

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
1c Effective date of plan <u>12/28/1978</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER</u> <u>401 CYPRESS ST</u> <u>MANCHESTER, NH 03103-3628</u>	2b Employer Identification Number (EIN) <u>02-0258994</u>	2c Plan Sponsor's telephone number <u>603-668-4111</u>
	2d Business code (see instructions) <u>621330</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	ERISA FIDUCIARY SERVICES, INC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 485
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) 485
a(2) Total number of active participants at the end of the plan year		6a(2) 481
b Retired or separated participants receiving benefits		6b 28
c Other retired or separated participants entitled to future benefits.....		6c 123
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 632
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 632
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 401
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 6
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: 2F 2G 2L 2M 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER	D Employer Identification Number (EIN) 02-0258994

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891840+008	44	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/ GUAR FUND

b	Balance at the end of the previous year	7b	137995
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	3293	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	3293
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	141288
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	55456	
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	55456
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	85832
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER	D Employer Identification Number (EIN) 02-0258994

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891840+007	113	01/01/2022	12/31/2022

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	3534791
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c	Additions: (1) Contributions deposited during the year	7c(1)	163971	
	(2) Dividends and credits.....	7c(2)	2	
	(3) Interest credited during the year.....	7c(3)	75002	
	(4) Transferred from separate account.....	7c(4)	431265	
	(5) Other (specify below)	7c(5)	3850	

▶ LOAN TRANSFER

(6) Total additions.....	7c(6)	674090
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	4208881
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	721991	
(2) Administration charge made by carrier.....	7e(2)	3130	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions.....	7e(5)	725121
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3483760
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER	D Employer Identification Number (EIN) 02-0258994	

Part I	Service Provider Information (see instructions)
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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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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	SERVICE PROVIDER	37645	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

PCS RETIREMENT LLC

23-3038464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	25370	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER</u>		D Employer Identification Number (EIN) <u>02-0258994</u>

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	0	15030
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	25872	26104
(2) Participant contributions.....	1b(2)	45970	48270
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	146740	101748
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	32557600	24996441
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3672786	3569592
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	36448968	28757185

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	36448968	28757185
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	759344	
(B) Participants	2a(1)(B)	1422920	
(C) Others (including rollovers)	2a(1)(C)	304465	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2486729
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)	6812	
(F) Other	2b(1)(F)	77644	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84456
(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)	886891	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		886891
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8113015
c Other income	2c		37325
d Total income. Add all income amounts in column (b) and enter total	2d		-4617614
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3004190	
(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)		3004190
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		6964
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	63015	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		63015
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3074169
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-7691783
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER NEWMAN & NOYES LLC**

(2) EIN: **01-0494526**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER		D Employer Identification Number (EIN) 02-0258994
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): 04-3157927 35-1140070		
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 6
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

Financial Statements
and Supplemental Schedule

*For the Years Ended December 31, 2022 and 2021
With Independent Auditors' Report*

INDEPENDENT AUDITORS' REPORT

To the Plan Committee and Participants
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

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

We have performed audits of the financial statements of The Mental Health Center of Greater Manchester Tax Sheltered Annuity 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, the related statements of changes in net assets available for benefits for the years then ended, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate to the best of their knowledge.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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 (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

To the Plan Committee and Participants
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 U.S. GAAP.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

To the Plan Committee and Participants
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions 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).

Manchester, New Hampshire
October 16, 2023

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash	\$ 15,030	\$ —
Investments, at fair value:		
Mutual funds	24,601,881	31,840,578
Multi-fund accounts	<u>394,560</u>	<u>717,022</u>
	24,996,441	32,557,600
Investments, at contract value:		
Guaranteed accounts	<u>3,569,592</u>	<u>3,672,786</u>
Total investments	28,566,033	36,230,386
Receivables:		
Participant contributions receivable	48,270	45,970
Employer contributions receivable	26,104	25,872
Notes receivable from participants	<u>101,748</u>	<u>146,740</u>
Total receivables	<u>176,122</u>	<u>218,582</u>
Net assets available for benefits	<u>\$28,757,185</u>	<u>\$36,448,968</u>

