Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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
PENSION PLAN OF CIRCLE HEALTH, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1963

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)
CIRCLE HEALTH, INC.

NANCY GUILBEAULT

295 VARNUM AVENUE
LOWELL, MA 01854-2134

2b Employer Identification Number (EIN) 22-2579798

2c Plan Sponsor's telephone number 978-937-6000

2d Business code (see instructions) 622000

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	KARA O'CONNOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	740
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)**	358
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	318
b	Retired or separated participants receiving benefits	**6b**	156
c	Other retired or separated participants entitled to future benefits	**6c**	242
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	716
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f	Total. Add lines **6d** and **6e**.	**6f**	725
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN OF CIRCLE HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CIRCLE HEALTH, INC.

D Employer Identification Number (EIN)
22-2579798

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

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

Part I Basic Information

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

2 Assets:

a Market value	2a	75025268
b Actuarial value	2b	71311823

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	140	42727695	42727695
b For terminated vested participants	246	10192026	10192026
c For active participants	357	25403957	25403957
d Total	743	78323678	78323678

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	940000
c Total (line 6a + line 6b)	6c	940000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 08/01/2023

TANIA E. STAFFEN — Type or print name of actuary

23-05879 — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — Firm name

312-288-7700 — Telephone number (including area code)

233 S. WACKER DRIVE
SUITE 1800
CHICAGO, IL 60606

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4027379
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	335000
9	Amount remaining (line 7 minus line 8)	0	3692379
10	Interest on line 9 using prior year's actual return of 10.45 %	0	385854
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4911
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.45 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		513
	c Total available at beginning of current plan year to add to prefunding balance		5424
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4078233

Part III Funding Percentages

14	Funding target attainment percentage	14	85.84 %
15	Adjusted funding target attainment percentage	15	88.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	940000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11090088	1189211
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2129211

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2129211	2129211

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan
PENSION PLAN OF CIRCLE HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIRCLE HEALTH, INC.

D Employer Identification Number (EIN)
22-2579798

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

CAXTON ASSOCIATES LP

22-3430173

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

DAVIDSON KEMPNER ADVISERS INC.

13-3594751

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

DAVIDSON KEMPNER CAPITAL MANAGEMENT

13-3863161

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

HG VORA CAPITAL MANAGEMENT, LLC

98-1047317

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

ORCHARD

350 ORCHARD ROAD
SINGAPORE, SINGAPORE 238868 SG

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

PALESTRA CAPITAL MANAGEMENT LLC

35-2421252

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

PARK SQUARE CAPITAL, LLP

5 STRATTON STREET
LONDON, UNITED KINGDOM W1J 8LA GB

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

PIMCO

33-0629048

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

THE VANGUARD GROUP

23-1945930

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

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

(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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	190511	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	53422	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44032	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

BANK OF NEW YORK MELLON

25-6078093

(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?
10 50	NONE	29943	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INCOME RESEARCH AND MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	11330	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 51	NONE	7358	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

WELLINGTON TRUST COMPANY, N.A.

04-2755549

(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?
51 28	NONE	6537	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: PAUL M. BLEREAU
b EIN: 53-0181291
c Position: ENROLLED ACTUARY
d Address: 75 ARLINGTON STREET
FLOOR 10
BOSTON, MA 02116
e Telephone: 617-638-3700

Explanation: CHANGE IN RESPONSIBILITIES WITHIN WTW CLIENT TEAM

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN OF CIRCLE HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CIRCLE HEALTH, INC.

D Employer Identification Number (EIN)
22-2579798

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FTSE RAFI US 1000 INDX NL CTF CM9M

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-3219119-001	C	4729804

a Name of MTIA, CCT, PSA, or 103-12 IE: CIF SMALL CAP 2000

b Name of sponsor of entity listed in (a): WELLINGNTON TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2767481-057	C	2635317

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL 3000(R) INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-042	C	0

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

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	510232

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF OPPORTUNISTIC FIXED INCOME

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6110062-001	C	721360

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EAFE 100 PERCENT HEDGED

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-455	C	2404173

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF II US INVESTMENT

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6913417-189	C	3435009

a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M LONG CREDIT FUND LLC

b Name of sponsor of entity listed in (a): INCOME RESEARCH & MANAGEMENT

c EIN-PN 46-1964829-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6673830

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 32-6528132-038	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3658306

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN OF CIRCLE HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIRCLE HEALTH, INC.

D Employer Identification Number (EIN)
22-2579798

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(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)	30426385	24836951
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	31637598	24768031
(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)	9129349	8170887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3831927	2155615

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	75025259	59931484
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	75025259	59931484

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36
(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)	288415	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		288415
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6564424	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4483103	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2081321
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3291374	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-3291374

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-5933799
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3070822
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		-9926223
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4832945	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	-516166	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4316779
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	220454	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	122679	
(4) Other	2i(4)	507640	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		850773
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5167552
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-15093775
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 474221.

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
PENSION PLAN OF CIRCLE HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIRCLE HEALTH, INC.

D Employer Identification Number (EIN)
22-2579798

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): 13-5160382

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** 16

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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_____

Financial Statements
and Supplementary Information

Pension Plan of Circle Health, Inc.

December 31, 2022 and 2021

PENSION PLAN OF CIRCLE HEALTH, INC.

Financial Statements and Supplementary Information

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Independent Auditors' Report

The Plan Administrator
Pension Plan of Circle Health, Inc.
Lowell, Massachusetts

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

We have performed the audits of the financial statements (modified cash basis) of the Pension Plan of Circle Health, Inc. (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 (modified cash basis) as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits (modified cash basis) 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

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

Opinion (Modified Cash Basis)

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 (Modified Cash Basis) section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion (Modified Cash Basis)

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 (Modified Cash Basis) 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.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements (Modified Cash Basis)

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 (Modified Cash Basis)

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit (Modified Cash Basis) 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 these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2022, and (2) Schedule H, Line 4j - Schedule of Reportable Transactions (modified cash basis) for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Mayer Hoffman McCann P.C.

Boston, Massachusetts
October 11, 2023

PENSION PLAN OF CIRCLE HEALTH, INC.

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

	December 31,	
	2022	***2021***
Assets		
Investments, at fair value	$ 55,837,644	$ 75,025,259
Due from broker	4,093,840	-
Net assets available for benefits	**$ 59,931,484**	**$ 75,025,259**

See Independent Auditors' Report and accompanying notes to financial statements.

PENSION PLAN OF CIRCLE HEALTH, INC.

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

	Years Ended December 31,	
	2022	***2021***
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ -	$ 7,487,105
Interest and dividends	441,760	1,107,392
Total investment income	441,760	8,594,497
Other income	516,166	-
Employer contributions	-	3,318,463
Total additions to net assets	**957,926**	**11,912,960**
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	10,367,983	-
Benefits paid to participants	4,832,945	5,985,157
Payment to insurance company to purchase annuity contract	-	16,970,703
Administrative fees	850,773	1,382,983
Total deductions from net assets	**16,051,701**	**24,338,843**
Net decrease in net assets available for benefits	**(15,093,775)**	**(12,425,883)**
Net assets available for benefits, beginning of year	75,025,259	87,451,142
Net assets available for benefits, end of year	**$ 59,931,484**	**$ 75,025,259**

See Independent Auditors' Report and accompanying notes to financial statements.

PENSION PLAN OF CIRCLE HEALTH, INC.

Notes to Financial Statements (Modified Cash Basis)

Note 1 - Description of the Plan

The following description of the Pension Plan of Circle Health, Inc. (the "Plan") provides only 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 benefit pension plan sponsored by Circle Health, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility

Effective December 31, 2016, all Plan benefit accruals were frozen and no new participants were allowed to enter the plan.

