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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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
CONVERGYS CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)
CONCENTRIX CVG CORPORATION

201 EAST FOURTH STREET
CINCINNATI, OH 45202

2b Employer Identification Number (EIN) 83-1746894

2c Plan Sponsor's telephone number 513-723-7000

2d Business code (see instructions) 551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2023	JENNIFER BICHSEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	4135
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)**	756
a(2) Total number of active participants at the end of the plan year	**6a(2)**	700
b Retired or separated participants receiving benefits	**6b**	1651
c Other retired or separated participants entitled to future benefits	**6c**	1269
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3620
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	145
f Total. Add lines **6d** and **6e**	**6f**	3765
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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:

1A 1C 1I

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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CONVERGYS CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONCENTRIX CVG CORPORATION

D Employer Identification Number (EIN)
83-1746894

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	158632252
b Actuarial value	**2b**	148324448

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1725	75553441	75553441
b For terminated vested participants	1654	42050518	42050518
c For active participants	756	21873971	21873971
d Total	4135	139477930	139477930

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2400000
c Total (line 6a + line 6b)	**6c**	2400000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 09/28/2023

THOMAS P. DOLAN — Type or print name of actuary

23-05682 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

973-463-6142 — Telephone number (including area code)

MSC #17741
P.O. BOX 6718
SOMERSET, NJ 08875

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.97 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7423044
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50 %		408267
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7831311
	d Portion of (c) to be added to prefunding balance		7831311
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7831311

Part III Funding Percentages

14	Funding target attainment percentage	14	100.72 %
15	Adjusted funding target attainment percentage	15	100.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2022	311579	0			
07/12/2022	311579	0			
04/27/2023	2500000	0			
07/17/2023	2500000	0			
09/14/2023	2500000	0			
			Totals ► 18(b)	8123158	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	7541416

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	5.18 %	5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2400000
b Excess assets, if applicable, but not greater than line 31a	**31b**	1015207

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1384793

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	594464	594464

36 Additional cash requirement (line 34 minus line 35)	**36**	790329
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7541416

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	6751087
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	594464
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
CONVERGYS CORPORATION PENSION PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CONCENTRIX CVG CORPORATION	83-1746894

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FRANK RUSSELL TRUST CO.

04-3581074

(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?
25 50 51	TRUSTEE	645038	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AON CONSUTLING

36-3051915

(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?
11 13 50	NONE	461805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(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 50	NONE	4050	Yes [ ] No [X]	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CONVERGYS CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONCENTRIX CVG CORPORATION

D Employer Identification Number (EIN)
83-1746894

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL FIXED INCOME I FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-002	C	29073838

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND SR I

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-033	C	29527625

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-005	C	23964803

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY II FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-006	C	7294397

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL MULTI MANAGER BD FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-038	C	12495626

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC EMERGING MARKETS FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-000	C	5209590

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CONVERGYS CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONCENTRIX CVG CORPORATION

D Employer Identification Number (EIN)
83-1746894

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)	6877284	7500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1135849	708976
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)	217620	113800
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	150586646	107565879
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	158817399	115888655
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	243312	330174
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	243312	330174
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	158574087	115558481

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	8122716	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8122716
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		-25176219
(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)		
c Other income	2c		39937
d Total income. Add all **income** amounts in column (b) and enter total	2d		-17013566
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22867061	
(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)		22867061
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)	695044	
(2) Contract administrator fees	2i(2)	415849	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2024086	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3134979
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26002040
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-43015606
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) [X] 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) [X] 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: CASSADY,SCHILLER & ASSOCIATES, INC. **(2)** EIN: 31-1311065

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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			
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 511548.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CONVERGYS CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONCENTRIX CVG CORPORATION

D Employer Identification Number (EIN)
83-1746894

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** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3581074

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** 332

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**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: 60.6 % Investment-Grade Debt: 37.9 % High-Yield Debt: 1.5 % Real Estate: 0.0 % Other: 0.0 %

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_____

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Convergys Corporation Pension Plan
Years Ended December 31, 2022 and 2021
With Independent Auditor's Report

Convergys Corporation Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

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CASSADY SCHILLER
CPAs & Advisors

Independent Auditor's Report

To the Convergys Corporation Pension Plan Committee

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

We have performed audits of the financial statements of the Convergys Corporation Pension 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022, and 2021 and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 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.

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

Basis for Opinion

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

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Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 could reasonably be expected to influence the economic decisions of users made on the basis of these 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 Convergys Corporation Pension 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 Convergys Corporation Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 and supplemental schedule of reportable transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Cassady Schiller & Associates, Inc.

Cincinnati, Ohio
September 29, 2023

Convergys Corporation Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2022	**2021**
Assets		
Investments, at fair value:		
Common/collective trusts	**$ 107,565,879**	$ 150,586,646
Limited partnership	**113,800**	217,620
Total investments	**107,679,679**	150,804,266
Receivables:		
Contributions receivable	**7,500,000**	6,877,284
Interest receivable	**231**	231
Receivable for investments sold	**708,745**	1,135,618
Total receivables	**8,208,976**	8,013,133
Total assets	**115,888,655**	158,817,399
Liabilities		
Accrued administrative expenses	**330,174**	243,312
Total liabilities	**330,174**	243,312
Net assets available for benefits	**$ 115,558,481**	$ 158,574,087

Convergys Corporation Pension Plan

Statements of Changes in Net Assets Available for Benefits

	December 31,	
	2022	**2021**
Additions:		
Employer contributions	**$ 8,122,716**	$ 12,163,669
Net (depreciation) appreciation in fair value of investments	**(25,136,282)**	15,452,682
Total additions	**(17,013,566)**	27,616,351
Deductions:		
Pension and death benefits	**22,867,061**	12,643,713
Administrative expenses	**3,134,979**	3,252,307
Total deductions	**26,002,040**	15,896,020
Net (decrease) increase	**(43,015,606)**	11,720,331
Net assets available for benefits at beginning of year	**158,574,087**	146,853,756
Net assets available for benefits at end of year	**$ 115,558,481**	$ 158,574,087

1. Description of Plan

The following description of the Convergys Corporation Pension Plan (the "Plan") provides general information about the Plan's provisions. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

Convergys Corporation ("Convergys") was acquired in October 2018 by Concentrix. In connection with the acquisition, Convergys was renamed Concentrix CVG Corporation (the "Company"), who is the plan sponsor, and up until December 2020, was a subsidiary of Synnex Corporation (NYSE: SNX).