See accompanying notes.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Changes in net assets attributed to:		
Investment (loss) income:		
Interest and dividends	\$ 964,535	\$ 2,188,199
Net (depreciation) appreciation in fair value of investments	<u>(8,113,015)</u>	<u>2,107,943</u>
Net investment (loss) income	(7,148,480)	4,296,142
Interest income on notes receivable from participants	6,812	7,865
Contributions:		
Participants	1,422,920	1,428,827
Employer	759,344	742,878
Rollovers	<u>304,465</u>	<u>35,125</u>
Total contributions	2,486,729	2,206,830
Other income	<u>37,325</u>	<u>30,141</u>
Total changes in net assets before deductions	(4,617,614)	6,540,978
Deductions from net assets attributed to:		
Distributions to participants	3,011,154	2,292,602
Administrative expenses	<u>63,015</u>	<u>33,491</u>
Total deductions	<u>3,074,169</u>	<u>2,326,093</u>
Net (decrease) increase in net assets available for benefits	(7,691,783)	4,214,885
Net assets available for benefits, beginning of year	<u>36,448,968</u>	<u>32,234,083</u>
Net assets available for benefits, end of year	<u>\$28,757,185</u>	<u>\$36,448,968</u>

See accompanying notes.

THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

1. Plan Description

The following description of The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan (the Plan) provides general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) plan sponsored by The Mental Health Center of Greater Manchester, Inc. (the Center, the Employer, or the Sponsor), covering substantially all employees of the Center. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Through July 12, 2022, the Plan's custodians were the Lincoln National Life Insurance Company and Lincoln Financial Group Trust Company, Inc. (collectively referred to as Lincoln). Effective July 13, 2022, AdvisorTrust, Inc. began serving as a custodian for the Plan and replaced Lincoln Financial Group Trust Company, Inc.

Effective July 1, 2022, the Plan was amended and restated to operate under a non-standardized pre-approved basic plan document sponsored by CCH Incorporated, DBA ftwilliam.com. The significant changes to the Plan were as follows:

- The Plan will allow Roth deferrals;
- Employees who would defer less than \$200 are not eligible;
- Employees are eligible for match after one month of service (previously twelve months);
- The frequency of deferral changes is determined by the Plan Administrator; and
- Participants' catch up contributions are eligible to receive employer matching contributions.

Contributions

Participants may elect to contribute to the Plan on a pre-tax basis, subject to Internal Revenue Code (IRC) limitations. Prior to July 1, 2022, there were no minimum contribution requirements to be a participant in the Plan. Effective July 1, 2022, participants were not permitted to contribute an amount less than \$200 to the Plan. Participants who have completed 15 years of service with the Center may make a special IRC section 403(b) catch-up contribution subject to IRC limitations. Participants who are at least age 50 may make an additional "catch-up" contribution subject to IRC limitations. The employer match is discretionary, however, and has remained at a fixed rate of 100% of up to 5% of eligible compensation for the years ended December 31, 2022 and 2021. To be eligible for Center contributions, employees must complete one month of service (one year of service prior to July 1, 2022), as defined. Participants may also contribute funds from other qualified retirement plans (rollover contributions), subject to certain requirements.

Participant Accounts

Each participant's account is credited with the contributions of the participant and an allocation of earnings or losses and administrative expenses of each fund based on the participant's relative account balances.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

1. Plan Description (Continued)

Vesting

Participants are immediately vested in their contributions and all Center contributions and the earnings or losses thereon.

Payment of Benefits

Upon separation from service with the Center due to death, disability, retirement or termination, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account, payments over a specified period, or other participant options as defined in the plan document. Participants who have a vested account balance in excess of \$1,000 may leave their funds invested in the Plan indefinitely. Vested account balances of \$1,000 or less may be automatically distributed to the participant in a lump-sum on the participants' behalf upon termination of employment.

In-service withdrawals are available once the participant reaches age 59 1/2 and in certain other limited circumstances, as defined in the Plan document. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan.

