

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input checked="" type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                               |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                                            |    |                                                    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                     |    |                                                    |
| 1a      | Name of plan<br>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS, INC. EMPLOYEE RETIREMENT PLAN                                                                                                                                                                                                                                                                     | 1b | Three-digit plan number (PN) ▶ 001                 |
|         |                                                                                                                                                                                                                                                                                                                                                            | 1c | Effective date of plan<br>12/28/1970               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS<br><br>2960 CHARTRES<br>P.O. BOX 1488<br>LA SALLE, IL 61301 | 2b | Employer Identification Number (EIN)<br>36-2645920 |
|         |                                                                                                                                                                                                                                                                                                                                                            | 2c | Plan Sponsor's telephone number<br>815-233-0160    |
|         |                                                                                                                                                                                                                                                                                                                                                            | 2d | Business code (see instructions)<br>621420         |
|         |                                                                                                                                                                                                                                                                                                                                                            |    |                                                    |

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. | 10/17/2023 | DIANE GARLAND                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 96                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a(1)</b> 96                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a(2)</b> 92                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6b</b> 8                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 43                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6d</b> 143                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6e</b> 0                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6f</b> 143                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6g</b> 142                              |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6h</b> 15                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D 3F                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                      |                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                           |                                                                         |  |
| <div>A Name of plan</div> <div>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS, INC. EMPLOYEE RETIREMENT PLAN</div>          | <div>B Three-digit plan number (PN)</div> <div>►</div> <div>001</div>   |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS</div> | <div>D Employer Identification Number (EIN)</div> <div>36-2645920</div> |  |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                             |
|---------------------------------------------|
| (a) Name of insurance carrier               |
| MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY |

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | 744876-01                             | 145                                                                         | 01/01/2022              | 12/31/2022 |

|                                                                                                                                                                                            |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |                               |
| (a) Total amount of commissions paid                                                                                                                                                       | (b) Total amount of fees paid |
|                                                                                                                                                                                            |                               |

|                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------|--|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |  |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid      |  |
|                                                                                                       |  |

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                              |          |         |
|----------|----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 2418331 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 5458335 |

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 2260408

|          |                                                              |              |       |  |
|----------|--------------------------------------------------------------|--------------|-------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 70370 |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0     |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 59869 |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 76122 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 38247 |  |
|          | ▶ <b>LOAN PAYMENTS</b>                                       |              |       |  |

(6) Total additions..... **7c(6)** 244608

**d** Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 2505016

**e Deductions:**

|                                                                           |              |       |
|---------------------------------------------------------------------------|--------------|-------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 81991 |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 4617  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> | 77    |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> |       |

▶

(5) Total deductions..... **7e(5)** 86685

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2418331

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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                   |                                                                 |     |
| <div>A</div> Name of plan<br>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS, INC. EMPLOYEE RETIREMENT PLAN          | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                              |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS | <div>D</div> Employer Identification Number (EIN)<br>36-2645920 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | NONE                                                                                              | 5767                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 62 64                  | NONE                                                                                              | 50                                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 5                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                        |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS, INC. EMPLOYEE RETIREMENT PLAN</b>                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS</b> | <b>D</b> Employer Identification Number (EIN)<br><b>36-2645920</b> |            |

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

|                                                                                           |                               |                                                                                                     |               |  |
|-------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|---------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MM S&amp;P 500 (R) INDEX SVC</b>        |                               |                                                                                                     |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                     |               |  |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>241615</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO REAL ESTATE Y</b>               |                               |                                                                                                     |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>INVESCO</b>                          |                               |                                                                                                     |               |  |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>48461</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b> |                               |                                                                                                     |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                     |               |  |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>88038</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO SMALL CAP GROWTH A</b>          |                               |                                                                                                     |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>INVESCO</b>                          |                               |                                                                                                     |               |  |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>89366</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL DIVERSIFIED VALUE R5</b>     |                               |                                                                                                     |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                     |               |  |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>4405</b>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS AMERICAN BALANCED R4</b> |                               |                                                                                                     |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AMERICAN FUNDS</b>                   |                               |                                                                                                     |               |  |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>4419</b>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b> |                               |                                                                                                     |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                     |               |  |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>10735</b>  |  |