Effective December 31, 2017, the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan merged with and into the Pension Plan of Circle Health, Inc. and ceased to exist as a separate plan at that time. Members of this plan had to be hired and complete 1 year of service and attain age 21 by December 31, 2005 in order to participate in the Plan. Their benefit is equal to 1% of average monthly compensation times their years of service plus 1% of their average monthly compensation in excess of 1/12 of their covered compensation times their years of service through December 31, 2006 plus 0.5% of average monthly compensation times their years of service plus 0.5% of their average monthly compensation in excess of 1/12 of their covered compensation times their years of service after December 31, 2006 with a maximum of 25 years of service. Benefit accruals for participants as of December 31, 2017 were ceased. Benefits are subject to applicable permitted disparity rules.

During 2021, the Wellforce Retirement Plan Oversight Committee ("RPOC") voted and approved a retirement annuity buyout targeting retirees with benefits under $1,000 per month. As a result of the buyout, the Plan made a $16,970,703 payment to Securian Life Insurance Company to buy out a number of participants. During 2022, as a result of an adjustment, $516,166 was reimbursed to the Plan.

Funding Policy

Contributions to the Plan are made solely by the Company based on actuarial calculations made by the Plan's actuaries and are subject to the minimum funding requirement of ERISA. No Employer contributions were made during the year ended December 31, 2022, the minimum required contributions were met by applying funding balances. The Company made Employer contributions of $3,318,463 during the year ended December 31, 2021. The Plan met minimum funding requirements for the years ended December 31, 2022 and 2021.

Note 1 - Description of the Plan (Continued)

Vesting

Each eligible employee with the final pay benefit or members of the cash balance benefit prior to January 1, 2008 become fully vested under the Plan after the completion of five years of service. Eligible employees who were participants prior to January 1, 1985 are 100% vested in their benefits. Each eligible employee with the cash balance benefit after January 1, 2008 becomes fully vested upon completion of three years of service. Participants that are a part of the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan vest upon completion of five years of service.

Pension Benefits

Prior to January 1, 2000, the Plan provided eligible employees with a final pay benefit equal to 1% of the member's average final compensation times their years of service plus 0.65% of the excess of their average final compensation over their covered compensation times their years of service not to exceed 35 years.

On January 1, 2000, all eligible employees hired on or after this time became eligible for a cash balance benefit. Participants receiving the final pay benefit made an irrevocable election to continue to receive the final pay benefit or begin receiving the cash balance benefit. For participants who elected to start receiving the cash balance benefit, their benefit under the final pay plan was determined as of January 1, 2000 based on a lump-sum equivalent.

Eligible employees rehired after January 1, 2000 receive the cash balance benefit. Eligible employees who were hired prior to October 15, 2003 become eligible for the Plan upon completion of 1 year of service and attaining age 21. Employees hired on or after October 15, 2003 are not permitted to participate.

Each plan year, eligible employees who receive the cash balance benefit receive a compensation credit based on their eligible compensation for the plan year. The compensation credit that participants receive is based on their age and vesting service as of the end of the plan year for which the credit applies. The compensation credit is as follows for plan years through December 31, 2016:

Age and Service as of Plan Year End	Compensation Credit Percentage
Less than 30	2.0%
30 but less than 40	2.5%
40 but less than 50	3.0%
50 but less than 60	3.5%
60 and over	4.0%

Note 1 - Description of the Plan (Continued)

Pension Benefits (Continued)

In addition, each plan year eligible employees who receive the cash balance benefit receive an interest credit. The interest credit rate is the annual interest rate on 30-year treasuries times their account balance at the beginning of the year. For members who begin taking their benefit during a plan year, their interest credit will be multiplied by the number of months prior to their benefit commencement date.

The Plan permits early retirement with an actuarially reduced benefit for employees who have attained age 55. Their benefit is reduced based on the difference between their early retirement date and normal retirement date. Their benefit is reduced by 1/12 of each of the 1st three years and 1/24 for each of the next 7 years early.

Participants who were a part of the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan can elect to retire early and receive a reduced benefit. Their benefit is reduced by 1/15 for each of the 1st five years and 1/30 for the next 5 years early. Participants who elect early retirement after age 62 and upon completing 25 years of service will not have their benefit reduced.

The normal form of benefit is a life annuity for unmarried participants and joint and survivor annuity for married participants. However, participants may also elect to take their benefit in the form of a life annuity, a 66 2/3% joint and survivor annuity with 10 years certain, cash refund annuity, 10 years certain and life, 15 years certain and life and as of January 1, 2008, participants can also take a 75% joint and survivor annuity. Participants with the cash balance benefit may also elect to take a lump-sum distribution.

Administrative Expenses

Plan related expenses, including actuarial, investment management-related, and audit expenses, are paid by the Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the modified cash basis of accounting. The Plan's investments are valued at their fair value as of December 31, 2022 and 2021 and contributions are recorded on a cash basis when the trustee receives them. This is a comprehensive basis of accounting other than generally accepted accounting principles.

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles under the modified cash basis of accounting requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits as of the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for benefits during the reporting period, the changes in actuarial present value of accumulated plan benefits, and when applicable, the disclosures of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants or beneficiaries are recorded when paid.

Actuarial Method

The estimated actuarial present value of accumulated plan benefits was determined using the traditional unit credit cost method.

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment trustee and custodian. See Note 4 for discussion of fair value measurements.

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/ (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Plan Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation/(depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Note 2 - Summary of Significant Accounting Policies (Continued)

Reclassification

Certain prior year investment classifications have been reclassified in the current year financial statements. These reclassifications had no effect on the reported Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2023, the date the financial statements were available to be issued, and noted no items requiring disclosure in the financial statements.

During May 2023 the Tufts Medicine Investment Subcommittee voted to merge the Tufts Medical Center, Inc. Retirement Program – Defined Benefit Plan into the Plan with a targeted effective date of December 31, 2023 with the Plan as the surviving plan. The sponsorship of the Plan to be transferred to Tufts Medicine, Inc, effective December 31, 2023 and the Plan be renamed the Consolidated Pension Plan of Tufts Medicine, Inc. effective January 1, 2024.

Note 3 - Information Certified by Trustee and Custodian

Plan investments are managed by The Bank of New York Mellon/BNY Mellon, N.A. (“BNY Mellon”) the trustee and custodian. The fair value of all investments and all related investment transactions as of and for the years ended December 31, 2022 and 2021, including interest, dividends and net appreciation/(depreciation) in fair values, are reported to the Plan and certified as complete and accurate by BNY Mellon, the trustee of the Plan. Information included in the supplementary information has also been derived from information certified by the trustee.

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level I – 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 II – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.

Note 4 - Fair Value Measurements (Continued)

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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 ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trusts

Valued at the NAV of units of the collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily with one day's notice. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments.

Hedge Funds

Hedge funds are valued by calculating the NAV of each investment by multiplying the investment's total capital from audited financial statements by the Plan's ownership percentage in that investment. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Redemption rights, including the ability to withdraw from an investment within 15-90 days and fees related to such withdrawal, vary based on each individual investment.

Commingled Funds

Commingled funds are valued by calculating the NAV of each investment by multiplying the investment's total capital from audited financial statements by the Plan's ownership percentage in that investment. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Redemptions may be processed monthly with 2-30 business days' notification.