On December 1, 2020, a separation of Concentrix from SYNNEX Corporation was completed through a tax-free distribution of all of the issued and outstanding shares of Concentrix common stock to SYNNEX stockholders. As a result of the spin-off, Concentrix became an independent public company and Concentrix common stock commenced trading on the Nasdaq Stock Market ("Nasdaq") under the symbol "CNXC".

The Plan is a noncontributory cash balance defined benefit plan maintained for eligible employees of the Company and its participating subsidiaries who have attained age 21 and completed one year of service. Subject to satisfaction of the Plan's vesting requirements, benefits are payable when a participant retires, dies or separates from service. A participant not otherwise eligible for a service or disability pension becomes fully vested in their cash balance after three years of vesting service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Concentrix CVG Employee Benefits Committee is responsible for the general administration of the Plan. The Pension Investment Committee is responsible for the investments of the Plan. Russell Investments Trust Company is the trustee of the Plan.

Benefits

The Plan is a cash balance plan whereby a participant's accrued benefit is defined as a notional cash balance account.

During 2008, the Company amended its cash balance plan to cease future benefit accruals and to close participation effective March 31, 2008. After March 31, 2008, participants became fully vested and will no longer earn future accruals or credits to their cash balance account with respect to compensation earned after March 31, 2008, but continue to be credited with interest to their

1. Description of Plan (continued)

cash balance account. The interest credit for active participants for 2022 and 2021 was calculated at an annualized rate of 4.00%.

When a participant retires, dies, or separates from service, the cash balance is paid in the form of an annuity or lump sum. A participant's normal retirement age is 65, or the fifth anniversary for a participant who entered the Plan after age 60.

Funding

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2022 and 2021.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee and investment management fees, Pension Benefit Guaranty Corporation (PBGC) fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. All other administrative expenses are paid by the Company on behalf of the Plan, which are excluded from these financial statements.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Payment of Benefits

Benefit payments are recorded upon distribution.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined 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 (i.e., an exit price). See Note 4 for discussion of fair value measurements.

2. Summary of Accounting Policies (continued)

Purchases and sales of securities are reflected as of the trade date. Realized gains and losses on sales of securities are determined on the basis of average cost. Income or loss from investments, if any, is recorded as earned on an accrual basis.

The Plan presents in the statements of changes in net assets available for benefits the net appreciation (depreciation) of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. It also represents automatically reinvested dividends and interest from existing funds.

Actuarial Method and Contributions

Contributions by the Company to the Plan are irrevocable. The policy of the Company is to make contributions that are equal to the current period cost of the Plan determined on a going concern basis by an actuarial cost method known as the standard unit credit method, as prescribed under IRC section 412. The basic rationale of this method is to contribute a level percentage of basic payroll for current active employees during their remaining working lives such that future contributions, plus the present trust funds, plus the future investment earnings, are predicted to be just sufficient to pay all future benefits expected to become payable from the funds to current employees and pensioners and their future beneficiaries, persons separated with deferred vested pensions, and annuitants. This method is an acceptable actuarial cost method under ERISA.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 7) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits are based on the cash balance accounts or the transition benefits for certain employees. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee services rendered through March 31, 2008. The accumulated plan benefits for active employees are based on census data as of January 1 of the applicable year.

Subsequent Events

Management evaluated subsequent events for the Plan through September 29, 2023, the date the financial statements were available to be issued.

2. Summary of Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

3. Investments

All investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2022 and 2021, and net (depreciation) appreciation in the fair value of investments (including automatically reinvested interest and dividends) for the years ended December 31, 2022 and 2021, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Plan's trustee, Russell Investments Trust Company, in the respective years.

4. Fair Value Measurements

Fair value is defined 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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

  - Quoted prices for similar assets and liabilities in active markets

  - Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (i.e., interest rate and yield curve quotes at commonly quoted intervals)

  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the

4. Fair Value Measurements (continued)

assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There were no transfers of assets within levels of the fair value hierarchy in 2022 or 2021.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no significant changes in methodologies used at December 31, 2022 as compared to December 31, 2021.

- *Common/Collective Trusts:* The common/collective trusts are public investment vehicles valued using a net asset value (NAV) provided by the manager of each fund. The NAV is based on the underlying net assets owned by the fund, divided by the number of shares outstanding. The NAV's unit price is quoted on a private market that is not active. However, the NAV is based on the fair value of the underlying securities within the fund, which are traded on an active market, and valued at the closing price reported on the active market on which those individual securities are traded. There are no restrictions on redemptions from these funds.

- *Limited Partnership:* The limited partnership (LP) primarily invests in a diversified portfolio of pooled investment and private equity investment funds. Fair value of the Plan's investment in the LP reflects NAV reported by the LP's general partner, which it bases on audited financial statements of the LP. The Plan has no future funding commitments associated with this investment. Distributions are made at the discretion of the LP's general partner, based on distributions from the LP's underlying investments or proceeds from the sale of underlying investments. Redemptions from the LP are generally not permitted.

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

The Concentrix CVG Corporation Pension Investment Committee (the Investment Committee) is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments.

4. Fair Value Measurements (continued)

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

	2022			
	Total	**Level 1**	**Level 2**	**Level 3**
Total Investments	$ -	$ -	$ -	$ -
Common/Collective Trusts/LP Measured at Net Asset Value				**$107,679,679**
Total Investments at Fair Value				**$107,679,679**

	2021			
	Total	**Level 1**	**Level 2**	**Level 3**
Total Investments	$ -	$ -	$ -	$ -
Common/Collective Trusts/LP Measured at Net Asset Value				**$150,804,266**
Total Investments at Fair Value				**$150,804,266**

The following tables summarize investments measured at fair value based on NAV per share:

	December 31, 2022 Fair Value	**December 31, 2021 Fair Value**	**Unfunded Commitments**	**Redemption Frequency (If currently Eligible)**	**Redemption Notice Period**
Common/Collective	$107,565,879	$150,586,646	N/A	Daily	Daily
Limited Partnership	113,800	217,620	N/A	Daily	Daily

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 17, 2021, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification.