Notes Receivable From Participants

A participant may borrow the lesser of 50% of his or her vested account balance or \$50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period, with a minimum loan amount of \$1,000. Loans are repayable monthly or quarterly, depending on the participant's election, generally over five years unless the loan is for the purchase of a principal residence, in which case the loan repayment period cannot exceed 20 years. The interest rate is determined based on the bank prime rate on the first business day of each calendar quarter plus 1% and is fixed over the life of the note. A participant may have two loans outstanding at one time. As of December 31, 2022, the interest rates on outstanding loans ranged from 4.25% to 8.00% with various maturities through January 2039.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions to one or more of the investment options offered by the Plan. Participants may change their investment options as set forth in the Plan document.

Plan Termination

Although it has not expressed any intent to do so, the Center has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, the custodians, once notified by the Center of the termination date, will distribute to each participant his or her account balance on that date in accordance with the terms of the Plan.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Administrative Expenses

Substantially all expenses incurred in the administration of the Plan are paid by the Plan sponsor, except for certain participant transaction related fees and investment advisor fees.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options which are exposed to various risks such as interest rate, market volatility, liquidity and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Contributions

Contributions to the Plan are made by both participants and the Sponsor. Participant contributions are recorded in the period in which payroll deductions are made. Sponsor matching contributions are determined for each payroll period, and are recorded in the period in which related payroll deductions are made.

Investment Valuation and Income Recognition

Investments are stated at fair value (except for fully benefit-responsive investment contracts, which are stated at contract value). See note 5 for further discussion of fair value measurements. The Plan invests in the Lincoln Stable Value Account and Fixed Account, which are group annuity contracts issued by The Lincoln National Life Insurance Company that are considered fully benefit-responsive. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Contract value represents contributions made under the contract plus interest earned, less participant withdrawals and administrative expenses.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

2. Summary of Significant Accounting Policies (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan payments and the Plan Administrator deems the participant's loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 16, 2023 which is the date the financial statements were available to be issued.

3. Tax Status

The Plan is subject to ERISA and certain provisions of the IRC. The Plan Administrator believes the Plan has been designed and operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes the Plan was qualified and was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

4. Information Certified by the Custodians

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the United States DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by The Lincoln National Life Insurance Company as of and for the years ended December 31, 2022 and 2021, AdvisorTrust, Inc. as of December 31, 2022 and for the period July 13, 2022 through December 31, 2022, the current custodians, and Lincoln Financial Group Trust Company, Inc. as of and for the year ended December 31, 2021 and for the period January 1, 2022 through July 12, 2022, the former custodian, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications from the custodians stating that the information provided to the Plan Administrator by the custodians is complete and accurate to the best of their knowledge. Such information includes investments, interest and dividends, net (depreciation) appreciation in fair value of investments, investment transactions, notes receivable from participants, interest income on notes receivable and notes receivable transactions.

5. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

Fair value measurements establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 – Inputs to the valuation method include:

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

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

5. Fair Value Measurements (Continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Multi-fund accounts: Valued at the net asset value of shares or units held by the Plan at year end, as determined by the fund managers, based upon quoted market prices of the underlying investments. These can be redeemed by participants daily at net asset value and there are no unfunded commitments at December 31, 2022 and 2021.

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

The following table presents by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2022 and 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2022</u>				
Mutual funds	<u>\$24,601,881</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$24,601,881</u>
	<u>\$24,601,881</u>	<u>\$ —</u>	<u>\$ —</u>	24,601,881
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>394,560</u>
				<u>\$24,996,441</u>
<u>2021</u>				
Mutual funds	<u>\$31,840,578</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$31,840,578</u>
	<u>\$31,840,578</u>	<u>\$ —</u>	<u>\$ —</u>	31,840,578
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>717,022</u>
				<u>\$32,557,600</u>

^(a) In accordance with Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements*, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

6. Fully Benefit-Responsive Investment Contracts

For the Plan's fully benefit-responsive investment contracts with Lincoln, there are no reserves against contract value for credit risk of the contract issuer or otherwise. Only an event causing liquidity constraints at the issuer could limit the ability of the Plan to transact at contract value, paid within 90 days or in rare circumstances, paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value. There is a segment of assets within the issuer's general accounts that is managed to support both the guaranteed interest account's guarantees and its liability payouts.

