Return Fund	Registered Investment Company	•	105
	Principal Global Real Estate Securities Fund Class R-6	Registered Investment Company	•	215
	Putnam Growth Opportunities Fund Class Y	Registered Investment Company	•	462,450
	Tiaa- Cref Lifecycle Index 2065 Fund	Registered Investment Company	•	1,043
	TIAA-CREF Lifecycle Index 2020 Fund	Registered Investment Company	•	21,623
	TIAA-CREF Lifecycle Index 2025 Fund	Registered Investment Company	•	90,359
	TIAA-CREF Lifecycle Index 2030 Fund	Registered Investment Company	•	22,228
	TIAA-CREF Lifecycle Index 2035 Fund	Registered Investment Company	•	20,912
	TIAA-CREF Lifecycle Index 2040 Fund	Registered Investment Company	•	200,947
	TIAA-CREF Lifecycle Index 2045 Fund	Registered Investment Company	•	273,524
	TIAA-CREF Lifecycle Index 2050 Fund	Registered Investment Company	•	118,269
	TIAA-CREF Lifecycle Index 2055 Fund	Registered Investment Company	•	168,205
	TIAA-CREF Lifecycle Index 2060 Fund	Registered Investment Company	•	38,659
	Vanguard Balance Index Fund	Registered Investment Company	•	555,351
	Vanguard Explorer Fund	Registered Investment Company	•	200
	Vanguard International Growth Fund	Registered Investment Company	•	110,089
	Vanguard Short-Term Federal Fund	Registered Investment Company	•	16,400
* Participant loans		Interest from 3.93% - 7.50%	-0-	76,307

- As permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the cost information is not being reported as all investment transactions are affirmatively elected by the plan participants or their beneficiaries.

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN

Employer Identification Number: 23-7169042

Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2021

Participant Contributions

Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included:		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☐	\$	- \$	- \$	- \$	10,183

All contributions and lost earnings were deposited on January 11, 2022.

See independent auditors' report.

**AUTHORIZATION ELECTRONICALLY SIGN
AND FILE FORM 5500**

Plan Name: The Child Center 403(b) Plan
EIN: 23-7169042
Plan #: 002

On behalf of the above named plan sponsor, the undersigned hereby grants permission to **O'Connell Pension Consulting, Inc. (OPCI)** to electronically file the plan sponsor's Form(s) 5500 annually, but only upon OPCI's receipt of a copy of the manually signed page one Form 5500.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to OPCI.

Dated: 10/14/22

By: Miguel Melter

Signature of Plan Sponsor

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

- A** This return/report is for:
- | | |
|--|---|
| ☐ a multiemployer plan | ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 THE CHILD CENTER 403 (B) PLAN	1b Three-digit plan number (PN) ▶	002
1c Effective date of plan 08/01/1988		
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) MENTAL HEALTH FOR CHILDREN, INC. THE CHILD CENTER, INC. 3995 MARCOLA ROAD SPRINGFIELD OR 97477	2b Employer Identification Number (EIN) 23-7169042	2c Plan Sponsor's telephone number 541-726-1465
2d Business code (see instructions) 621340		

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		<u>10/14/22</u>	Meghan Melton
	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 (2021)
v. 201209

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	5 290
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.....	6a(1) 118
a(2) Total number of active participants at the end of the plan year	6a(2) 106
b Retired or separated participants receiving benefits.....	6b 11
c Other retired or separated participants entitled to future benefits	6c 171
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 288
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.....	6f 288
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 258
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (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
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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

THE CHILD CENTER 403(b) PLAN

Employer Identification Number: 23-7169042

Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	FIXED ANNUITY CONTRACTS:			
*	Nationwide Insurance Company General Account	Fixed Annuity Contract	•	\$ 368,951
*	Standard Insurance Company General Account	Fixed Annuity Contract	•	720,298
	VARIABLE ANNUITY CONTRACTS:			
*	BNY Mellon Stock Index Fund	Variable Annuity Contract	•	214,479
*	BNY Mellon Sustainable U.S. Equity Fund	Variable Annuity Contract	•	121,004
*	Fidelity VIP Investment Grade Bond Portfolio	Variable Annuity Contract	•	15
*	Fidelity VIP Mid Cap Portfolio	Variable Annuity Contract	•	172
*	Franklin Income VIP Fund	Variable Annuity Contract	•	427
*	Franklin Small Cap Value VIP Fund	Variable Annuity Contract	•	1,361
*	Invesco VI Global Fund	Variable Annuity Contract	•	37,455
*	Janus Henderson Forty Fund	Variable Annuity Contract	•	603
*	MFS VIT - MFS Value Series Fund	Variable Annuity Contract	•	422
*	Nationwide NVIT Jacobs Levy Large Cap Growth Fund	Variable Annuity Contract	•	15
*	Nationwide NVIT Wells Fargo Discovery Fund	Variable Annuity Contract	•	16
*	Neuberger Berman AMT Short Duration Bond Portfolio	Variable Annuity Contract	•	7
*	NVIT AllianzGI International Growth Fund	Variable Annuity Contract	•	14
*	NVIT AQR Large Cap Defensive Style Fund	Variable Annuity Contract	•	625
*	NVIT BlackRock Equity Dividend Fund	Variable Annuity Contract	•	6
*	NVIT Columbia Overseas Value Fund	Variable Annuity Contract	•	9
*	NVIT Core Bond Fund	Variable Annuity Contract	•	10
*	NVIT Government Bond Fund	Variable Annuity Contract	•	67,108
*	NVIT Investor Destinations Aggressive Fund	Variable Annuity Contract	•	378
*	NVIT Investor Destinations Moderate Fund	Variable Annuity Contract	•	4,848
*	NVIT Investor Destinations Moderately Aggressive Fund	Variable Annuity Contract	•	75,116
*	NVIT Investor Destinations Moderately Conservative Fund	Variable Annuity Contract	•	42,439
*	NVIT Mellon Dynamic US Core Fund	Variable Annuity Contract	•	109,752
*	NVIT Mellon Dynamic US Equity Income Fund	Variable Annuity Contract	•	148
*	NVIT Multi-Manager Mid Cap Value Fund	Variable Annuity Contract	•	64,667
*	NVIT Multi-Manager Small Cap Value Fund	Variable Annuity Contract	•	143
*	NVIT Multi-Manager Small Company Fund	Variable Annuity Contract	•	43,948
*	NVIT Neuberger Berman Multi-Cap Opportunities Fund	Variable Annuity Contract	•	140,008
*	NVIT Newton Sustainable US Equity Fund	Variable Annuity Contract	•	28
*	NVIT Real Estate Fund	Variable Annuity Contract	•	119,752
*	Pimco VIT Low Duration Portfolio	Variable Annuity Contract	•	3