The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

6. Termination Priorities

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its regulations and the plan document.

If the Plan were terminated, all participants' accrued benefits would become fully vested and non forfeitable and would be distributed to them. In the event of termination, assets will be allocated and applied in the following order: (1) to provide certain minimum benefits to each active participant, retired participant, and beneficiary; (2) to assure continuation of benefits payable to retired participants and beneficiaries of deceased participants; (3) to provide retirement benefits for active participants who reached their normal retirement date on or before the termination date; (4) to provide retirement benefits for active participants who have been credited with 10 years of vesting service and who have attained age 55 on or before the date of termination; and (5) to provide for the satisfaction of all other liabilities under the Plan. Any assets remaining after satisfaction of all liabilities shall be paid to the Company.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC, as well as the priority of those benefits. Some benefits may be fully or

6. Termination Priorities (continued)

partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

7. Actuarial Present Value of Accumulated Plan Benefits

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits as of the beginning of the year is as follows:

	January 1,	
	2022	**2021**
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 80,333,686	$ 83,409,129
Other participants	86,761,600	93,288,942
	167,095,286	176,698,071
Non-vested benefits:	-	-
Total	$ 167,095,286	$ 176,698,071

The change in actuarial present value of accumulated plan benefits is as follows:

	2022	**2021**
Actuarial present value of accumulated plan benefits at the beginning of the year:	$ 176,698,071	$ 172,413,514
Increase/(decrease) during the year attributed to:		
Interest accumulation	6,815,049	7,449,899
Benefits paid	(12,643,712)	(13,720,412)
Assumption changes	(3,709,314)	12,315,508
Other changes	(64,808)	(1,760,438)
Net increase	(9,602,785)	4,284,557
Actuarial present value of accumulated benefits at the end of the year	$ 167,095,286	$ 176,698,071

7. Actuarial Present Value of Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are:

Discount Rate	4.30% and 4.00% in 2022 and 2021, respectively	
Retirement	**Age**	**Rate**
	Under 55	6%
	55	10%
	56-57	7%
	58	8%
	59	9%
	60	14%
	61	15%
	62-63	22%
	64	25%
	65	32%
	66-69	25%
	70	100%
Mortality basis	Pri-2012 Mortality study projected generationally from 2012 with scale MP-2021 in 2022; Pri-2012 Mortality study projected generationally from 2012 with scale MP-2020 in 2021	

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

8. Risks and Uncertainties

The Plan invests in various investment securities, including common/collective trusts and a limited partnership. Investment securities are exposed to various risks such as interest rate, market volatility, 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and

8. Risks and Uncertainties (continued)

assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Related Party Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

10. Fidelity Bonding Requirements

The Plan was covered by a $10,000,000 fidelity bond during 2022 and 2021.

Supplemental Schedules

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Line 26a—Schedule of Active Participant Data

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service																	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	2	-	41	-	6	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	4	-	50	-	42	-	2	-	-	-	-	-	-	-
45 to 49	-	-	-	-	-	-	2	-	40	-	56	-	27	-	1	-	-	-	-	-
50 to 54	-	-	-	-	-	-	1	-	40	-	61	-	35	-	27	-	-	-	-	-
55 to 59	-	-	-	-	-	-	2	-	28	-	49	-	35	-	28	-	15	-	-	-
60 to 64	-	-	-	-	-	-	1	-	33	-	34	-	19	-	15	-	4	-	4	-
65 to 69	-	-	-	-	-	-	-	-	15	-	9	-	8	-	1	-	4	-	3	-
70 & up	-	-	-	-	-	-	1	-	5	-	5	-	1	-	-	-	-	-	-	-

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with no lookback (as of January 2022) each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%

Optional Payment Form Election Percentage

Immediate Benefit			
Age	**Lump Sum**	**Single Life Annuity**	**50% Joint & Survivor Annuity**
<30	81%	14%	0%
30-39	77%	13%	0%
40-49	72%	18%	0%
50-59	63%	22%	5%
60+	58%	27%	5%

Deferred Benefit			
Age	**Lump Sum**	**Single Life Annuity**	**50% Joint & Survivor Annuity**
<30	4%	1%	0%
30-39	9%	1%	0%
40-49	8%	2%	0%
50-59	7%	2%	1%
60+	6%	3%	1%

Upon death, 100% of participants are assumed to elect lump sum distributions.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.25%, limited to 6.11%
2020 Plan Year	4.50%, limited to 5.94%
2021 Plan Year	4.30%, limited to 5.47%
Trust Expenses Included in Target Normal Cost	$2,400,000

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

The funding valuation does not reflect any method changes.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of January 2021 to segment rates as of January 2022 adjusted as applicable to fall within the 25 year average interest rate corridor under HATFA.
- A change in the mortality assumption from the 2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- The assumed expenses payable from the trust changed from $3,300,000 to $2,400,000.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Table 1

Retirement Decrements:

Decrement Age	Rates
< 55	6%
55	10%
56 - 57	7%
58	8%
59	9%
60	14%
61	15%
62 - 63	22%
64	25%
65	32%
66 - 69	25%
70	100%

Table 2

Withdrawal Decrements:

Decrement Age	Rates
< 26	28%
26	26%
27	25%
28	23%
29	22%
30	20%
31	19%
32	18%
33	16%
34	15%
35	14%
36	13%
37 - 38	12%
>38	11%

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Discussion of Actuarial Assumptions and Methods

For the funding valuation, the allowable interest rates and mortality tables available to measure plan liabilities are prescribed by IRC section 412. Aon provided guidance with respect to the alternative interest rate and mortality table options, and it is our belief that the options prescribed by Concentrix are appropriate for funding purposes. It is our belief that all other actuarial assumptions used for the funding valuation represent reasonable expectations of anticipated plan experience. The actuarial cost and amortization methods used are prescribed by IRC section 412. While the method used to value assets is prescribed by Concentrix, Aon provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for funding purposes.