Certain events limit the ability of the Plan to transact at contract value with Lincoln. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures, or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable. Lincoln reserves the right to defer any payment from the group annuity contract for a period not to exceed six months after a request is received.

The Plan's stable value account and fixed account are held by the issuer, Lincoln. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate guarantees a rate of not less than 2.00% for the stable value account and 3.50% for the fixed account. Such interest rates are reviewed and may be reset on a quarterly basis.

Lincoln has made a promise to pay interest at crediting rates that are announced in advance and guaranteed for a specific period of time as outlined in the contract. The interest crediting rates are determined by Lincoln based on information tied to a current market index and are not based on the performance of the assets which back the investment contract.

7. Revenue Sharing

Through July 12, 2022, the Plan had a revenue sharing agreement with Lincoln. Lincoln received fees from the fund companies that the Plan is invested in. The Plan received \$37,325 and \$30,141 for the years ended December 31, 2022 and 2021, respectively, which is recorded as other income on the statement of changes in net assets available for benefits.

8. Party-in-Interest Transactions

Certain Plan investments are managed by the current custodians and former custodian, as defined in note 1. The Plan paid administrative expenses to the custodians of \$63,015 and \$33,491 during the years ended December 31, 2022 and 2021, respectively. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. In addition, notes receivable to participants qualify as party-in-interest transactions.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

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

EIN: 02-0258994
Plan #001

December 31, 2022

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost ⁽¹⁾	Current Value
Mutual funds:			
American Funds	2020 Target Date Retirement Fund R6	\$ —	\$ 5,445
American Funds	2025 Target Date Retirement Fund R6	—	2,111,641
American Funds	2030 Target Date Retirement Fund R6	—	600,962
American Funds	2035 Target Date Retirement Fund R6	—	2,332,881
American Funds	2040 Target Date Retirement Fund R6	—	13,036
American Funds	2045 Target Date Retirement Fund R6	—	1,854,417
American Funds	2050 Target Date Retirement Fund R6	—	18,328
American Funds	2055 Target Date Retirement Fund R6	—	1,141,285
American Funds	2060 Target Date Retirement Fund R6	—	20,760
American Funds	2065 Target Date Retirement Fund R6	—	227,947
American Funds	Balanced Fund R6	—	3,418,839
American Funds	Capital World Growth & Income Fund R6	—	564,338
American Funds	Euro Pacific Growth Fund R6	—	1,136,452
American Funds	Washington Mutual Investments Fund R6	—	1,393,730
Fidelity	Advisory Equity Growth Fund Z	—	4,280,392
Fidelity	Advisor Total Bond fund Z	—	1,797,720
ISHARES	MSCI EAFE International Index Fund K	—	75
ISHARES	Russell 1000 Large-Cap Index Fund K	—	1,880,424
ISHARES	Russell 2000 Small-Cap Index Fund K	—	334,145
ISHARES	Russell Mid-Cap Index Fund K	—	951,984
PIMCO	Income Fund Institutional	—	517,080
		—	24,601,881
Multi-fund accounts:			
* Lincoln National Life Insurance Company	American Century VP Balance Fund	—	18,381
* Lincoln National Life Insurance Company	American Funds Global Growth Fund	—	10,400
* Lincoln National Life Insurance Company	Fidelity Asset Manager Fund	—	18,387
* Lincoln National Life Insurance Company	Fidelity Contrafund	—	10,871
* Lincoln National Life Insurance Company	Fidelity Growth Portfolio Fund	—	71,057
* Lincoln National Life Insurance Company	Janus Henderson Global Research Fund	—	4,527
* Lincoln National Life Insurance Company	Neuberger Berman AMT Large Cap Value Fund	—	519
* Lincoln National Life Insurance Company	T. Rowe Price International Stock Fund	—	27,956
* Lincoln National Life Insurance Company	VIP Baron Growth Opportunities Fund	—	4,653
* Lincoln National Life Insurance Company	VIP Blended Large Cap Growth Fund	—	397
* Lincoln National Life Insurance Company	VIP Social Awareness Fund	—	7,544
* Lincoln National Life Insurance Company	VIP SSGA S&P 500 Index Fund	—	130,428
* Lincoln National Life Insurance Company	VIP SSGA Small-Cap Index Fund	—	64,359
* Lincoln National Life Insurance Company	VIP T. Rowe Price Structured Fund	—	25,081
		—	394,560