Note 4 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	Assets at Fair Value as of December 31, 2022			
Description	***Level I***	***Level II***	***Level III***	***Total***
Mutual funds	$ 6,526,847	$ -	$ -	$ 6,526,847
Total investments in the fair value hierarchy	$ 6,526,847	$ -	$ -	6,526,847
Investments measured at NAV practical expedient (a)				49,310,797
Investments at fair value				**$ 55,837,644**

	Assets at Fair Value as of December 31, 2021			
Description	***Level I***	***Level II***	***Level III***	***Total***
Mutual funds	$ 9,129,349	$ -	$ -	$ 9,129,349
Total investments in the fair value hierarchy	$ 9,129,349	$ -	$ -	9,129,349
Investments measured at NAV practical expedient (a)				65,895,910
Investments at fair value				**$ 75,025,259**

(a) In accordance with ASC Subtopic 820-10, "Fair Value Measurements," certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy amounts to amounts presented in the Statements of Net Assets Available for Benefits.

Note 5 - Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table for December 31, 2022 and 2021 sets forth a summary of the Plan's investments with a reported NAV:

Investments	*Fair Value 12/31/2022*	*Fair Value 12/31/2021*	*Unfunded Commitments*	*Redemption Frequency*	*Redemption Notice Period*
Limited Partnerships/ Hedge funds (b)	$ 3,805,616	$ 5,724,550	$ -	Monthly	Quarterly
Units in common/ collective trust funds (b)	24,768,031	31,637,598	-	Daily	Daily
Units in commingled funds (b)	20,737,150	28,533,762	-	Monthly	Quarterly
	$ 49,310,797	**$ 65,895,910**	**$ -**		

(b) See Note 4 for descriptions of the investments.

Note 6 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments expected to be paid to (i) retired or terminated participants or their beneficiaries, (ii) beneficiaries of deceased participants, and (iii) presently employed participants or their beneficiaries for their service under the Plan's provisions up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuarial firm and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (by means of analyzing factors such as death, disability, withdrawal, or retirement) between the valuation date and the expected payment date.

Note 6 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions underlying the actuarial computation of the present value of accumulated plan benefits for contributions are as follows:

	2022	***2021***
Interest rate	5.60%	6.20%
Mortality	Pri-2012 Mortality Table	Pri-2012 Mortality Table
Average retirement age	Age 65	
Form of payment	Lump sum payable at retirement - Cash balance component Life Annuity - All other components	

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022.

The actuarial present value of accumulated plan benefits as of January 1, 2022 is as follows:

Vested benefits:	
Participants currently receiving payments	$ 41,346,562
Other participants	34,860,564
Total vested benefits	76,207,126
Nonvested benefits	84,887
Total actuarial present value of accumulated plan benefits	**$ 76,292,013**

Note 6 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2022 resulted from the following:

Actuarial present value of accumulated plan benefits at beginning of year	$ 87,816,065
Change from year to year:	
Interest due to decrease in the discount period	4,503,950
Benefits paid	(5,985,157)
Annuity buyout	(16,970,703)
Actuarial losses	4,711,366
Assumption changes	2,216,492
Change for the year	(11,524,052)
Actuarial present value of accumulated plan benefits at end of year	**$ 76,292,013**

Note 7 - Plan Termination

The Company intends to continue the Plan indefinitely but reserves the right to terminate the Plan at any time. Upon termination, the Plan's assets would be allocated for the benefit of Participants and beneficiaries in the manner specified by the Plan and in accordance with ERISA.

If the Plan was terminated, certain benefits under the Plan would be insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The PBGC guaranteed up to $6,204.55 per month for plans terminating in 2022 and $6,034.09 per month for plans terminating in 2021 (assuming 65 years of age and a straight-life annuity). Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

In the event that the Plan is terminated, the assets then remaining, after providing for the administrative expenses of the Plan, would be allocated first to Participants, spouses or beneficiaries receiving benefits at least three years prior to the termination date; next, to pay all other insured benefits as provided for under Title IV, Section 4D44 of ERISA; then to provide all other vested benefits under the provisions of the Plan that are not insured under ERISA; and, finally, to provide all other accrued benefits for Participants who were not vested as of the date of Plan termination.

Note 8 - Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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

Note 9 - Related-Party Transactions and Party-In-Interest Transactions

During the years ended December 31, 2022 and 2021, the Plan invested in a registered investment company managed by BNY Mellon, the trustee and custodian of the Plan. Transactions in such investments qualify as party-in-interest transactions. In addition, fees paid to the auditor of the Plan qualify as party-in-interest transactions. Cash paid related to recordkeeping services provided by BNY Mellon was $29,943 and $93,178 for the years ended December 31, 2022 and 2021, respectively.

Note 10 - Other Income

During 2022, the Plan received other income in the amount of $516,166 that represents a reimbursement from Securian Life Insurance Company for excess amount needed related to the final purchase of the insurance annuity contract in 2021.

Note 11 - Tax Status

The Plan obtained its latest determination letter on March 15, 2021, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan was amended subsequent to the most recent determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable sections of the IRC. Accordingly, no provision for income taxes has been included in these financial statements.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Supplementary Information

PENSION PLAN OF CIRCLE HEALTH, INC.

(E.I.N. 22-2579798 - Plan Number 001)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Modified Cash Basis)

December 31, 2022

(a)	*(b)*	*(c)*	*(d)*	*(e)*
	Identity of Issue	***Description of Investment***	***Cost***	***Current Value***
	Vanguard Long Term Investment Grade Fund Admiral Class	Mutual Fund	$ 6,519,710	$ 5,203,209
	Vanguard Short Term Corporate Bond ETF	Mutual Fund	1,072,325	1,042,359
	PIMCO All Asset Institutional Fund	Mutual Fund	318,645	281,279
	Total Mutual Funds		7,910,680	6,526,847
	IR&M Long Credit Fund LLC	Common/Collective Trust	8,377,513	6,673,830
	FTSE Rafi US 1000 Index NL CTF CM9M	Common/Collective Trust	4,649,228	4,729,804
	20+ YEAR U.S. TREASURY STRIPS INDX NL FUND	Common/Collective Trust	4,489,145	3,658,306
	WTC CIF I I US INVESTMENT	Common/Collective Trust	3,751,676	3,435,009
	CIF Small Cap 2000	Common/Collective Trust	2,509,373	2,635,317
	SSGA MSCI EAFE 100 PERCENT HEDGED to USD	Common/Collective Trust	2,125,344	2,404,173
	WELLINGTON OPPORTUNISTIC FIXED INCOME	Common/Collective Trust	834,456	721,360
	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	Common/Collective Trust	510,232	510,232
	Total Common/Collective Trusts		27,246,967	24,768,031
	CAXTON GLOBAL INVESTMENT FUND	Hedge Funds	1,825,000	2,155,615
	Cevian Capital II Ltd USD A	Hedge Funds	1,200,325	1,613,525
	The Canyon Value Realization Fund	Hedge Funds	31,612	33,689
	Park Square Capital Credit Opportunities II Usd	Hedge Funds	-	2,787
	Total Hedge Funds		3,056,937	3,805,616
	NEPC GLOBAL EQUITY CIT	Commingled Funds	9,898,684	8,073,714
	NEPC EMERGING MARKETS EQUITY CIT	Commingled Funds	3,997,096	3,079,827
	Orchard Landmark Lp	Commingled Funds	1,200,000	2,340,005
	PALESTRA CAPITAL OFFSHORE FUND LTD	Commingled Funds	2,000,000	1,679,684
	HG VORA SPECIAL OPPS FUND LTD CLASS A SUB CLASS 1-ILG	Commingled Funds	1,825,000	1,652,679
	S&P 500 ® Flagship NL Fund (CM13)	Commingled Funds	1,550,000	1,644,040
	DAVIDSON KEMPNER INST PARTNERS	Commingled Funds	1,825,000	913,941
	Vwh Offshore Fund Lp	Commingled Funds	394,838	670,268
	Arena Short Duration High Yield Fund	Commingled Funds	600,000	609,806
	Sculptor Credit Opps Overseas Fund LP	Commingled Funds	18,850	73,186
	Total Commingled Funds		23,309,468	20,737,150
			$ 61,524,052	**$ 55,837,644**

* A party-in-interest as defined by ERISA.