Calculation of Normal Costs and Liabilities

The method used to calculate the ERISA target normal cost and funding target is the unit credit cost method. The funding target under IRC section 430 is calculated as the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year, based on current service and current pay. The target normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year, including any increase in benefits earned in prior plan years attributable to compensation increases in the current plan year, plus certain trust expenses.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the applicable ERISA is the ERISA funding target. The target normal cost is the present value of the benefits earned during the year.

The ERISA funding target for lump sum benefits, other than lump sum benefits paid from a statutory hybrid plan under the provisions of IRC section 411(a)(13)(A), is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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
CONVERGYS CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)

CONCENTRIX CVG CORPORATION

201 EAST FOURTH STREET

CINCINNATI OH 45202

2b Employer Identification Number (EIN) 83-1746894

2c Plan Sponsor's telephone number 513-723-7000

2d Business code (see instructions) 551112

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	Jennifer Bichsel **Signature of plan administrator**	9-29-2023 Date	JENNIFER BICHSEL 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 (2022)
v. 220413

3a Plan administrator's name and address [X] 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**	4,135
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)**	756
a(2) Total number of active participants at the end of the plan year	**6a(2)**	700
b Retired or separated participants receiving benefits	**6b**	1,651
c Other retired or separated participants entitled to future benefits	**6c**	1,269
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3,620
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	145
f Total. Add lines **6d** and **6e**.	**6f**	3,765
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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:
1A 1C 1I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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		**b General Schedules**	
(1)	[X] **R** (Retirement Plan Information)	(1)	[X] **H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ] **I** (Financial Information – Small Plan)
		(3)	[ ] **A** (Insurance Information)
		(4)	[X] **C** (Service Provider Information)
(3)	[X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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_____

Convergys Corporation Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #83-1746894 Plan #001

December 31, 2022

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) – Series of transactions in excess of 5% of plan assets						
Russell Short Term Investment Fund	Interest Bearing Cash	$ 5,000,155	$ 5,000,155	$ 5,000,155	$ 10,000,309	$ -
Russell International Fund	Common/Collective Trusts	4,955,070	10,889,712	8,371,771	15,844,782	2,517,941
Russell Multi-Manager Bond Fund	Common/Collective Trusts	2,972,007	18,342,116	18,682,232	21,314,123	(340,116)
Russell 8-Year LDI Fixed Income Fund	Common/Collective Trusts	5,357,718	2,505,389	2,767,203	7,863,107	(261,814)
		$ 18,284,950	$ 36,737,372	$ 34,821,361	$ 55,022,321	$ 1,916,011

There were no category (i), (ii) or (iv) transactions during 2022.
Columns for "Lease Rental" and "Expense incurred with transaction" are not applicable.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CONVERGYS CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONCENTRIX CVG CORPORATION

D Employer Identification Number (EIN)
83-1746894

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	158,632,252
b Actuarial value	**2b**	148,324,448

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,725	75,553,441	75,553,441
b For terminated vested participants	1,654	42,050,518	42,050,518
c For active participants	756	21,873,971	21,873,971
d Total	4,135	139,477,930	139,477,930

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,400,000
c Total (line 6a + line 6b)	**6c**	2,400,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Thomas P. Dolan

Signature of actuary — Date: 09/28/2023

THOMAS P. DOLAN
Type or print name of actuary

2305682
Most recent enrollment number

AON CONSULTING, INC.
Firm name

973-463-6142
Telephone number (including area code)

MSC #17741
P.O. Box 6718
SOMERSET NJ 08875
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.97 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7,423,044
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50 %		408,267
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7,831,311
	d Portion of (c) to be added to prefunding balance		7,831,311
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7,831,311

Part III Funding Percentages

14	Funding target attainment percentage	14	100.72 %
15	Adjusted funding target attainment percentage	15	100.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2022	311,579	0			
07/12/2022	311,579	0			
04/27/2023	2,500,000	0			
07/17/2023	2,500,000	0			
09/14/2023	2,500,000	0			
			Totals ► 18(b)	8,123,158	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7,541,416

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.18 %	5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,400,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,015,207

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,384,793

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	594,464	594,464

36 Additional cash requirement (line 34 minus line 35)	**36**	790,329
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7,541,416

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	6,751,087
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	594,464
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Notes Regarding 2022 Schedule SB (Form 5500)

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

In making this certification, I have relied, as permitted under Sec. 103(a)(4)(D) of ERISA, on the correctness of the asset values and contribution information supplied by the plan administrator, on which the qualified public accountant engaged by the Plan has expressed an opinion. I have also relied on the correctness of the participant data supplied by the plan administrator. These items would customarily not be verified by the actuary. I have reviewed, and applied certain reasonableness and consistency checks to, the information furnished and I have no reason to doubt its substantial accuracy.

Thomas P. Dolan	9/28/2023
Signature of Actuary	Date
Thomas P. Dolan	23-05682
Name of Actuary	Enrollment Number
Aon Consulting, Inc. MSC #17741 P.O. Box 6718 Somerset, NJ 08875	(973) 463-6142
Address	Telephone Number

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Days Discounted at 5.33%	Interest Adjusted Contribution
4/13/2022	$311,579	102	$307,090
7/12/2022	$311,579	192	$303,183
4/27/2023	$2,500,000	481	$2,334,644
7/17/2023	$2,500,000	562	$2,307,895
9/14/2023	$2,500,000	621	$2,288,604
Total	$8,123,158		$7,541,416

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	7.00%	0.9000	3.53
57	7.00%	0.8370	3.34
58	8.00%	0.7784	3.61
59	9.00%	0.7161	3.80
60	14.00%	0.6517	5.47
61	15.00%	0.5604	5.13
62	22.00%	0.4764	6.50
63	22.00%	0.3716	5.15
64	25.00%	0.2898	4.64
65	32.00%	0.2174	4.52
66	25.00%	0.1478	2.44
67	25.00%	0.1109	1.86
68	25.00%	0.0831	1.41
69	25.00%	0.0624	1.08
70	100.00%	0.0468	3.27
		Weighted Average	61.25

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	January 1, 1999
Effective Date of Last Amendment:	June 29, 2011
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st

Eligibility

All employees who have reached age 21 with one year of service participate in the Plan. Effective April 1, 2008, any employee who has not reached age 21 with one year of service as of March 31, 2008 shall not be eligible to participate in the plan.