|                                                                                           |                               |                                                                                                                   |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL GROWTH OPPS R5</b>           |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>287621</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS UTILITIES R3</b>                    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MFS</b>                              |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6338</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO GLOBAL OPPORTUNITIES Y</b>      |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>INVESCO</b>                          |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>38940</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMPCO COMMODITY REAL RET STAT A</b>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PIMPCO</b>                           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>21663</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL SELECT TRP RETIREMENT 20</b> |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>31907</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS NEW WORLD R4</b>         |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AMERICAN FUNDS</b>                   |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>22399</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL STRATEGIC BOND R5</b>        |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14264</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DELAWARE EXTENDED DURATION BOND A</b>   |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>DELAWARE FUNDS BY MACQUARIE</b>      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1135</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUAL INTERNATIONAL EQ R5</b>      |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>154930</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON GLOBAL BOND A</b>             |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>FRANKLIN TEMPLETON INVESTMENTS</b>   |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1224</b>   |

|                                                                                     |                        |                                                                                                            |
|-------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUTAL FUNDAMENTAL GROWTH R5    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASS MUTUAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 04-1590850-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2284   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MM MSCI EAFE INTERNATIONAL INDEX SV  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASSMUTUTAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 90-0779283-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUTAL MAIN STREET R5           |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASSMUTUTAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 04-1590850-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193014 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUTAL SELECT TRP RETIREMENT 2  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASS MUTUAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 90-0342299-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 353824 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUTAL INFL-PROT AND INC SVC    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASSMUTUTAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 04-1590850-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11319  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUTAL GLOBAL R5                |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASSMUTUTAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 04-1590850-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114979 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL R4  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): AMERICAN FUNDS                    |                        |                                                                                                            |
| <b>c</b> EIN-PN 90-0342299-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350996 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DISCOVERY Y                  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): INVESCO                           |                        |                                                                                                            |
| <b>c</b> EIN-PN 04-1590850-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40573  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MM RUSSELL 2000 SMALL CAP INDEX SVC  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASSMUTUTAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 90-0779283-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUTAL SELECT TRP RETIREMENT 20 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): MASSMUTUTAL                       |                        |                                                                                                            |
| <b>c</b> EIN-PN 90-0342299-000                                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100263 |

|                                                                                               |                               |                                                                                                                   |
|-----------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUTAL CORE BOND R5</b>                |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASSMUTUAL</b>                           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>84922</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUTAL SMALL CAP OPPS R5</b>           |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASSMUTUAL</b>                           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>245607</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUTAL SELECT TRP RETIREMENT 2</b>     |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASSMUTUAL</b>                           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>605337</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS GROWTH I</b>                            |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MFS</b>                                  |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>377399</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRM CR VAL EQ</b>                           |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRM CR VAL EQ</b>                        |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>455059</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MASSMUTUTAL SELECT TRP RETIREMENT 2</b>     |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASSMUTUAL</b>                           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>975709</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO GLOBAL STRATEGIC INCOME Y</b>       |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>INVESCO</b>                              |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>04-1590850-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9868</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PGIM JENNISON MID CAP GROWTH A</b>          |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PGIM INVESTMENTS</b>                     |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1891</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MM S&amp;P MID CAP INDEX SVC</b>            |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>MASS MUTUAL</b>                          |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0779283-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS CAPITAL WORLD GR&amp;INC</b> |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AMERICAN FUNDS</b>                       |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>90-0342299-000</b>                                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5545</b>   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASSMUTUAL SELECT TRP RETIREMENT 2**

**b** Name of sponsor of entity listed in (a): **MASS MUTUAL**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0342299-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6494</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASSMUTUAL SELECT TRP RETIREMENT B**

**b** Name of sponsor of entity listed in (a): **MASS MUTUAL**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0342299-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>16555</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASSMUTUAL SELECT TRP RETIREMENT 2**

**b** Name of sponsor of entity listed in (a): **MASS MUTUAL**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0342299-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>150243</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **COLUMBIA SMALL CAP VALUE II INST**

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

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0342299-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>43855</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASSMUTUAL SELECT TRP RETIREMENT 2**

**b** Name of sponsor of entity listed in (a): **MASS MUTUAL**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0342299-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>219812</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ARIEL FUND INVESTOR**