PENSION PLAN OF CIRCLE HEALTH, INC.

(E.I.N. 22-2579798 - Plan Number 001)

Schedule H, Line 4j - Schedule of Reportable Transactions
(Modified Cash Basis)

Year Ended December 31, 2022

(a) Identity of party involved	*(b) Description of asset (include interest rate and maturity in case of a loan)*	*(c) Purchase price*	*(d) Selling price*	*(e) Lease rental*	*(f) Expense incurred with transaction*	*(g) Cost of asset*	*(h) Current value of asset on transaction date*	*(i) Net gain or (loss)*
Single Transactions:								
SSGA Rusell 3000 Index Non-Lending Fund	Common/Collective Trust	$ -	$ 5,670,666	$ -	$ -	$ 5,329,510	$ 5,329,510	$ 341,156
Series of Transactions:								
VANGUARD EXTND DUR TRE-INST	Mutual Fund	2,012,682	-	-	-	2,012,682	2,012,682	-
VANGUARD EXTND DUR TRE-INST	Mutual Fund	-	3,527,571	-	-	4,557,315	4,557,315	(1,029,744)
BNY MELLON CASH RESERVE	Interest Bearing Cash	4,203,241	-	-	-	4,203,241	4,203,241	-
BNY MELLON CASH RESERVE	Interest Bearing Cash	-	4,203,241	-	-	4,203,241	4,203,241	-
BNY MELLON EB Temporary Investment Fund	Common/Collective Trust	10,813,170	-	-	-	10,813,170	10,813,170	-
BNY MELLON EB Temporary Investment Fund	Common/Collective Trust	-	11,663,170	-	-	11,663,170	11,663,170	-
SSGA Russell 3000 Index Non-Lending Fund	Common/Collective Trust	-	9,821,892	-	-	8,533,106	8,533,106	1,288,785
FTSE RAFI US 1000 INDX NL CTF CM9M	Common/Collective Trust	-	730	-	-	772	772	(42)
FTSE RAFI US 1000 INDX NL CTF CM9M	Common/Collective Trust	4,650,000	-	-	-	4,650,000	4,650,000	-

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2022

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	9	0	0	0	0	0	9
40-44	0	0	0	0	8	9	0	0	0	0	17
45-49	0	0	0	0	9	31	9	1	0	0	50
50-54	1	0	0	1	11	29	15	4	2	0	63
55-59	1	1	0	1	15	34	17	14	4	2	89
60-64	1	0	1	3	17	22	19	10	8	6	87
65-69	0	1	0	1	6	11	3	5	3	3	33
70 & over	0	0	0	1	1	3	2	2	0	0	9
Total	3	2	1	7	76	139	65	36	17	11	357

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2022

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	9	0	0	0	0	0	9
	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	0	8	9	0	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	0	8	30	9	1	0	0	48
	-	-	-	-	-	34,751	-	-	-	-	37,815
50-54	0	0	0	0	9	28	14	2	2	0	55
	-	-	-	-	-	42,806	-	-	-	-	45,285
55-59	0	0	0	0	12	29	11	13	4	2	71
	-	-	-	-	-	40,982	-	-	-	-	49,259
60-64	0	0	0	0	13	17	11	4	7	6	58
	-	-	-	-	-	-	-	-	-	-	55,704
65-69	0	0	0	0	5	8	2	4	2	2	23
	-	-	-	-	-	-	-	-	-	-	61,489
70 & over	0	0	0	0	0	1	1	1	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	0	0	64	122	48	25	15	10	284
	-	-	-	-	31,324	39,802	55,194	67,381	-	-	46,131

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

• Applicable month	January
• Interest rate basis	3-Segment Rates

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	4.75%	0.88%
• Second segment rate	5.18%	2.61%
• Third segment rate	5.92%	3.27%
• Effective interest rate	5.33%	2.72%

Annual rates of increase

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A
• Cash balance interest crediting and annuity conversion rate:	
– 2022 – 2024	2.60%
– 2025 and later	4.25%

Plan-related expenses	$940,000

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy and disabled lives

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).

Disability

None.

Termination

200% of T-5 Turnover Table

The rates at which participants terminate by age are given below:

Age	Percentage
20	15.88
25	15.45
30	14.44
35	12.55
40	10.30
45	7.95
50	5.13
55	1.88
60	0.18
65	0.00

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age are given below:

Age	Percentage
55-61	2.00
62-64	5.00
65-69	25.00
70	100.00

SCHEDULE SB ATTACHMENTS

Benefit commencement date:	
• Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
• Deferred vested benefit	For the Cash Balance benefit, lump sums are assumed to be paid immediately upon termination of employment. For the Final Average Pay benefit, annuities are assumed to be paid at age 65.
• Retirement benefit	Upon termination of employment.
Form of payment	*For participants of the Cash Balance plan:* 80% are assumed to elect lump sum payments while the remaining 20% are assumed to elect annuities. For those electing annuities, 100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity. Annuities were valued using the mortality table prescribed under IRC §417(e)(3) and interest rates equal to the assumed cash balance interest crediting rate. *For participants of the Final Pay plan:* 100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity.
Percent married	80%. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
Covered pay	Not applicable. Plan benefits were frozen effective December 31, 2016 for Circle Health and December 31, 2017 for Circle Home.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.75% for 2021 and 6.75% for 2020 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2021 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
PPA funding	The 2021 valuation for the Pension Plan of Circle Health, Inc. (the “Plan”) was prepared on the basis that the extension described in §104 of the Pension Protection Act of 2006 does not apply to the Plan. Although the Plan may be an “eligible charity plan” under a literal interpretation of Section 202(b) of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, we understand Circle Health, Inc. has made a valid election prior to December 31, 2014 to apply PPA minimum funding rules from 2008 onward. If another approach is taken by Circle Health, Inc. with regard to the extension under §104 of the Pension Protection Act of 2006 to make it applicable to the Plan, then the valuation for the Plan will be amended on that basis.

SCHEDULE SB ATTACHMENTS

Benefits not valued Willis Towers Watson has reviewed the plan provisions with Circle Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor or its trustee, BNY Mellon. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

No data adjustments were made and we are unaware of any data adjustment made by the data provider.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash Balance Interest crediting rate The plan credits interest to cash balance accounts using the 30-year Treasury rate from the November of the prior year, but with a minimum interest credit rate of 2.60%. Circle Health has selected an expected future cash balance crediting rate of 2.60% through 2024 and 4.25% thereafter. After examining historical variability in this rate, we believe that the selected assumption is reasonable based on future expectations consistent with other economic assumptions used, including the discount rate and expected return assumption.

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration, and trustee fees to be paid from the trust).

SCHEDULE SB ATTACHMENTS

Assumed return for asset smoothing	The assumed return of 6.75% for 2021 and 6.75% for 2020 used for asset smoothing is the expected gross return on assets assumption chosen by the client with the help of their investment advisers for the prior fiscal year reporting under U.S. GAAP. We understand it is the client's best estimate and have reviewed documentation from the investment advisors supporting the assumption for reasonableness.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on plan experience, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2021.
Form of payment	Forms of payment assumed were based on an experience study conducted in 2021.

Prescribed Methods

Funding methods	The methods used for funding purposes as described within this attachment, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.
- The lump sum and cash balance account conversion mortality table was updated to the 2022 mortality table prescribed under IRC §417(e)(3).

Plan Name	**Pension Plan Of Circle Health, Inc.**
Plan Sponsor EIN	**22-2579798**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2022**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN OF CIRCLE HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Circle Health, Inc.