Cash Balance Accounts

a. Initial Balance: Transferred from the CBMPP or CBPP as of December 31, 1998.

b. Interest Credits: Interest credits are added to all accounts annually. The interest crediting rates for active employees for 2008 and thereafter is 4.00%.

c. Pension Credits: Each year, pension credits will be added to the accounts of all active participants based on age, compensation and the Social Security Wage Base. Starting in 2007, the schedule of credits was reduced and is as follows:

Age*	Pension Credit for All Pay	Additional Credit for Pay in Excess of the Social Security Wage Base**
under 30	2.00%	1.000%
30 to 34	2.25%	1.125%
35 to 39	2.50%	1.250%
40 to 44	3.25%	1.625%
45 to 49	4.00%	2.000%
50 to 54	5.00%	2.500%
55 and Over	6.00%	3.000%

After March 31, 2008, there are no more pension credits.

*Age is determined as of December 31 of each calendar year

d. Compensation for Pension Credit: For all participants, pension credits are based on compensation including bonuses.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

Transition Benefits

a. Eligibility: Participants who were IMG employees as of 12/31/93 and either completed 20 years of service as of 12/31/93 or whose sum of attained age and years of service as of 12/31/93 equals at least 65 are eligible for transition benefits.

b. Benefit: The transition benefit is determined by multiplying the average annual base salary for the five-year period ending on the date of termination or retirement by the total number of years of service at that date and 1.6%. No future accruals will be granted under this formula beyond 1998. Bonuses are not included as pensionable compensation for this purpose.

There is also a frozen minimum accrued benefit as of March 31, 1995 under this transition benefit formula that added five years to the total number of years of service as of March 31, 1995 and five years to the actual attained age as of March 31, 1995 provided the employee would have been eligible to retire with such additions, was an active vested participant in the Plan as of April 1, 1995 and was a first, second or District level manager (or the equivalent).

Normal Retirement

a. Eligibility: A participant's normal retirement age is age 65, or the fifth anniversary for a participant who enters the Plan after age 60.

b. Benefit: The monthly retirement benefit payable to a participant at any retirement date is equal to the actuarial equivalent of his cash balance account as of such date or the transition annuity benefit, if greater.

c. Forms of Benefit: The normal form of benefit for non-married participants is a level life annuity. For married participants, the normal form of benefit is a qualified 50% joint and survivor annuity. In either case, the normal form of benefit is the actuarial equivalent of the participant's account balance or the transition annuity benefit, if greater. As an optional form of benefit, participants can receive their benefit as a lump sum distribution on an actuarial equivalent basis.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

Disability & Service Pensions

a. Eligibility: Disability pensions are provided to employees who were active on December 31, 1993 and subsequently become disabled with at least 15 years of service. Service pensions are provided to a retired employee when the following conditions are met:

Age		Minimum Years of Service	
60	and	10	
55	and	20	(transition employees only)
50	and	25	(transition employees only)
Any Age	and	30	

b. Benefit: The monthly retirement benefit payable to a participant at any retirement date is equal to the actuarial equivalent of his cash balance account as of such date or the transition annuity benefit (reduced for early retirement), if greater.

c. For transition benefit purposes, the benefit is reduced by 0.5% for each calendar month by which the employee's age at retirement is less than 55 years unless the employee has 30 or more years of service or is granted a disability pension. If the employee has 30 or more years of service, the pension amount is reduced by .25% for each calendar month by which the employee's age at retirement is less than 55. There is no reduction for employees on a disability pension. The early retirement reductions which apply to the frozen minimum accrued benefit as of March 31, 1995 are based on the greater of age and service at retirement, or age plus five as of March 31, 1995 and service plus five as of March 31, 1995.

Vesting

a. Eligibility: 3 years of service and not eligible for a service or disability pension.

b. Benefit: Upon termination of employment, a vested participant may elect to receive an immediate benefit which is the actuarial equivalent of his cash balance account (adjusted for applicable transition benefits). If immediate distribution is not requested, the participant may elect to defer receipt of his benefit and receive interest credits on the cash balance account at a rate of 3.5% (4% if survivor coverage is waived).

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

Death Benefits

a. Eligibility: 3 years of service

b. Benefit: The greater of (1) or (2)

1. The actuarial equivalent of the participant's cash balance account as of the date of death.

2. The transition benefit for a surviving spouse of an active employee who dies with at least five years but less than fifteen years of service is equal to 44% of the transition benefit amount accrued to the date of death with payments to the surviving spouse beginning at the time the deceased employee would have attained age 65. For a surviving spouse of an active employee who dies with at least fifteen years of service, the transition benefit is equal to 45% of the pension amount accrued to the date of death with payments commencing immediately without an early retirement discount.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with no lookback (as of January 2022) each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%

Optional Payment Form Election Percentage

Immediate Benefit			
Age	**Lump Sum**	**Single Life Annuity**	**50% Joint & Survivor Annuity**
<30	81%	14%	0%
30-39	77%	13%	0%
40-49	72%	18%	0%
50-59	63%	22%	5%
60+	58%	27%	5%

Deferred Benefit			
Age	**Lump Sum**	**Single Life Annuity**	**50% Joint & Survivor Annuity**
<30	4%	1%	0%
30-39	9%	1%	0%
40-49	8%	2%	0%
50-59	7%	2%	1%
60+	6%	3%	1%

Upon death, 100% of participants are assumed to elect lump sum distributions.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.25%, limited to 6.11%
2020 Plan Year	4.50%, limited to 5.94%
2021 Plan Year	4.30%, limited to 5.47%
Trust Expenses Included in Target Normal Cost	$2,400,000