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

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

EIN: 02-0258994
Plan #001

December 31, 2022

<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost⁽¹⁾</u>	<u>Current Value</u>
Guaranteed account:			
* Lincoln Financial	Stable Value Account	\$ —	\$ 3,483,760
* Lincoln Financial	Fixed Account	<u>—</u>	<u>85,832</u>
		—	3,569,592
* Participant loans	Various maturity dates with interest rates ranging from 4.25% to 8.00%	<u>—</u>	<u>101,748</u>
		<u>\$ —</u>	<u>\$28,667,781</u>

* Represents a party-in-interest to the Plan.

⁽¹⁾ Cost is not required for participant-directed investments.

The above information has been certified by The Lincoln National Life Insurance Company and AdvisorTrust, Inc., the custodians, as complete and accurate.

The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

Financial Statements
and Supplemental Schedule

*For the Years Ended December 31, 2022 and 2021
With Independent Auditors' Report*

INDEPENDENT AUDITORS' REPORT

To the Plan Committee and Participants
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

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

We have performed audits of the financial statements of The Mental Health Center of Greater Manchester Tax Sheltered Annuity 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, the related statements of changes in net assets available for benefits for the years then ended, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate to the best of their knowledge.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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 (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

To the Plan Committee and Participants
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 U.S. GAAP.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

To the Plan Committee and Participants
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions 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).

Manchester, New Hampshire
October 16, 2023

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash	\$ 15,030	\$ —
Investments, at fair value:		
Mutual funds	24,601,881	31,840,578
Multi-fund accounts	<u>394,560</u>	<u>717,022</u>
	24,996,441	32,557,600
Investments, at contract value:		
Guaranteed accounts	<u>3,569,592</u>	<u>3,672,786</u>
Total investments	28,566,033	36,230,386
Receivables:		
Participant contributions receivable	48,270	45,970
Employer contributions receivable	26,104	25,872
Notes receivable from participants	<u>101,748</u>	<u>146,740</u>
Total receivables	<u>176,122</u>	<u>218,582</u>
Net assets available for benefits	<u>\$28,757,185</u>	<u>\$36,448,968</u>

See accompanying notes.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Changes in net assets attributed to:		
Investment (loss) income:		
Interest and dividends	\$ 964,535	\$ 2,188,199
Net (depreciation) appreciation in fair value of investments	<u>(8,113,015)</u>	<u>2,107,943</u>
Net investment (loss) income	(7,148,480)	4,296,142
Interest income on notes receivable from participants	6,812	7,865
Contributions:		
Participants	1,422,920	1,428,827
Employer	759,344	742,878
Rollovers	<u>304,465</u>	<u>35,125</u>
Total contributions	2,486,729	2,206,830
Other income	<u>37,325</u>	<u>30,141</u>
Total changes in net assets before deductions	(4,617,614)	6,540,978
Deductions from net assets attributed to:		
Distributions to participants	3,011,154	2,292,602
Administrative expenses	<u>63,015</u>	<u>33,491</u>
Total deductions	<u>3,074,169</u>	<u>2,326,093</u>
Net (decrease) increase in net assets available for benefits	(7,691,783)	4,214,885
Net assets available for benefits, beginning of year	<u>36,448,968</u>	<u>32,234,083</u>
Net assets available for benefits, end of year	<u>\$28,757,185</u>	<u>\$36,448,968</u>

See accompanying notes.

THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

1. Plan Description

The following description of The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan (the Plan) provides general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) plan sponsored by The Mental Health Center of Greater Manchester, Inc. (the Center, the Employer, or the Sponsor), covering substantially all employees of the Center. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Through July 12, 2022, the Plan's custodians were the Lincoln National Life Insurance Company and Lincoln Financial Group Trust Company, Inc. (collectively referred to as Lincoln). Effective July 13, 2022, AdvisorTrust, Inc. began serving as a custodian for the Plan and replaced Lincoln Financial Group Trust Company, Inc.

Effective July 1, 2022, the Plan was amended and restated to operate under a non-standardized pre-approved basic plan document sponsored by CCH Incorporated, DBA ftwilliam.com. The significant changes to the Plan were as follows:

- The Plan will allow Roth deferrals;
- Employees who would defer less than \$200 are not eligible;
- Employees are eligible for match after one month of service (previously twelve months);
- The frequency of deferral changes is determined by the Plan Administrator; and
- Participants' catch up contributions are eligible to receive employer matching contributions.

Contributions

Participants may elect to contribute to the Plan on a pre-tax basis, subject to Internal Revenue Code (IRC) limitations. Prior to July 1, 2022, there were no minimum contribution requirements to be a participant in the Plan. Effective July 1, 2022, participants were not permitted to contribute an amount less than \$200 to the Plan. Participants who have completed 15 years of service with the Center may make a special IRC section 403(b) catch-up contribution subject to IRC limitations. Participants who are at least age 50 may make an additional "catch-up" contribution subject to IRC limitations. The employer match is discretionary, however, and has remained at a fixed rate of 100% of up to 5% of eligible compensation for the years ended December 31, 2022 and 2021. To be eligible for Center contributions, employees must complete one month of service (one year of service prior to July 1, 2022), as defined. Participants may also contribute funds from other qualified retirement plans (rollover contributions), subject to certain requirements.

Participant Accounts

Each participant's account is credited with the contributions of the participant and an allocation of earnings or losses and administrative expenses of each fund based on the participant's relative account balances.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

1. Plan Description (Continued)

Vesting

Participants are immediately vested in their contributions and all Center contributions and the earnings or losses thereon.

Payment of Benefits

Upon separation from service with the Center due to death, disability, retirement or termination, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account, payments over a specified period, or other participant options as defined in the plan document. Participants who have a vested account balance in excess of \$1,000 may leave their funds invested in the Plan indefinitely. Vested account balances of \$1,000 or less may be automatically distributed to the participant in a lump-sum on the participants' behalf upon termination of employment.

In-service withdrawals are available once the participant reaches age 59 1/2 and in certain other limited circumstances, as defined in the Plan document. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan.

Notes Receivable From Participants

A participant may borrow the lesser of 50% of his or her vested account balance or \$50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period, with a minimum loan amount of \$1,000. Loans are repayable monthly or quarterly, depending on the participant's election, generally over five years unless the loan is for the purchase of a principal residence, in which case the loan repayment period cannot exceed 20 years. The interest rate is determined based on the bank prime rate on the first business day of each calendar quarter plus 1% and is fixed over the life of the note. A participant may have two loans outstanding at one time. As of December 31, 2022, the interest rates on outstanding loans ranged from 4.25% to 8.00% with various maturities through January 2039.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions to one or more of the investment options offered by the Plan. Participants may change their investment options as set forth in the Plan document.

Plan Termination

Although it has not expressed any intent to do so, the Center has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, the custodians, once notified by the Center of the termination date, will distribute to each participant his or her account balance on that date in accordance with the terms of the Plan.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Administrative Expenses

Substantially all expenses incurred in the administration of the Plan are paid by the Plan sponsor, except for certain participant transaction related fees and investment advisor fees.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options which are exposed to various risks such as interest rate, market volatility, liquidity and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Contributions

Contributions to the Plan are made by both participants and the Sponsor. Participant contributions are recorded in the period in which payroll deductions are made. Sponsor matching contributions are determined for each payroll period, and are recorded in the period in which related payroll deductions are made.