D Employer Identification Number (EIN)
22-2579798

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	75,025,268
b Actuarial value	**2b**	71,311,823

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	140	42,727,695	42,727,695
b For terminated vested participants	246	10,192,026	10,192,026
c For active participants	357	25,403,957	25,403,957
d Total	743	78,323,678	78,323,678

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	940,000
c Total (line 6a + line 6b)	**6c**	940,000

Statement by Enrolled Actuary

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

SIGN HERE

Tania E. Staffen
Signature of actuary

8/01/2023
Date

Tania E. Staffen
Type or print name of actuary

2305879
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

312-288-7700
Telephone number (including area code)

233 S. Wacker Drive
Suite 1800
Chicago IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,027,379
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	335,000
9	Amount remaining (line 7 minus line 8)	0	3,692,379
10	Interest on line 9 using prior year's actual return of 10.45 %	0	385,854
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,911
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.45 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		513
	c Total available at beginning of current plan year to add to prefunding balance		5,424
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4,078,233

Part III Funding Percentages

14	Funding target attainment percentage	14	85.84 %
15	Adjusted funding target attainment percentage	15	88.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	940,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,090,088	1,189,211
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,129,211

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,129,211	2,129,211

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Circle Health, Inc.
EIN/PN	22-2579798 / 001
Plan Name	Pension Plan of Circle Health, Inc.
Valuation Date	January 1, 2022
Enrolled Actuary	Tania E. Staffen
Enrollment Number	23-05879

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
59	0.02	922	0.922368	0.018447	1.088394
60	0.02	904	0.903921	0.018078	1.084705
61	0.02	886	0.885842	0.017717	1.080728
62	0.05	868	0.868126	0.043406	2.691189
63	0.05	825	0.824719	0.041236	2.597866
64	0.05	783	0.783483	0.039174	2.507147
65	0.25	744	0.744309	0.186077	12.095023
66	0.25	558	0.558232	0.139558	9.210825
67	0.25	419	0.418674	0.104668	7.012788
68	0.25	314	0.314005	0.078501	5.338092
69	0.25	236	0.235504	0.058876	4.062445
70	1.00	177	0.176628	0.176628	12.363963
Average age at retirement					65.517404
Rounded for Schedule SB item 22					66

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

• Applicable month	January
• Interest rate basis	3-Segment Rates

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	4.75%	0.88%
• Second segment rate	5.18%	2.61%
• Third segment rate	5.92%	3.27%
• Effective interest rate	5.33%	2.72%

Annual rates of increase

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A
• Cash balance interest crediting and annuity conversion rate:	
– 2022 – 2024	2.60%
– 2025 and later	4.25%

Plan-related expenses	$940,000

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy and disabled lives

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).

Disability

None.

Termination

200% of T-5 Turnover Table

The rates at which participants terminate by age are given below:

Age	Percentage
20	15.88
25	15.45
30	14.44
35	12.55
40	10.30
45	7.95
50	5.13
55	1.88
60	0.18
65	0.00

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age are given below:

Age	Percentage
55-61	2.00
62-64	5.00
65-69	25.00
70	100.00

SCHEDULE SB ATTACHMENTS

Benefit commencement date:	
• Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
• Deferred vested benefit	For the Cash Balance benefit, lump sums are assumed to be paid immediately upon termination of employment. For the Final Average Pay benefit, annuities are assumed to be paid at age 65.
• Retirement benefit	Upon termination of employment.
Form of payment	*For participants of the Cash Balance plan:* 80% are assumed to elect lump sum payments while the remaining 20% are assumed to elect annuities. For those electing annuities, 100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity. Annuities were valued using the mortality table prescribed under IRC §417(e)(3) and interest rates equal to the assumed cash balance interest crediting rate. *For participants of the Final Pay plan:* 100% of single participants elect a single life annuity, 80% of married participants elect a 66 2/3% joint and survivor annuity with 10 years certain, and 20% of married participants elect a single life annuity.
Percent married	80%. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
Covered pay	Not applicable. Plan benefits were frozen effective December 31, 2016 for Circle Health and December 31, 2017 for Circle Home.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.75% for 2021 and 6.75% for 2020 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2021 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
PPA funding	The 2021 valuation for the Pension Plan of Circle Health, Inc. (the “Plan”) was prepared on the basis that the extension described in §104 of the Pension Protection Act of 2006 does not apply to the Plan. Although the Plan may be an “eligible charity plan” under a literal interpretation of Section 202(b) of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, we understand Circle Health, Inc. has made a valid election prior to December 31, 2014 to apply PPA minimum funding rules from 2008 onward. If another approach is taken by Circle Health, Inc. with regard to the extension under §104 of the Pension Protection Act of 2006 to make it applicable to the Plan, then the valuation for the Plan will be amended on that basis.

SCHEDULE SB ATTACHMENTS

Benefits not valued Willis Towers Watson has reviewed the plan provisions with Circle Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor or its trustee, BNY Mellon. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

No data adjustments were made and we are unaware of any data adjustment made by the data provider.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash Balance Interest crediting rate The plan credits interest to cash balance accounts using the 30-year Treasury rate from the November of the prior year, but with a minimum interest credit rate of 2.60%. Circle Health has selected an expected future cash balance crediting rate of 2.60% through 2024 and 4.25% thereafter. After examining historical variability in this rate, we believe that the selected assumption is reasonable based on future expectations consistent with other economic assumptions used, including the discount rate and expected return assumption.

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration, and trustee fees to be paid from the trust).

SCHEDULE SB ATTACHMENTS

Assumed return for asset smoothing	The assumed return of 6.75% for 2021 and 6.75% for 2020 used for asset smoothing is the expected gross return on assets assumption chosen by the client with the help of their investment advisers for the prior fiscal year reporting under U.S. GAAP. We understand it is the client's best estimate and have reviewed documentation from the investment advisors supporting the assumption for reasonableness.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on plan experience, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2021.
Form of payment	Forms of payment assumed were based on an experience study conducted in 2021.

Prescribed Methods

Funding methods	The methods used for funding purposes as described within this attachment, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.
- The lump sum and cash balance account conversion mortality table was updated to the 2022 mortality table prescribed under IRC §417(e)(3).

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Pension Plan of Circle Health

Plan Provisions

Effective date and most recent amendment	The plan was restated January 1, 2020 and most recently amended to enact the group annuity purchase during 2021. Circle Health resolved as of September 27, 2016 to freeze the accruals of future benefits under the Plan effective December 31, 2016. The plan was merged with the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan effective December 31, 2017. The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.
Covered employees	All employees.
Participation date	Every eligible employee who was a participant in the Plan on December 31, 1999 and who did not elect to be covered under the terms of the cash balance plan continues to be covered under the terms of the final pay plan. No employee who becomes a participant in the Pension Plan of Circle Health, Inc. on or after January 1, 2000 will earn a pension benefit under the terms of the final pay plan. Employees hired between January 1, 2003 and October 15, 2003 are eligible to participate in the cash balance plan. Effective October 15, 2003, the plan was closed to new participants and any employee hired on or after October 15, 2003 is not eligible to earn benefits under this plan. No new participants shall be granted entry to the Plan after December 31, 2016 regardless of date of hire.

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service

One year of vesting service is credited for each 12 months of employment (i.e., vesting service is said to be determined on an "elapsed time" basis).

Benefit service

One year of benefit service is credited for each plan year in which the participant completes at least 1,994 hours of service. A participant who completes fewer than 1,994 hours of service during the plan year is credited with a partial year of service based on the number of hours in the table below:

Hours of Service	Years of Benefit Accrual Service
1,994 or more	1
1,821 – 1,993	11/12
1,648 – 1,820	10/12
1,474 – 1,647	9/12
1,301 – 1,473	8/12
1,128 – 1,300	7/12
954 – 1,127	6/12
781 – 953	5/12
608 – 780	4/12
434 – 607	3/12
261 – 433	2/12
173 – 260	1/12
172 or fewer	0

No participant shall earn additional Years of Benefit Accrual Service after December 31, 2016.