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
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EIN: 83-1746894 PN: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

The funding valuation does not reflect any method changes.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of January 2021 to segment rates as of January 2022 adjusted as applicable to fall within the 25 year average interest rate corridor under HATFA.
- A change in the mortality assumption from the 2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- The assumed expenses payable from the trust changed from $3,300,000 to $2,400,000.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
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Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Table 1

Retirement Decrements:

Decrement Age	Rates
< 55	6%
55	10%
56 - 57	7%
58	8%
59	9%
60	14%
61	15%
62 - 63	22%
64	25%
65	32%
66 - 69	25%
70	100%

Table 2

Withdrawal Decrements:

Decrement Age	Rates
< 26	28%
26	26%
27	25%
28	23%
29	22%
30	20%
31	19%
32	18%
33	16%
34	15%
35	14%
36	13%
37 - 38	12%
>38	11%

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Discussion of Actuarial Assumptions and Methods

For the funding valuation, the allowable interest rates and mortality tables available to measure plan liabilities are prescribed by IRC section 412. Aon provided guidance with respect to the alternative interest rate and mortality table options, and it is our belief that the options prescribed by Concentrix are appropriate for funding purposes. It is our belief that all other actuarial assumptions used for the funding valuation represent reasonable expectations of anticipated plan experience. The actuarial cost and amortization methods used are prescribed by IRC section 412. While the method used to value assets is prescribed by Concentrix, Aon provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for funding purposes.

Calculation of Normal Costs and Liabilities

The method used to calculate the ERISA target normal cost and funding target is the unit credit cost method. The funding target under IRC section 430 is calculated as the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year, based on current service and current pay. The target normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year, including any increase in benefits earned in prior plan years attributable to compensation increases in the current plan year, plus certain trust expenses.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the applicable ERISA is the ERISA funding target. The target normal cost is the present value of the benefits earned during the year.

The ERISA funding target for lump sum benefits, other than lump sum benefits paid from a statutory hybrid plan under the provisions of IRC section 411(a)(13)(A), is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Line 26a—Schedule of Active Participant Data

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service																	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal	No	Average Cash Bal
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	2	-	41	-	6	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	4	-	50	-	42	-	2	-	-	-	-	-	-	-
45 to 49	-	-	-	-	-	-	2	-	40	-	56	-	27	-	1	-	-	-	-	-
50 to 54	-	-	-	-	-	-	1	-	40	-	61	-	35	-	27	-	-	-	-	-
55 to 59	-	-	-	-	-	-	2	-	28	-	49	-	35	-	28	-	15	-	-	-
60 to 64	-	-	-	-	-	-	1	-	33	-	34	-	19	-	15	-	4	-	4	-
65 to 69	-	-	-	-	-	-	-	-	15	-	9	-	8	-	1	-	4	-	3	-
70 & up	-	-	-	-	-	-	1	-	5	-	5	-	1	-	-	-	-	-	-	-

2022 Schedule SB Line 26b - Schedule of Projection of Expected Benefit Payments

Convergys Corporaton Pension Plan
EIN 83-1746894 / PN 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiariares Receiving Payments	Total
2022	2,691,663	3,991,349	7,266,960	13,949,973
2023	2,199,227	3,483,445	6,513,183	12,195,855
2024	2,104,139	3,361,939	6,416,546	11,882,624
2025	1,983,491	3,535,304	6,310,622	11,829,417
2026	1,852,923	3,348,255	6,195,649	11,396,827
2027	1,812,150	3,295,806	6,071,997	11,179,953
2028	1,757,305	3,234,838	5,936,927	10,929,069
2029	1,523,467	3,097,579	5,788,699	10,409,746
2030	1,468,010	2,922,456	5,629,113	10,019,579
2031	1,369,481	2,734,013	5,458,775	9,562,270
2032	1,234,447	2,710,531	5,275,606	9,220,584
2033	1,197,543	2,598,206	5,079,944	8,875,692
2034	1,071,843	2,538,762	4,873,259	8,483,863
2035	1,017,729	2,383,348	4,655,078	8,056,155
2036	947,269	2,282,735	4,424,251	7,654,255
2037	877,897	2,195,214	4,186,017	7,259,128
2038	845,600	2,102,712	3,938,027	6,886,340
2039	772,591	1,995,543	3,684,156	6,452,289
2040	744,981	1,908,196	3,426,255	6,079,432
2041	720,744	1,814,943	3,166,845	5,702,532
2042	682,442	1,755,527	2,908,559	5,346,528
2043	644,239	1,653,772	2,653,360	4,951,371
2044	607,619	1,540,692	2,404,011	4,552,322
2045	580,498	1,438,814	2,162,917	4,182,229
2046	546,045	1,344,998	1,932,310	3,823,354
2047	515,457	1,263,558	1,714,186	3,493,201
2048	482,758	1,165,979	1,510,185	3,158,922
2049	449,852	1,079,499	1,321,519	2,850,871
2050	420,519	993,734	1,148,942	2,563,195
2051	388,925	913,994	992,724	2,295,642
2052	358,228	834,672	852,671	2,045,572
2053	327,426	759,894	728,244	1,815,563
2054	297,753	688,341	618,632	1,604,726
2055	269,223	620,068	522,816	1,412,108
2056	241,195	554,614	439,650	1,235,459
2057	214,851	493,291	367,931	1,076,073
2058	189,872	435,876	306,448	932,196
2059	166,554	382,782	254,027	803,363
2060	144,970	334,007	209,564	688,542
2061	125,205	289,590	172,035	586,830
2062	107,297	249,469	140,509	497,275
2063	91,240	213,500	114,160	418,901
2064	76,989	181,483	92,256	350,728
2065	64,467	153,176	74,150	291,793
2066	53,570	128,317	59,271	241,159