**b** Name of sponsor of entity listed in (a): **ARIEL INVESTMENTS**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>04-1590850-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4502</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JANUS HENDERSON MID CAP VALUE S**

**b** Name of sponsor of entity listed in (a): **JANUS HENDERSON**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>90-0342299-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20407</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MASSMUTUAL HIGH YIELD SVC**

**b** Name of sponsor of entity listed in (a): **MASS MUTUAL**

|                                       |                               |                                                                                                                |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>04-1590850-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>418</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS, INC. EMPLOYEE RETIREMENT PLAN</u>                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS</u>                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>36-2645920</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 0           | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b> 0        | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b> 0        | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b> 0        | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b> 0        | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b> 0        | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b> 0     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b> 0     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b> 0     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b> 0     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b> 0        | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b> 0        | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b> 0        | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b> 0        | 0               |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b> 0        | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 7396680 | 5458335         |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b> 0       | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b> 0       | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b> 2260408 | 2418331         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b> 0       | 0               |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) | 0                     | 0               |
| (2) Employer real property .....                                     | 1d(2) | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 9657088               | 7876666         |

**Liabilities**

|                                                                           |    |   |   |
|---------------------------------------------------------------------------|----|---|---|
| <b>g</b> Benefit claims payable .....                                     | 1g | 0 | 0 |
| <b>h</b> Operating payables .....                                         | 1h |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | 1i | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | 1j | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 0 | 0 |

**Net Assets**

|                                                           |    |         |         |
|-----------------------------------------------------------|----|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 9657088 | 7876666 |
|-----------------------------------------------------------|----|---------|---------|

**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 Contributions:**

|                                                                                                            |          | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 272898     |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 195304     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) | 6669       |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 474871    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |          |       |       |
|------------------------------------------------------------------------------------------------------|----------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) | 0     |       |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) | 0     |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) | 0     |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) | 0     |       |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) | 0     |       |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) | 68899 |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | 2b(1)(G) |       | 68899 |

|                                                                                           |          |   |   |
|-------------------------------------------------------------------------------------------|----------|---|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | 2b(2)(A) | 0 |   |
| <b>(B)</b> Common stock .....                                                             | 2b(2)(B) | 0 |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | 2b(2)(C) | 0 |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | 2b(2)(D) |   | 0 |

|                 |       |  |   |
|-----------------|-------|--|---|
| (3) Rents ..... | 2b(3) |  | 0 |
|-----------------|-------|--|---|

|                                                                                           |          |   |   |
|-------------------------------------------------------------------------------------------|----------|---|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | 2b(4)(A) | 0 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | 2b(4)(B) | 0 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | 2b(4)(C) |   | 0 |

|                                                                                                    |          |   |   |
|----------------------------------------------------------------------------------------------------|----------|---|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | 2b(5)(A) | 0 |   |
| <b>(B)</b> Other .....                                                                             | 2b(5)(B) | 0 |   |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | 2b(5)(C) |   | 0 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | -1446959  |
| (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) |            | 0         |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -903189   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 871412     |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  | 0          |           |
| (3) Other .....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 871412    |
| 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)  | 0          |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 5821       |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 0          |           |
| (4) Other .....                                                                                 | 2i(4)  | 0          |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 5821      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 877233    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -1780422  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS, INC. EMPLOYEE RETIREMENT PLAN                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 001                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>36-2645920                                            |
| 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):<br><br>EIN(s): 84-1455663 04-1590850                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                 |                          |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|------------|
| <b>14</b> 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:                                                                                                            | <b>14a</b>               |            |            |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... |                          | <b>14b</b> |            |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                |                          |            | <b>14c</b> |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           |                          |            |            |
| <b>15</b> 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:                                                                                                                                          | <b>15a</b>               |            |            |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            |                          | <b>15b</b> |            |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       |                          |            |            |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  | <b>16a</b>               |            |            |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        |                          | <b>16b</b> |            |
| <b>b</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.....                                                                                                                                                           |                          |            |            |
| <b>17</b> 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 .....                                                                                           | <input type="checkbox"/> |            |            |

**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 \_\_\_\_\_

# **North Central Behavioral Health Systems, Inc. Employee Retirement Plan**

Financial Report  
December 31, 2022

## Contents

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**Independent Auditor's Report**

Plan Administrator  
North Central Behavioral Health Systems, Inc. Employee Retirement Plan

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

We have performed audits of the financial statements of North Central Behavioral Health Systems, Inc. Employee Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits—modified cash basis as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits—modified cash basis for the year ended December 31, 2022, and the related notes to the financial statements.