Pensionable pay

Total compensation includes any employee pre-tax contributions under IRC §125, §402(a)(8), §402(h), and §403(b). Compensation is limited to $200,000 as indexed per IRC §401(a)(17).

Pensionable pay for the final pay plan is annualized based on the benefit service accrual for the year, provided hours worked in the year were at least 954.

Pensionable pay after December 31, 2016 is not considered in the determination of plan benefits.

Average earnings

For the final pay plan, the average compensation paid to a participant during the five consecutive plan years out of the last ten years of participation which provides the highest such average.

Average earnings are frozen effective December 31, 2016.

Normal retirement date (NRD)

Age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

- Final pay plan

One-twelfth of the sum of (a) and (b) below:

(a) 1% of final average earnings multiplied by years of benefit service

(b) 0.65% of the excess of final average earnings over the Social Security Average Wage times years of benefit service, to a maximum of 35 years

Accrued benefit

- Final pay plan

The monthly pension benefit the participant has accrued based on final average earnings, the Social Security Average Wage, and benefit service as of the date of determination.

- Cash balance plan

The monthly benefit payable at age 65 is based upon the value of the cash balance account. The cash balance account is converted to an accrued benefit payable as an annuity as of the pension start date and in accordance with applicable IRS regulations using the IRS interest rate and IRS mortality table as defined by the Plan.

Cash balance account

The sum of the initial account balance and all compensation credits and interest credits awarded throughout the period of plan participation. An initial account balance was established as of January 1, 2000 for each active plan participant equal to the actuarially equivalent lump sum value of the December 31, 1999 accrued benefit under the final pay plan determined using the IRS interest rate and IRS mortality table (as such terms are defined by the Plan) in effect for the 2000 plan year.

Compensation credit

As of 12/31 of each plan year (or as of a participant's date of termination, retirement, or death, if earlier), a participant's cash balance account is credited with an annual compensation credit equal to a percentage of the participant's compensation for that year (while a participant) based upon the sum the participant's age and vesting service (as an employee) as follows:

Age + Service	Percent of Compensation
Less than 30	2.0
30 – 39	2.5
40 – 49	3.0
50 – 59	3.5
60 or more	4.0

Effective December 31, 2016, additional Compensation Credits will not be added to participants' cash balance accounts

SCHEDULE SB ATTACHMENTS

Interest credit	As of 12/31 of each plan year (or as of a participant's date of termination, retirement or death, if earlier), a participant's cash balance account is credited with an annual interest credit equal to the participant's 12/31 account balance of the previous year multiplied by an interest rate equal to the 30 year Treasury Rate from the November of the prior plan year but no less than 2.6%.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service for the final pay plan. Immediate commencement is optional upon retirement for participants in the cash balance plan.
Postponed retirement	Retirement after NRD.
Vested termination	
• Final pay plan	Termination for reasons other than death or retirement after completing five years of vesting service.
• Cash balance plan	Termination for reasons other than death or retirement after completing three years of vesting service.
Disability	Satisfaction of the definition of disability required by the Social Security Administration.
Preretirement death benefit	
• Final pay plan	Upon the death of a participant prior to the pension starting date, if the participant had completed at least five years of vesting service.
• Cash balance plan	Upon the death of a participant prior to the pension starting date.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The accrued benefit reduced 1/12 for each year of the first three years and 1/24 for each of the next seven years' payments commencing after age 55 and prior to age 65. Prior to age 55 for the cash balance plan, the plan's actuarial equivalence is used.
Postponed retirement	The monthly pension benefit determined as the greater of the accrued benefit at time of postponed retirement or the actuarial equivalent of the benefit accrued as of normal retirement.
Vested termination	The accrued benefit calculated at the date of termination and payable at age 65.

Disablement

• Final pay plan	Continued benefit service accruals from the date of disability until the earlier of the end of disability or the normal retirement date. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.
• Cash balance plan	Continued compensation credit and interest credit accruals from the date of disability until the end of disability or normal retirement. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.

Preretirement death

• Final pay plan	For married participants and those with children under the age of 18, the spouse's benefit is calculated as though the participant had retired on the date of death and had elected to receive an early retirement pension on the first day of the next calendar month in a reduced amount payable for life with a provision that 66-2/3% of such reduced amount would be continued after death to the spouse as the duly designated beneficiary.
• Cash balance plan	The cash balance account as of the last day of the month in which the death of the participant occurs is paid to the beneficiary.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	If the participant has no spouse as of the date payments begin, then the monthly pension benefit as described above is paid as a life annuity with the option of a 10 year certain annuity, 15 year certain annuity, or cash refund. Otherwise, benefits are paid in the form of a 66 2/3% joint and survivor annuity with 10 years certain or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the Plan. Actuarial equivalence is based on the 1983 GAM Mortality Table for Males set back 4 years, projected to 1988 with Scale H and a 9.5% interest rate. Optional forms are a single life annuity, a 66 2/3% joint and survivor annuity with 10 years certain, a 10-year or 15-year certain and life annuity, or a cash refund annuity and 75% Joint and Survivor annuity options. A single lump sum payment is also available for participants in the Cash Balance plan.
Pension Increases	None.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

The Visiting Nurse Association of Greater Lowell, Inc. Pension Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was to enact the group annuity purchase during 2021

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees All employees who are not per diem, hired on or before December 31, 2005, employees of the Affiliated Employer.

Participation date An eligible employee shall become a participant upon becoming age 21 and attaining one year of eligibility service effective as of the first day of the month coinciding with or next following the date on which such employee met the eligibility requirements, provided the employee was still employed as of such date.

If an employee, who has satisfied the plan's eligibility requirements and would otherwise have become a participant, shall go from a classification of a noneligible employee to an eligible employee, such employee shall become a participant on the date such employee becomes an eligible employee or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

If an employee, who has satisfied the Plan's eligibility requirements and would otherwise become a participant, shall go from a classification of an eligible employee to a noneligible class of employees, such employee shall become a participant in the plan on the date such employee again becomes an eligible employee, or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

In no event shall an employee begin or resume active participation in the plan after December 31, 2017.

Definitions

Vesting service A participant becomes vested after five years of service.

Pension service Years and months of service as a covered employee.

SCHEDULE SB ATTACHMENTS

Pension Benefit	The amount of monthly retirement benefit to be provided for each participant who retires on the normal retirement date shall be equal to the sum of (1) plus (2) (1) 1.0% of such participant's average monthly compensation multiplied by the participant's total period of service (up to 25 years total) through December 31, 2006, plus 1.0% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant through December 31, 2006, computed to the nearest cent. (2) 0.5% of such participant's average monthly compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2007, plus 0.5% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2017 computed to the nearest cent. Benefits ceased to accrue effective December 31, 2017.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The early retirement benefit shall equal the greater of: (1) The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date (2) The actuarial equivalent of the participant's accrued if such benefit is distributed in a form other than a nondecreasing life annuity payable for a period not less than the life of the participant Participants who have attained age 62 and 25 years of service may commence benefits without reduction.
Postponed retirement	A late retiring participant shall be entitled to a retirement benefit equal to the greater of: (1) the actuarial equivalent of the monthly retirement benefit such participant was entitled to at the close of the plan year (2) the participant's accrued benefit determined at the close of the plan year
Deferred vested termination	The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date.
Disablement	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death

A vested participant who dies before the annuity starting date and who has a surviving spouse shall have the death benefit paid to the surviving spouse in the form of a Pre-retirement Survivor Annuity, payable to a child or children if unmarried.