2022 Schedule SB Line 26b - Schedule of Projection of Expected Benefit Payments

Convergys Corporaton Pension Plan
EIN 83-1746894 / PN 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiariares Receiving Payments	Total
2067	44,174	106,633	47,120	197,928
2068	36,143	87,852	37,257	161,252
2069	29,337	71,708	29,299	130,344
2070	23,617	57,945	22,919	104,481
2071	18,850	46,321	17,834	83,006
2072	14,910	36,604	13,808	65,322
2073	11,681	28,572	10,639	50,892
2074	9,059	22,012	8,160	39,230
2075	6,949	16,724	6,232	29,905
2076	5,269	12,523	4,739	22,531
2077	3,945	9,233	3,590	16,769
2078	2,915	6,699	2,709	12,323
2079	2,123	4,780	2,035	8,938
2080	1,523	3,351	1,522	6,396
2081	1,075	2,308	1,132	4,514
2082	746	1,560	836	3,141
2083	508	1,034	612	2,154
2084	339	673	443	1,455
2085	222	429	318	969
2086	143	268	224	635
2087	90	164	156	410
2088	55	98	107	260
2089	33	58	72	163
2090	19	33	47	100
2091	11	19	30	60
2092	6	10	19	36
2093	3	6	12	21
2094	2	3	7	12
2095	1	2	4	7
2096	1	1	2	4
2097	0	0	1	2
2098	0	0	1	1
2099	0	0	0	1
2100	0	0	0	0
2101	0	0	0	0
2102	0	0	0	0
2103	-	-	0	0
2104	-	-	0	0
2105	-	-	0	0

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Notes Regarding 2022 Schedule SB (Form 5500)

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

In making this certification, I have relied, as permitted under Sec. 103(a)(4)(D) of ERISA, on the correctness of the asset values and contribution information supplied by the plan administrator, on which the qualified public accountant engaged by the Plan has expressed an opinion. I have also relied on the correctness of the participant data supplied by the plan administrator. These items would customarily not be verified by the actuary. I have reviewed, and applied certain reasonableness and consistency checks to, the information furnished and I have no reason to doubt its substantial accuracy.

Thomas P. Dolan	9/28/2023
Signature of Actuary	Date
Thomas P. Dolan	23-05682
Name of Actuary	Enrollment Number
Aon Consulting, Inc. MSC #17741 P.O. Box 6718 Somerset, NJ 08875	(973) 463-6142
Address	Telephone Number

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
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EIN: 83-1746894 PN: 001

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Days Discounted at 5.33%	Interest Adjusted Contribution
4/13/2022	$311,579	102	$307,090
7/12/2022	$311,579	192	$303,183
4/27/2023	$2,500,000	481	$2,334,644
7/17/2023	$2,500,000	562	$2,307,895
9/14/2023	$2,500,000	621	$2,288,604
Total	$8,123,158		$7,541,416

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	7.00%	0.9000	3.53
57	7.00%	0.8370	3.34
58	8.00%	0.7784	3.61
59	9.00%	0.7161	3.80
60	14.00%	0.6517	5.47
61	15.00%	0.5604	5.13
62	22.00%	0.4764	6.50
63	22.00%	0.3716	5.15
64	25.00%	0.2898	4.64
65	32.00%	0.2174	4.52
66	25.00%	0.1478	2.44
67	25.00%	0.1109	1.86
68	25.00%	0.0831	1.41
69	25.00%	0.0624	1.08
70	100.00%	0.0468	3.27
		Weighted Average	61.25

2022 Schedule SB Line 26b - Schedule of Projection of Expected Benefit Payments

Convergys Corporaton Pension Plan
EIN 83-1746894 / PN 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiariares Receiving Payments	Total
2022	2,691,663	3,991,349	7,266,960	13,949,973
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2029	1,523,467	3,097,579	5,788,699	10,409,746
2030	1,468,010	2,922,456	5,629,113	10,019,579
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2047	515,457	1,263,558	1,714,186	3,493,201
2048	482,758	1,165,979	1,510,185	3,158,922
2049	449,852	1,079,499	1,321,519	2,850,871
2050	420,519	993,734	1,148,942	2,563,195
2051	388,925	913,994	992,724	2,295,642
2052	358,228	834,672	852,671	2,045,572
2053	327,426	759,894	728,244	1,815,563
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2061	125,205	289,590	172,035	586,830
2062	107,297	249,469	140,509	497,275
2063	91,240	213,500	114,160	418,901
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2066	53,570	128,317	59,271	241,159

2022 Schedule SB Line 26b - Schedule of Projection of Expected Benefit Payments

Convergys Corporaton Pension Plan
EIN 83-1746894 / PN 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiariares Receiving Payments	Total
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2071	18,850	46,321	17,834	83,006
2072	14,910	36,604	13,808	65,322
2073	11,681	28,572	10,639	50,892
2074	9,059	22,012	8,160	39,230
2075	6,949	16,724	6,232	29,905
2076	5,269	12,523	4,739	22,531
2077	3,945	9,233	3,590	16,769
2078	2,915	6,699	2,709	12,323
2079	2,123	4,780	2,035	8,938
2080	1,523	3,351	1,522	6,396
2081	1,075	2,308	1,132	4,514
2082	746	1,560	836	3,141
2083	508	1,034	612	2,154
2084	339	673	443	1,455
2085	222	429	318	969
2086	143	268	224	635
2087	90	164	156	410
2088	55	98	107	260
2089	33	58	72	163
2090	19	33	47	100
2091	11	19	30	60
2092	6	10	19	36
2093	3	6	12	21
2094	2	3	7	12
2095	1	2	4	7
2096	1	1	2	4
2097	0	0	1	2
2098	0	0	1	1
2099	0	0	0	1
2100	0	0	0	0
2101	0	0	0	0
2102	0	0	0	0
2103	-	-	0	0
2104	-	-	0	0
2105	-	-	0	0

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	January 1, 1999
Effective Date of Last Amendment:	June 29, 2011
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st

Eligibility

All employees who have reached age 21 with one year of service participate in the Plan. Effective April 1, 2008, any employee who has not reached age 21 with one year of service as of March 31, 2008 shall not be eligible to participate in the plan.