(Continued)

See independent auditors' report.

THE CHILD CENTER 403(b) PLAN
Employer Identification Number: 23-7169042
Plan Number: 002
Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) (Continued)
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	REGISTERED INVESTMENT COMPANIES:			
	Artisan International Value Fund	Registered Investment Company	•	\$ 63,288
	Avantis US Small Cap Value Fund	Registered Investment Company	•	201
	Baird Core Plus Bond Fund	Registered Investment Company	•	43,655
	BlackRock High Yield Bond Portfolio	Registered Investment Company	•	106
	BlackRock Mid-Cap Growth Equity Portfolio	Registered Investment Company	•	397
	Cohen & Steers Real Estate Securities Fund	Registered Investment Company	•	8,909
	Columbia Select Large Cap Growth Fund	Registered Investment Company	•	678
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	•	724
	DFA US Large Cap Value Portfolio	Registered Investment Company	•	845
	Diamond Hill Mid Cap Fund	Registered Investment Company	•	418
	Dodge & Cox International Stock Fund	Registered Investment Company	•	924
	Federated Hermes Institutional High Yield Bond Fund	Registered Investment Company	•	69,712
	Fidelity 500 Index Fund	Registered Investment Company	•	1,369
	Fidelity International Index Fund	Registered Investment Company	•	1,139
	Fidelity US Bond Index Fund	Registered Investment Company	•	105
	Goldman Sachs GQG Partners International	Registered Investment Company	•	919
	JPMorgan Equity Income Fund	Registered Investment Company	•	423,729
*	Nationwide Geneva Small Cap Growth Fund	Registered Investment Company	•	111,619
*	Nationwide Loomis All Cap Growth Fund	Registered Investment Company	•	708
	PGIM Total Return Bond Fund	Registered Investment Company	•	211
	Pimco CommodityRealReturn Strategy Fund	Registered Investment Company	•	202
	PIMCO International Bond Fund	Registered Investment Company	•	25,921
	PIMCO Real Return Fund	Registered Investment Company	•	105
	Principal Global Real Estate Securities Fund Class R-6	Registered Investment Company	•	215
	Putnam Growth Opportunities Fund Class Y	Registered Investment Company	•	462,450
	Tiaa- Cref Lifecycle Index 2065 Fund	Registered Investment Company	•	1,043
	TIAA-CREF Lifecycle Index 2020 Fund	Registered Investment Company	•	21,623
	TIAA-CREF Lifecycle Index 2025 Fund	Registered Investment Company	•	90,359
	TIAA-CREF Lifecycle Index 2030 Fund	Registered Investment Company	•	22,228
	TIAA-CREF Lifecycle Index 2035 Fund	Registered Investment Company	•	20,912
	TIAA-CREF Lifecycle Index 2040 Fund	Registered Investment Company	•	200,947
	TIAA-CREF Lifecycle Index 2045 Fund	Registered Investment Company	•	273,524
	TIAA-CREF Lifecycle Index 2050 Fund	Registered Investment Company	•	118,269
	TIAA-CREF Lifecycle Index 2055 Fund	Registered Investment Company	•	168,205
	TIAA-CREF Lifecycle Index 2060 Fund	Registered Investment Company	•	38,659
	Vanguard Balance Index Fund	Registered Investment Company	•	555,351
	Vanguard Explorer Fund	Registered Investment Company	•	200
	Vanguard International Growth Fund	Registered Investment Company	•	110,089
	Vanguard Short-Term Federal Fund	Registered Investment Company	•	16,400
* Participant loans		Interest from 3.93% - 7.50%	-0-	76,307

- As permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the cost information is not being reported as all investment transactions are affirmatively elected by the plan participants or their beneficiaries.

See independent auditors' report.