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

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

**Opinion**

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, 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.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

#### **Other Matter—Supplemental Schedule Required by ERISA**

The supplemental Schedule H, part IV, line 4i—schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedule related to assets held by and certified to by 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).

*RSM VS LLP*

Galesburg, Illinois  
October 16, 2023

North Central Behavioral Health Systems, Inc.  
Employee Retirement Plan

Statements of Net Assets Available for Benefits—Modified Cash Basis  
December 31, 2022 and 2021

|                                          | 2022                | 2021                |
|------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                            |                     |                     |
| Investments:                             |                     |                     |
| Investments, at fair value               | \$ 5,458,335        | \$ 7,396,680        |
| Investments, at contract value           | 2,418,331           | 2,260,408           |
| <b>Total assets</b>                      | <b>7,876,666</b>    | <b>9,657,088</b>    |
| <b>Liabilities</b>                       | <b>-</b>            | <b>-</b>            |
| <b>Net assets available for benefits</b> | <b>\$ 7,876,666</b> | <b>\$ 9,657,088</b> |

See notes to financial statements.

**North Central Behavioral Health Systems, Inc.**  
**Employee Retirement Plan**

**Statement of Changes in Net Assets Available for Benefits—Modified Cash Basis**  
**Year Ended December 31, 2022**

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Additions to net assets attributed to:

Investment (loss) income:

Net depreciation in fair value of pooled separate accounts \$ (1,446,959)

Interest from guaranteed investment contract 68,899

**Total investment loss** (1,378,060)

Contributions:

Employer 272,898

Participants 195,304

Rollovers 6,669

**Total contributions** 474,871

Deductions from net assets attributed to:

Benefits paid to participants 871,412

Administrative expenses 5,821

**Total deductions** 877,233

**Net decrease in net assets available for benefits** (1,780,422)

Net assets available for benefits:

Beginning of year 9,657,088

End of year \$ 7,876,666

See notes to financial statements.

**North Central Behavioral Health Systems, Inc.  
Employee Retirement Plan**

**Notes to Financial Statements**

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**Note 1. Plan Description**

The following description of North Central Behavioral Health Systems, Inc. Employee Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution 401(k) discretionary profit sharing plan covering all employees of North Central Behavioral Health Systems, Inc. (the Employer) who have at least one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions:** Participants may elect to reduce their salary and have the amount contributed to the Plan. The elective deferral amount may not be more than the lesser of (a) 30% of pre-tax annual compensation, (b) maximum dollar limit allowed under the requirements of the Internal Revenue Code (\$20,500 for 2022) or (c) such lesser amount as determined by the discrimination tests for the Plan. Participants who will be age 50 or older during the plan year can make additional special catch-up contributions (up to \$6,500 additional for 2022). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover contributions). The Employer has the option of making discretionary contributions as determined by the Employer, which can be up to a 100% match of each participant's contribution up to 4%, for employees that work at least 1,000 hours during the year. There is also a safe harbor contribution required by the Plan which equals 3% of employee eligible compensation (as defined by the Plan), regardless of employee participation in the Plan. For the plan year ended December 31, 2022, the Employer made discretionary and safe harbor contributions of \$272,898. Participants direct the investment of their contributions and company contributions to investment options offered by the Plan. Participants are permitted to change their investment options daily.

**Participant accounts:** Each participant's account is credited with the participant's elective and, if applicable, rollover contributions and allocations of (a) the Employer's contributions, (b) plan earnings or losses, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which each participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:** Participants are immediately vested in their elective and, if applicable, rollover contributions plus actual earnings thereon. Participants are immediately vested in safe harbor Employer contributions. Vesting in the Employer's discretionary contributions is based on years of continuous service. A participant is 100% vested in the employer's discretionary contributions after six years of credited service.

**Payment of benefits:** On termination of service, a participant may elect to receive: (1) a lump-sum amount equal to the value of the participant's vested interest in his or her account, (2) annual or more frequent periodic payments of substantially equal amounts over a period of time as defined in the Plan until the entire vested account balance has been fully distributed, (3) partial withdrawals of vested interest in his or her account or (4) an annuity. If the participant's vested account balance has never been more than \$5,000, payment is made in a lump sum distribution.