Cash Balance Accounts

a. Initial Balance: Transferred from the CBMPP or CBPP as of December 31, 1998.

b. Interest Credits: Interest credits are added to all accounts annually. The interest crediting rates for active employees for 2008 and thereafter is 4.00%.

c. Pension Credits: Each year, pension credits will be added to the accounts of all active participants based on age, compensation and the Social Security Wage Base. Starting in 2007, the schedule of credits was reduced and is as follows:

Age*	Pension Credit for All Pay	Additional Credit for Pay in Excess of the Social Security Wage Base**
under 30	2.00%	1.000%
30 to 34	2.25%	1.125%
35 to 39	2.50%	1.250%
40 to 44	3.25%	1.625%
45 to 49	4.00%	2.000%
50 to 54	5.00%	2.500%
55 and Over	6.00%	3.000%

After March 31, 2008, there are no more pension credits.

*Age is determined as of December 31 of each calendar year

d. Compensation for Pension Credit: For all participants, pension credits are based on compensation including bonuses.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

Transition Benefits

a. Eligibility: Participants who were IMG employees as of 12/31/93 and either completed 20 years of service as of 12/31/93 or whose sum of attained age and years of service as of 12/31/93 equals at least 65 are eligible for transition benefits.

b. Benefit: The transition benefit is determined by multiplying the average annual base salary for the five-year period ending on the date of termination or retirement by the total number of years of service at that date and 1.6%. No future accruals will be granted under this formula beyond 1998. Bonuses are not included as pensionable compensation for this purpose.

There is also a frozen minimum accrued benefit as of March 31, 1995 under this transition benefit formula that added five years to the total number of years of service as of March 31, 1995 and five years to the actual attained age as of March 31, 1995 provided the employee would have been eligible to retire with such additions, was an active vested participant in the Plan as of April 1, 1995 and was a first, second or District level manager (or the equivalent).

Normal Retirement

a. Eligibility: A participant's normal retirement age is age 65, or the fifth anniversary for a participant who enters the Plan after age 60.

b. Benefit: The monthly retirement benefit payable to a participant at any retirement date is equal to the actuarial equivalent of his cash balance account as of such date or the transition annuity benefit, if greater.

c. Forms of Benefit: The normal form of benefit for non-married participants is a level life annuity. For married participants, the normal form of benefit is a qualified 50% joint and survivor annuity. In either case, the normal form of benefit is the actuarial equivalent of the participant's account balance or the transition annuity benefit, if greater. As an optional form of benefit, participants can receive their benefit as a lump sum distribution on an actuarial equivalent basis.

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

Disability & Service Pensions

a. Eligibility: Disability pensions are provided to employees who were active on December 31, 1993 and subsequently become disabled with at least 15 years of service. Service pensions are provided to a retired employee when the following conditions are met:

Age		Minimum Years of Service	
60	and	10	
55	and	20	(transition employees only)
50	and	25	(transition employees only)
Any Age	and	30	

b. Benefit: The monthly retirement benefit payable to a participant at any retirement date is equal to the actuarial equivalent of his cash balance account as of such date or the transition annuity benefit (reduced for early retirement), if greater.

c. For transition benefit purposes, the benefit is reduced by 0.5% for each calendar month by which the employee's age at retirement is less than 55 years unless the employee has 30 or more years of service or is granted a disability pension. If the employee has 30 or more years of service, the pension amount is reduced by .25% for each calendar month by which the employee's age at retirement is less than 55. There is no reduction for employees on a disability pension. The early retirement reductions which apply to the frozen minimum accrued benefit as of March 31, 1995 are based on the greater of age and service at retirement, or age plus five as of March 31, 1995 and service plus five as of March 31, 1995.

Vesting

a. Eligibility: 3 years of service and not eligible for a service or disability pension.

b. Benefit: Upon termination of employment, a vested participant may elect to receive an immediate benefit which is the actuarial equivalent of his cash balance account (adjusted for applicable transition benefits). If immediate distribution is not requested, the participant may elect to defer receipt of his benefit and receive interest credits on the cash balance account at a rate of 3.5% (4% if survivor coverage is waived).

Schedule SB Attachment (Form 5500) – 2022 Plan Year
Plan Sponsor: Concentrix CVG Corporation
Plan Name: Convergys Corporation Pension Plan
EIN: 83-1746894 PN: 001

Schedule SB, Part V - Summary of Plan Provisions

Death Benefits

a. Eligibility: 3 years of service

b. Benefit: The greater of (1) or (2)

1. The actuarial equivalent of the participant's cash balance account as of the date of death.

2. The transition benefit for a surviving spouse of an active employee who dies with at least five years but less than fifteen years of service is equal to 44% of the transition benefit amount accrued to the date of death with payments to the surviving spouse beginning at the time the deceased employee would have attained age 65. For a surviving spouse of an active employee who dies with at least fifteen years of service, the transition benefit is equal to 45% of the pension amount accrued to the date of death with payments commencing immediately without an early retirement discount.

Convergys Corporation Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN #83-1746894 Plan #001

December 31, 2022

Identity of Party Involved and Description of Asset	Number of Shares	Cost	Current Value
Common collective Trusts			
* Russell 1000 Index Fund SR I	635,686	$ 11,571,690	$ 29,527,625
* Russell International Fund	295,060	18,402,463	23,964,803
* Russell Multi-Manager Bond Fund	603,945	12,971,707	12,495,626
* Russell 8-Year LDI Fixed Income Fund	934,226	12,913,026	11,659,146
* Russell 14-Year LDI Fixed Income Fund	750,405	11,225,179	9,440,091
* Russell Equity II Fund	34,813	4,886,809	7,294,397
* Russell Emerging Markets Fund	53,807	5,955,477	5,209,590
* Russell 10 to 15 Year STRIPS Fixed Income Fund	413,737	5,242,401	4,360,784
* Russell 15 to 20 Year STRIPS Fixed Income Fund	343,192	4,611,337	3,613,817
		87,780,089	107,565,879
Limited Partnership			
Tri-State Growth Capital Fund I L.P.	187,719	187,719	113,800
Total Investments		$ 87,967,808	$ 107,679,679

*Party-in-interest