Investment Valuation and Income Recognition

Investments are stated at fair value (except for fully benefit-responsive investment contracts, which are stated at contract value). See note 5 for further discussion of fair value measurements. The Plan invests in the Lincoln Stable Value Account and Fixed Account, which are group annuity contracts issued by The Lincoln National Life Insurance Company that are considered fully benefit-responsive. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Contract value represents contributions made under the contract plus interest earned, less participant withdrawals and administrative expenses.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

2. Summary of Significant Accounting Policies (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan payments and the Plan Administrator deems the participant's loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 16, 2023 which is the date the financial statements were available to be issued.

3. Tax Status

The Plan is subject to ERISA and certain provisions of the IRC. The Plan Administrator believes the Plan has been designed and operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes the Plan was qualified and was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

4. Information Certified by the Custodians

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the United States DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by The Lincoln National Life Insurance Company as of and for the years ended December 31, 2022 and 2021, AdvisorTrust, Inc. as of December 31, 2022 and for the period July 13, 2022 through December 31, 2022, the current custodians, and Lincoln Financial Group Trust Company, Inc. as of and for the year ended December 31, 2021 and for the period January 1, 2022 through July 12, 2022, the former custodian, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications from the custodians stating that the information provided to the Plan Administrator by the custodians is complete and accurate to the best of their knowledge. Such information includes investments, interest and dividends, net (depreciation) appreciation in fair value of investments, investment transactions, notes receivable from participants, interest income on notes receivable and notes receivable transactions.

5. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

Fair value measurements establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 – Inputs to the valuation method include:

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

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

5. Fair Value Measurements (Continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Multi-fund accounts: Valued at the net asset value of shares or units held by the Plan at year end, as determined by the fund managers, based upon quoted market prices of the underlying investments. These can be redeemed by participants daily at net asset value and there are no unfunded commitments at December 31, 2022 and 2021.

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

The following table presents by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2022 and 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2022</u>				
Mutual funds	<u>\$24,601,881</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$24,601,881</u>
	<u>\$24,601,881</u>	<u>\$ —</u>	<u>\$ —</u>	24,601,881
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>394,560</u>
				<u>\$24,996,441</u>
<u>2021</u>				
Mutual funds	<u>\$31,840,578</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$31,840,578</u>
	<u>\$31,840,578</u>	<u>\$ —</u>	<u>\$ —</u>	31,840,578
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>717,022</u>
				<u>\$32,557,600</u>

^(a) In accordance with Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements*, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

6. Fully Benefit-Responsive Investment Contracts

For the Plan's fully benefit-responsive investment contracts with Lincoln, there are no reserves against contract value for credit risk of the contract issuer or otherwise. Only an event causing liquidity constraints at the issuer could limit the ability of the Plan to transact at contract value, paid within 90 days or in rare circumstances, paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value. There is a segment of assets within the issuer's general accounts that is managed to support both the guaranteed interest account's guarantees and its liability payouts.

Certain events limit the ability of the Plan to transact at contract value with Lincoln. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures, or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable. Lincoln reserves the right to defer any payment from the group annuity contract for a period not to exceed six months after a request is received.

The Plan's stable value account and fixed account are held by the issuer, Lincoln. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate guarantees a rate of not less than 2.00% for the stable value account and 3.50% for the fixed account. Such interest rates are reviewed and may be reset on a quarterly basis.

Lincoln has made a promise to pay interest at crediting rates that are announced in advance and guaranteed for a specific period of time as outlined in the contract. The interest crediting rates are determined by Lincoln based on information tied to a current market index and are not based on the performance of the assets which back the investment contract.

7. Revenue Sharing

Through July 12, 2022, the Plan had a revenue sharing agreement with Lincoln. Lincoln received fees from the fund companies that the Plan is invested in. The Plan received \$37,325 and \$30,141 for the years ended December 31, 2022 and 2021, respectively, which is recorded as other income on the statement of changes in net assets available for benefits.

8. Party-in-Interest Transactions

Certain Plan investments are managed by the current custodians and former custodian, as defined in note 1. The Plan paid administrative expenses to the custodians of \$63,015 and \$33,491 during the years ended December 31, 2022 and 2021, respectively. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. In addition, notes receivable to participants qualify as party-in-interest transactions.