**Forfeited accounts:** At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$3,770 and \$2,270, respectively. These accounts will be used to reduce future employer discretionary contributions or for payment of certain Plan administrative expenses. During the plan year ended December 31, 2022, forfeited nonvested accounts totaling \$4,617 were used to pay the Plan's administrative expenses.

**North Central Behavioral Health Systems, Inc.  
Employee Retirement Plan**

**Notes to Financial Statements**

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**Note 2. Summary of Significant Accounting Policies**

**Basis of accounting:** The Plan's accounts are maintained on a modified cash basis; therefore, the statements of net assets available for benefits and the statement of changes in net assets available for benefits reflect only cash received and disbursed. However, the Plan's investments have been adjusted to fair value as of December 31, 2022 and 2021. Receivables and payables and accrued contributions, investment income and expenses, which would be recognized under accounting principles generally accepted in the United States of America and which may be material in amount, are not recognized in the accompanying financial statements.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**Investment valuation and income recognition:** Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. 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 a modified cash basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of benefits:** Benefits are recorded when paid.

**Use of estimates in the preparation of financial statements:** The preparation of financial statements in conformity with a modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Administrative expenses:** Certain administrative functions are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan. Certain other administrative expenses are also paid directly by the Employer.

**Note 3. Information Certified by Empower Retirement, LLC**

The following is a summary of the Plan's asset information as of December 31, 2022 and 2021, and for the year ended December 31, 2022, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Empower Retirement, LLC, by a power of attorney granted from Massachusetts Mutual Life Insurance Company to Empower Annuity Insurance Company of America and its subsidiary, Empower Retirement, LLC (hereafter Empower Retirement), the plan custodian, and furnished to the Plan Administrator.

On December 31, 2020, Empower Retirement acquired the retirement business of Massachusetts Mutual Life Insurance Company (Mass Mutual). Following an initial transition period, Empower Retirement became the sole administrator of the retirement business during the year ended December 31, 2021.

**North Central Behavioral Health Systems, Inc.  
Employee Retirement Plan**

**Notes to Financial Statements**

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**Note 3. Information Certified by Empower Retirement, LLC (Continued)**

The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears in this Note, throughout the financial statements and the supplemental schedule related to the following assets:

|                                                                               | 2022                | 2021                |
|-------------------------------------------------------------------------------|---------------------|---------------------|
| Investments in pooled separate accounts with insurance company, at fair value | <u>\$ 5,458,335</u> | <u>\$ 7,396,680</u> |
| Guaranteed investment contract, at contract value                             | <u>\$ 2,418,331</u> | <u>\$ 2,260,408</u> |

Empower Retirement also certified to the completeness and accuracy of \$1,446,959 of net depreciation in fair value of pooled separate accounts and \$68,899 of interest from the guaranteed investment contract for the contract year ended December 31, 2022.

**Note 4. Fair Value Measurements**

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

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

**Level 2:** Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

**North Central Behavioral Health Systems, Inc.  
Employee Retirement Plan**

**Notes to Financial Statements**

**Note 4. Fair Value Measurements (Continued)**

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

**Insurance company pooled separate accounts:** The fair value of the participation units owned by the Plan in the pooled separate accounts is based on the fair value of the net assets of the underlying pool of securities on the last business day of the plan year as determined by Empower. The net asset value (NAV) is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the pooled separate accounts will sell the investment for an amount different from the reported NAV.

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

Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2022 and 2021:

| Investments                | 2022<br>Fair Value  | 2021<br>Fair Value  | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice Period |
|----------------------------|---------------------|---------------------|------------------------|-------------------------|-----------------------------|
| Pooled separate accounts:  |                     |                     |                        |                         |                             |
| Fixed Income (a)           | \$ 144,813          | \$ 210,566          | \$ -                   | Immediate               | None                        |
| Large Blend (b)            | 602,575             | 771,541             | -                      | Immediate               | None                        |
| Large Growth (c)           | 973,013             | 1,824,536           | -                      | Immediate               | None                        |
| Large Value (d)            | 465,803             | 545,519             | -                      | Immediate               | None                        |
| Mid Blend (e)              | 68,868              | 84,724              | -                      | Immediate               | None                        |
| Mid Growth (f)             | 43,115              | 60,034              | -                      | Immediate               | None                        |
| Mid Value (g)              | -                   | 2,738               | -                      | Immediate               | None                        |
| Small Blend (h)            | 245,607             | 357,552             | -                      | Immediate               | None                        |
| Small Growth (i)           | 129,939             | 252,391             | -                      | Immediate               | None                        |
| Small Value (j)            | 48,356              | 46,413              | -                      | Immediate               | None                        |
| International (k)          | 177,329             | 218,862             | -                      | Immediate               | None                        |
| Target date maturity (l)   | 2,558,917           | 3,021,804           | -                      | Immediate               | None                        |
| Investments, at fair value | <u>\$ 5,458,335</u> | <u>\$ 7,396,680</u> |                        |                         |                             |

- (a) These pooled separate accounts seek to achieve a high total rate of return consistent with prudent investment risk and the preservation of capital by investing primarily in a diversified portfolio of bonds and debt securities.

**North Central Behavioral Health Systems, Inc.**  
**Employee Retirement Plan**

**Notes to Financial Statements**

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**Note 4. Fair Value Measurements (Continued)**

- (b) These pooled separate accounts seek conservation of capital, current income and long-term growth of capital and income. The separate accounts invest primarily in U.S. equity and fixed-income securities.
- (c) These pooled separate accounts seek long-term capital appreciation. The separate accounts invest primarily in common stocks companies in the U.S. and foreign countries that are expected to have an above average earnings growth potential compared to other companies.
- (d) These pooled separate accounts seek to achieve long-term growth of capital and income by investing primarily in a diversified portfolio of equity securities of larger, well-established companies.
- (e) These pooled separate accounts seek capital appreciation. The fund primarily invests in the common stocks of midsized companies whose stock prices are believed to be undervalued by the portfolio managers.
- (f) These pooled separate accounts seek long-term growth of capital. The separate accounts invest primarily in U.S. and foreign equity securities that are expected to have an above average earnings growth potential.
- (g) These pooled separate accounts seek capital appreciation. The separate accounts invest primarily in the common stock of mid-sized companies whose stock prices the portfolio managers believe are undervalued.
- (h) These pooled separate accounts seek capital appreciation. The separate accounts invest primarily in common stocks of small capitalization U.S. companies that the fund's subadviser believes have favorable business trends or prospects based on fundamental analysis.
- (i) These pooled separate accounts seek capital appreciation. The separate accounts mainly invest in common stocks of U.S. companies that the portfolio managers believe have favorable growth prospects. They invest in stocks of small capitalization companies.
- (j) These pooled separate accounts seek long-term capital appreciation. The separate accounts invest in undervalued companies that show strong potential for growth.
- (k) These pooled separate accounts seek a rate of return through investing primarily in equities of foreign companies, including countries with developed or emerging markets.
- (l) These pooled separate accounts seek to provide the highest total return over time consistent with an emphasis on both capital growth and income. The separate accounts are designed to adjust over time to meet the changing risk and return objectives of the investors based on the retirement date. The separate accounts invest in common stocks, bonds and cash.

**Note 5. Investment Contract with Insurance Company**

The Plan entered into a fully benefit-responsive investment contract with Empower Retirement, who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

**North Central Behavioral Health Systems, Inc.  
Employee Retirement Plan**

**Notes to Financial Statements**

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**Note 5. Investment Contract with Insurance Company (Continued)**

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Empower Retirement, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were approximately 3% for the year ended December 31, 2022. The crediting interest rate is based on a formula agreed upon with the issuer.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Empower Retirement. The Plan Administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with the Plan's participants is not probable.

The guaranteed investment contract does not permit Empower Retirement to terminate the agreement prior to the scheduled maturity date.

**Note 6. Related-Party and Party-In-Interest Transactions**

The Plan's investments are shares of pooled separate accounts and an investment contract managed by Empower Retirement. Empower Retirement is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management and administrative services amounted to \$5,821 for the year ended December 31, 2022. Investment fees and administrative expenses are deducted from the fund's assets and participants' total returns are "net" of these fees. Participants' returns, which are calculated after these fees have been deducted from the fund, totaled \$58,212 for the year ended December 31, 2022. Certain administrative fees for services are paid by the Employer. The Employer paid approximately \$14,579 for these services for the year ended December 31, 2022.