The participant may elect the benefit to be paid in the form of a reduced monthly pension payable over the life of the beneficiary, with the provision that, if the participant's designated beneficiary dies prior to completion of 120 monthly payments, such months payments shall be continued to the participant's beneficiary until the monthly payments made to the participant's designated beneficiary and the participant's beneficiary shall total 120.

Other Plan Provisions

Forms of payment

A participant who is married shall receive the value of all of such participant's benefits in the form of a joint and survivor annuity. Following the participant's death, the spouse shall receive 66 2/3% of the rate at which such benefits were payable to the participant. The benefit is guaranteed for 120 payments.

The participant may elect to receive a smaller annuity benefit with continuation of payments to the spouse at a rate of 75% of the rate payable to the participant.

An unmarried participant shall receive the value of such participant's benefit in the form of a life annuity.

Pension Increases

None.

Plan participants' contributions

None.

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2022

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	9	0	0	0	0	0	9
40-44	0	0	0	0	8	9	0	0	0	0	17
45-49	0	0	0	0	9	31	9	1	0	0	50
50-54	1	0	0	1	11	29	15	4	2	0	63
55-59	1	1	0	1	15	34	17	14	4	2	89
60-64	1	0	1	3	17	22	19	10	8	6	87
65-69	0	1	0	1	6	11	3	5	3	3	33
70 & over	0	0	0	1	1	3	2	2	0	0	9
Total	3	2	1	7	76	139	65	36	17	11	357

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2022

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	9	0	0	0	0	0	9
	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	0	8	9	0	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	0	8	30	9	1	0	0	48
	-	-	-	-	-	34,751	-	-	-	-	37,815
50-54	0	0	0	0	9	28	14	2	2	0	55
	-	-	-	-	-	42,806	-	-	-	-	45,285
55-59	0	0	0	0	12	29	11	13	4	2	71
	-	-	-	-	-	40,982	-	-	-	-	49,259
60-64	0	0	0	0	13	17	11	4	7	6	58
	-	-	-	-	-	-	-	-	-	-	55,704
65-69	0	0	0	0	5	8	2	4	2	2	23
	-	-	-	-	-	-	-	-	-	-	61,489
70 & over	0	0	0	0	0	1	1	1	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	0	0	64	122	48	25	15	10	284
	-	-	-	-	31,324	39,802	55,194	67,381	-	-	46,131

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2022

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2022	74,131	15.00000	74,131	6,851
2. Shortfall	01/01/2021	2,081,440	14.00000	2,004,439	194,077
3. Shortfall	01/01/2020	(2,808,625)	13.00000	(2,586,666)	(263,692)
4. Shortfall	01/01/2019	13,541,032	12.00000	11,598,184	1,251,975
Total				11,090,088	1,189,211

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Circle Health, Inc.
EIN/PN	22-2579798 / 001
Plan Name	Pension Plan of Circle Health, Inc.
Valuation Date	January 1, 2022
Enrolled Actuary	Tania E. Staffen
Enrollment Number	23-05879

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
59	0.02	922	0.922368	0.018447	1.088394
60	0.02	904	0.903921	0.018078	1.084705
61	0.02	886	0.885842	0.017717	1.080728
62	0.05	868	0.868126	0.043406	2.691189
63	0.05	825	0.824719	0.041236	2.597866
64	0.05	783	0.783483	0.039174	2.507147
65	0.25	744	0.744309	0.186077	12.095023
66	0.25	558	0.558232	0.139558	9.210825
67	0.25	419	0.418674	0.104668	7.012788
68	0.25	314	0.314005	0.078501	5.338092
69	0.25	236	0.235504	0.058876	4.062445
70	1.00	177	0.176628	0.176628	12.363963
Average age at retirement					65.517404
Rounded for Schedule SB item 22					66

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Pension Plan of Circle Health

Plan Provisions

Effective date and most recent amendment	The plan was restated January 1, 2020 and most recently amended to enact the group annuity purchase during 2021. Circle Health resolved as of September 27, 2016 to freeze the accruals of future benefits under the Plan effective December 31, 2016. The plan was merged with the Visiting Nurse Association of Greater Lowell, Inc. Pension Plan effective December 31, 2017. The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.
Covered employees	All employees.
Participation date	Every eligible employee who was a participant in the Plan on December 31, 1999 and who did not elect to be covered under the terms of the cash balance plan continues to be covered under the terms of the final pay plan. No employee who becomes a participant in the Pension Plan of Circle Health, Inc. on or after January 1, 2000 will earn a pension benefit under the terms of the final pay plan. Employees hired between January 1, 2003 and October 15, 2003 are eligible to participate in the cash balance plan. Effective October 15, 2003, the plan was closed to new participants and any employee hired on or after October 15, 2003 is not eligible to earn benefits under this plan. No new participants shall be granted entry to the Plan after December 31, 2016 regardless of date of hire.

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service

One year of vesting service is credited for each 12 months of employment (i.e., vesting service is said to be determined on an "elapsed time" basis).

Benefit service

One year of benefit service is credited for each plan year in which the participant completes at least 1,994 hours of service. A participant who completes fewer than 1,994 hours of service during the plan year is credited with a partial year of service based on the number of hours in the table below:

Hours of Service	Years of Benefit Accrual Service
1,994 or more	1
1,821 – 1,993	11/12
1,648 – 1,820	10/12
1,474 – 1,647	9/12
1,301 – 1,473	8/12
1,128 – 1,300	7/12
954 – 1,127	6/12
781 – 953	5/12
608 – 780	4/12
434 – 607	3/12
261 – 433	2/12
173 – 260	1/12
172 or fewer	0

No participant shall earn additional Years of Benefit Accrual Service after December 31, 2016.

Pensionable pay

Total compensation includes any employee pre-tax contributions under IRC §125, §402(a)(8), §402(h), and §403(b). Compensation is limited to $200,000 as indexed per IRC §401(a)(17).

Pensionable pay for the final pay plan is annualized based on the benefit service accrual for the year, provided hours worked in the year were at least 954.

Pensionable pay after December 31, 2016 is not considered in the determination of plan benefits.

Average earnings

For the final pay plan, the average compensation paid to a participant during the five consecutive plan years out of the last ten years of participation which provides the highest such average.

Average earnings are frozen effective December 31, 2016.

Normal retirement date (NRD)

Age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

- Final pay plan

One-twelfth of the sum of (a) and (b) below:

(a) 1% of final average earnings multiplied by years of benefit service

(b) 0.65% of the excess of final average earnings over the Social Security Average Wage times years of benefit service, to a maximum of 35 years

Accrued benefit

- Final pay plan

The monthly pension benefit the participant has accrued based on final average earnings, the Social Security Average Wage, and benefit service as of the date of determination.

- Cash balance plan

The monthly benefit payable at age 65 is based upon the value of the cash balance account. The cash balance account is converted to an accrued benefit payable as an annuity as of the pension start date and in accordance with applicable IRS regulations using the IRS interest rate and IRS mortality table as defined by the Plan.

Cash balance account

The sum of the initial account balance and all compensation credits and interest credits awarded throughout the period of plan participation. An initial account balance was established as of January 1, 2000 for each active plan participant equal to the actuarially equivalent lump sum value of the December 31, 1999 accrued benefit under the final pay plan determined using the IRS interest rate and IRS mortality table (as such terms are defined by the Plan) in effect for the 2000 plan year.