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

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

EIN: 02-0258994
Plan #001

December 31, 2022

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost ⁽¹⁾	Current Value
Mutual funds:			
American Funds	2020 Target Date Retirement Fund R6	\$ —	\$ 5,445
American Funds	2025 Target Date Retirement Fund R6	—	2,111,641
American Funds	2030 Target Date Retirement Fund R6	—	600,962
American Funds	2035 Target Date Retirement Fund R6	—	2,332,881
American Funds	2040 Target Date Retirement Fund R6	—	13,036
American Funds	2045 Target Date Retirement Fund R6	—	1,854,417
American Funds	2050 Target Date Retirement Fund R6	—	18,328
American Funds	2055 Target Date Retirement Fund R6	—	1,141,285
American Funds	2060 Target Date Retirement Fund R6	—	20,760
American Funds	2065 Target Date Retirement Fund R6	—	227,947
American Funds	Balanced Fund R6	—	3,418,839
American Funds	Capital World Growth & Income Fund R6	—	564,338
American Funds	Euro Pacific Growth Fund R6	—	1,136,452
American Funds	Washington Mutual Investments Fund R6	—	1,393,730
Fidelity	Advisory Equity Growth Fund Z	—	4,280,392
Fidelity	Advisor Total Bond fund Z	—	1,797,720
ISHARES	MSCI EAFE International Index Fund K	—	75
ISHARES	Russell 1000 Large-Cap Index Fund K	—	1,880,424
ISHARES	Russell 2000 Small-Cap Index Fund K	—	334,145
ISHARES	Russell Mid-Cap Index Fund K	—	951,984
PIMCO	Income Fund Institutional	—	517,080
		—	24,601,881
Multi-fund accounts:			
* Lincoln National Life Insurance Company	American Century VP Balance Fund	—	18,381
* Lincoln National Life Insurance Company	American Funds Global Growth Fund	—	10,400
* Lincoln National Life Insurance Company	Fidelity Asset Manager Fund	—	18,387
* Lincoln National Life Insurance Company	Fidelity Contrafund	—	10,871
* Lincoln National Life Insurance Company	Fidelity Growth Portfolio Fund	—	71,057
* Lincoln National Life Insurance Company	Janus Henderson Global Research Fund	—	4,527
* Lincoln National Life Insurance Company	Neuberger Berman AMT Large Cap Value Fund	—	519
* Lincoln National Life Insurance Company	T. Rowe Price International Stock Fund	—	27,956
* Lincoln National Life Insurance Company	VIP Baron Growth Opportunities Fund	—	4,653
* Lincoln National Life Insurance Company	VIP Blended Large Cap Growth Fund	—	397
* Lincoln National Life Insurance Company	VIP Social Awareness Fund	—	7,544
* Lincoln National Life Insurance Company	VIP SSGA S&P 500 Index Fund	—	130,428
* Lincoln National Life Insurance Company	VIP SSGA Small-Cap Index Fund	—	64,359
* Lincoln National Life Insurance Company	VIP T. Rowe Price Structured Fund	—	25,081
		—	394,560

**THE MENTAL HEALTH CENTER OF GREATER
MANCHESTER TAX SHELTERED ANNUITY PLAN**

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

EIN: 02-0258994
Plan #001

December 31, 2022

<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost⁽¹⁾</u>	<u>Current Value</u>
Guaranteed account:			
* Lincoln Financial	Stable Value Account	\$ —	\$ 3,483,760
* Lincoln Financial	Fixed Account	<u>—</u>	<u>85,832</u>
		—	3,569,592
* Participant loans	Various maturity dates with interest rates ranging from 4.25% to 8.00%	<u>—</u>	<u>101,748</u>
		<u>\$ —</u>	<u>\$28,667,781</u>

* Represents a party-in-interest to the Plan.

⁽¹⁾ Cost is not required for participant-directed investments.

The above information has been certified by The Lincoln National Life Insurance Company and AdvisorTrust, Inc., the custodians, as complete and accurate.