**Note 7. Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts.

**Note 8. Tax Status**

The Plan adopted a non-standardized form of a prototype plan sponsored by Empower Retirement. The prototype plan has received an opinion letter from the Internal Revenue Service dated November 14, 2022, as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal tax authorities for years before 2019.

**North Central Behavioral Health Systems, Inc.  
Employee Retirement Plan**

**Notes to Financial Statements**

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**Note 9. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. 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 10. Subsequent Events**

The Plan Administrator has evaluated events occurring subsequent to December 31, 2022, as to their potential impact to the financial statements through October 16, 2023, which is the date the financial statements were available to be issued.

**North Central Behavioral Health Systems, Inc.**  
**Employee Retirement Plan**

**Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

Employer Identification Number: 36-2645920  
Plan Number: 001

| (a)                       | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment         | (d)<br>Cost | (e)<br>Current<br>Value |
|---------------------------|-----------------------------------------------------------------|------------------------------------------|-------------|-------------------------|
| Pooled separate accounts: |                                                                 |                                          |             |                         |
| *                         | Empower Retirement, LLC                                         | American Funds American Balanced R4      | N/A         | \$ 4,419                |
| *                         | Empower Retirement, LLC                                         | American Funds Capital World Gr&Inc R4   | N/A         | 5,545                   |
| *                         | Empower Retirement, LLC                                         | American Funds New World R4              | N/A         | 22,399                  |
| *                         | Empower Retirement, LLC                                         | American Funds Washington Mutual R4      | N/A         | 350,996                 |
| *                         | Empower Retirement, LLC                                         | Ariel Fund Investor                      | N/A         | 4,502                   |
| *                         | Empower Retirement, LLC                                         | Columbia Small Cap Value li Inst         | N/A         | 43,855                  |
| *                         | Empower Retirement, LLC                                         | Delaware Extended Duration Bond A        | N/A         | 1,135                   |
| *                         | Empower Retirement, LLC                                         | Invesco Discovery Y                      | N/A         | 40,573                  |
| *                         | Empower Retirement, LLC                                         | Invesco Global Opportunities Y           | N/A         | 38,940                  |
| *                         | Empower Retirement, LLC                                         | Invesco Global Strategic Income Y        | N/A         | 9,868                   |
| *                         | Empower Retirement, LLC                                         | Invesco Real Estate Y                    | N/A         | 48,461                  |
| *                         | Empower Retirement, LLC                                         | Invesco Small Cap Growth A               | N/A         | 89,366                  |
| *                         | Empower Retirement, LLC                                         | Janus Henderson Mid Cap Value S          | N/A         | 20,407                  |
| *                         | Empower Retirement, LLC                                         | Massmutual Core Bond R5                  | N/A         | 84,922                  |
| *                         | Empower Retirement, LLC                                         | Massmutual Diversified Value R5          | N/A         | 4,405                   |
| *                         | Empower Retirement, LLC                                         | Massmutual Fundamental Growth R5         | N/A         | 2,284                   |
| *                         | Empower Retirement, LLC                                         | Massmutual Global R5                     | N/A         | 114,979                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Growth Opps R5                | N/A         | 287,621                 |
| *                         | Empower Retirement, LLC                                         | Massmutual High Yield Svc                | N/A         | 418                     |
| *                         | Empower Retirement, LLC                                         | Massmutual Infl-Prot And Inc Svc         | N/A         | 11,319                  |
| *                         | Empower Retirement, LLC                                         | Massmutual International Eq R5           | N/A         | 154,930                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Main Street R5                | N/A         | 193,014                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2010 M4 | N/A         | 6,494                   |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2015 M4 | N/A         | 10,735                  |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2020 M4 | N/A         | 975,709                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2025 M4 | N/A         | 100,263                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2030 M4 | N/A         | 605,337                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2035 M4 | N/A         | 150,243                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2040 M4 | N/A         | 353,824                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2045 M4 | N/A         | 31,907                  |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2050 M4 | N/A         | 88,038                  |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement 2055 M4 | N/A         | 219,812                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Select Trp Retirement Bal M4  | N/A         | 16,555                  |
| *                         | Empower Retirement, LLC                                         | Massmutual Small Cap Opps R5             | N/A         | 245,607                 |
| *                         | Empower Retirement, LLC                                         | Massmutual Strategic Bond R5             | N/A         | 14,264                  |
| *                         | Empower Retirement, LLC                                         | Mfs Growth I                             | N/A         | 377,399                 |
| *                         | Empower Retirement, LLC                                         | Mfs Utilities R3                         | N/A         | 6,338                   |
| *                         | Empower Retirement, LLC                                         | Mm S&P 500(R) Index Svc                  | N/A         | 241,615                 |
| *                         | Empower Retirement, LLC                                         | Pgim Jennison Mid-Cap Growth A           | N/A         | 1,891                   |
| *                         | Empower Retirement, LLC                                         | Pimco Commodity Real Ret Strat A         | N/A         | 21,663                  |
| *                         | Empower Retirement, LLC                                         | Prm Cr Val Eq (Wllgtn-Brdywn-Trp)        | N/A         | 455,059                 |
| *                         | Empower Retirement, LLC                                         | Templeton Global Bond A                  | N/A         | 1,224                   |
|                           |                                                                 |                                          |             | 5,458,335               |
| Investment contract:      |                                                                 |                                          |             |                         |
| *                         | Empower Retirement, LLC                                         | General account                          | N/A         | 2,418,331               |
|                           |                                                                 |                                          |             | <u>\$ 7,876,666</u>     |