Compensation credit

As of 12/31 of each plan year (or as of a participant's date of termination, retirement, or death, if earlier), a participant's cash balance account is credited with an annual compensation credit equal to a percentage of the participant's compensation for that year (while a participant) based upon the sum the participant's age and vesting service (as an employee) as follows:

Age + Service	Percent of Compensation
Less than 30	2.0
30 – 39	2.5
40 – 49	3.0
50 – 59	3.5
60 or more	4.0

Effective December 31, 2016, additional Compensation Credits will not be added to participants' cash balance accounts

SCHEDULE SB ATTACHMENTS

Interest credit	As of 12/31 of each plan year (or as of a participant's date of termination, retirement or death, if earlier), a participant's cash balance account is credited with an annual interest credit equal to the participant's 12/31 account balance of the previous year multiplied by an interest rate equal to the 30 year Treasury Rate from the November of the prior plan year but no less than 2.6%.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service for the final pay plan. Immediate commencement is optional upon retirement for participants in the cash balance plan.
Postponed retirement	Retirement after NRD.
Vested termination	
• Final pay plan	Termination for reasons other than death or retirement after completing five years of vesting service.
• Cash balance plan	Termination for reasons other than death or retirement after completing three years of vesting service.
Disability	Satisfaction of the definition of disability required by the Social Security Administration.
Preretirement death benefit	
• Final pay plan	Upon the death of a participant prior to the pension starting date, if the participant had completed at least five years of vesting service.
• Cash balance plan	Upon the death of a participant prior to the pension starting date.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The accrued benefit reduced 1/12 for each year of the first three years and 1/24 for each of the next seven years' payments commencing after age 55 and prior to age 65. Prior to age 55 for the cash balance plan, the plan's actuarial equivalence is used.
Postponed retirement	The monthly pension benefit determined as the greater of the accrued benefit at time of postponed retirement or the actuarial equivalent of the benefit accrued as of normal retirement.
Vested termination	The accrued benefit calculated at the date of termination and payable at age 65.

Disablement

• Final pay plan	Continued benefit service accruals from the date of disability until the earlier of the end of disability or the normal retirement date. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.
• Cash balance plan	Continued compensation credit and interest credit accruals from the date of disability until the end of disability or normal retirement. For periods after the date of disability, annual compensation is assumed to be no greater than 120% of the salary rate in effect one year prior to disability.

Preretirement death

• Final pay plan	For married participants and those with children under the age of 18, the spouse's benefit is calculated as though the participant had retired on the date of death and had elected to receive an early retirement pension on the first day of the next calendar month in a reduced amount payable for life with a provision that 66-2/3% of such reduced amount would be continued after death to the spouse as the duly designated beneficiary.
• Cash balance plan	The cash balance account as of the last day of the month in which the death of the participant occurs is paid to the beneficiary.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	If the participant has no spouse as of the date payments begin, then the monthly pension benefit as described above is paid as a life annuity with the option of a 10 year certain annuity, 15 year certain annuity, or cash refund. Otherwise, benefits are paid in the form of a 66 2/3% joint and survivor annuity with 10 years certain or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the Plan. Actuarial equivalence is based on the 1983 GAM Mortality Table for Males set back 4 years, projected to 1988 with Scale H and a 9.5% interest rate. Optional forms are a single life annuity, a 66 2/3% joint and survivor annuity with 10 years certain, a 10-year or 15-year certain and life annuity, or a cash refund annuity and 75% Joint and Survivor annuity options. A single lump sum payment is also available for participants in the Cash Balance plan.
Pension Increases	None.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

The Visiting Nurse Association of Greater Lowell, Inc. Pension Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was to enact the group annuity purchase during 2021

The 2021 group annuity purchase transitioned plan obligations to an insurance company for most retirees who were receiving monthly benefits of $1,000 or less from the plan.

Covered employees All employees who are not per diem, hired on or before December 31, 2005, employees of the Affiliated Employer.

Participation date An eligible employee shall become a participant upon becoming age 21 and attaining one year of eligibility service effective as of the first day of the month coinciding with or next following the date on which such employee met the eligibility requirements, provided the employee was still employed as of such date.

If an employee, who has satisfied the plan's eligibility requirements and would otherwise have become a participant, shall go from a classification of a noneligible employee to an eligible employee, such employee shall become a participant on the date such employee becomes an eligible employee or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

If an employee, who has satisfied the Plan's eligibility requirements and would otherwise become a participant, shall go from a classification of an eligible employee to a noneligible class of employees, such employee shall become a participant in the plan on the date such employee again becomes an eligible employee, or, if later, the date that the employee would have otherwise entered the plan had the employee always been an eligible employee.

In no event shall an employee begin or resume active participation in the plan after December 31, 2017.

Definitions

Vesting service A participant becomes vested after five years of service.

Pension service Years and months of service as a covered employee.

SCHEDULE SB ATTACHMENTS

Pension Benefit	The amount of monthly retirement benefit to be provided for each participant who retires on the normal retirement date shall be equal to the sum of (1) plus (2) (1) 1.0% of such participant's average monthly compensation multiplied by the participant's total period of service (up to 25 years total) through December 31, 2006, plus 1.0% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant through December 31, 2006, computed to the nearest cent. (2) 0.5% of such participant's average monthly compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2007, plus 0.5% of such average monthly compensation of excess of one-twelfth of covered compensation multiplied by the participant's period of service (up to 25 years total) while a participant from January 1, 2017 computed to the nearest cent. Benefits ceased to accrue effective December 31, 2017.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The early retirement benefit shall equal the greater of: (1) The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date (2) The actuarial equivalent of the participant's accrued if such benefit is distributed in a form other than a nondecreasing life annuity payable for a period not less than the life of the participant Participants who have attained age 62 and 25 years of service may commence benefits without reduction.
Postponed retirement	A late retiring participant shall be entitled to a retirement benefit equal to the greater of: (1) the actuarial equivalent of the monthly retirement benefit such participant was entitled to at the close of the plan year (2) the participant's accrued benefit determined at the close of the plan year
Deferred vested termination	The participant's accrued benefit reduced by 1/15th for each of the first five years and 1/30th for each of the next five years and reduced actuarially for each additional year thereafter that the first day of the month on which the participant's early retirement benefit commences precedes the participant's normal retirement date.
Disablement	No disability benefits, other than those payable upon termination of employment, are provided in this plan.

SCHEDULE SB ATTACHMENTS

Preretirement death

A vested participant who dies before the annuity starting date and who has a surviving spouse shall have the death benefit paid to the surviving spouse in the form of a Pre-retirement Survivor Annuity, payable to a child or children if unmarried.

The participant may elect the benefit to be paid in the form of a reduced monthly pension payable over the life of the beneficiary, with the provision that, if the participant's designated beneficiary dies prior to completion of 120 monthly payments, such months payments shall be continued to the participant's beneficiary until the monthly payments made to the participant's designated beneficiary and the participant's beneficiary shall total 120.

Other Plan Provisions

Forms of payment

A participant who is married shall receive the value of all of such participant's benefits in the form of a joint and survivor annuity. Following the participant's death, the spouse shall receive 66 2/3% of the rate at which such benefits were payable to the participant. The benefit is guaranteed for 120 payments.

The participant may elect to receive a smaller annuity benefit with continuation of payments to the spouse at a rate of 75% of the rate payable to the participant.

An unmarried participant shall receive the value of such participant's benefit in the form of a life annuity.

Pension Increases

None.

Plan participants' contributions

None.

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name	**Pension Plan Of Circle Health, Inc.**
Plan Sponsor EIN	**22-2579798**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2022**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2022

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2022	74,131	15.00000	74,131	6,851
2. Shortfall	01/01/2021	2,081,440	14.00000	2,004,439	194,077
3. Shortfall	01/01/2020	(2,808,625)	13.00000	(2,586,666)	(263,692)
4. Shortfall	01/01/2019	13,541,032	12.00000	11,598,184	1,251,975
Total				11,090,088	1,189,211

Plan Name: Pension Plan of Circle Health, Inc.
EIN / PN: 22-2579798 / 001
Plan Sponsor: Circle Health, Inc.
Valuation Date: January 1, 2022