\* Represents a party-in-interest.

N/A Not applicable, participant-directed plan.

The above information has been certified by Empower Retirement, LLC, by a power of attorney granted from Massachusetts Mutual Life Insurance Company to Empower Annuity Insurance Company of America and its subsidiary, Empower Retirement, LLC, the plan custodian, as complete and accurate.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

North Central Behavioral Health Systems, Inc. Employee Retirement Plan

19-FEB-22 to 31-DEC-22

20-JAN-23 03:01:05

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS      | CURRENT VALUE       |
|-------------------|---------------|---------------|---------------------|---------------------|
| 1MMDMX            |               |               | 56,819.40           | 219,812.38          |
| 1MMDGX            |               |               | 9,473.98            | 88,038.44           |
| 1MMFWX            |               |               | 10,741.94           | 31,907.09           |
| 1MMFQX            |               |               | 43,552.13           | 353,824.06          |
| 1MMTLX            |               |               | 21,061.22           | 150,243.15          |
| 1MMTPX            |               |               | 48,029.14           | 605,337.16          |
| 1MMTHX            |               |               | 19,951.07           | 100,263.04          |
| 1MMTUX            |               |               | 46,853.77           | 975,708.63          |
| 1MMFKX            |               |               | 5,795.10            | 10,734.62           |
| 1MMXDX            |               |               | 0.00                | 6,494.19            |
| 1MMBYX            |               |               | 89.29               | 16,554.76           |
| 1RWIEX            |               |               | 3,941.79            | 5,544.93            |
| 1RNWEX            |               |               | 6,174.64            | 22,399.44           |
| 1OGIYX            |               |               | 5,834.25            | 38,939.64           |
| 1MGFSX            |               |               | 5,076.93            | 114,978.98          |
| 1MIEDX            |               |               | 14,495.42           | 154,929.86          |
| 1IARYX            |               |               | 3,283.29            | 48,460.66           |
| 1IMUHX            |               |               | 1,458.52            | 6,338.23            |
| 1PCRAX1           |               |               | 5,277.41            | 21,663.18           |
| 1NSVAX            |               |               | 3,492.95            | 43,854.51           |
| 1GTSAX            |               |               | 597.97              | 89,366.07           |
| 1MSCDX            |               |               | 5,447.76            | 245,606.95          |
| 1ODIYX            |               |               | 4,102.07            | 40,573.21           |
| 1ARGFX            |               |               | 2,175.01            | 4,501.51            |
| 1PEEAX            |               |               | 1,299.35            | 1,891.13            |
| 1JMVIX            |               |               | 1,318.38            | 20,407.10           |
| 1RWMEX            |               |               | 6,853.05            | 350,995.98          |
| 1MMIEX            |               |               | 8,925.56            | 241,615.29          |
| 1MGRSX            |               |               | 11,341.33           | 287,621.32          |
| 1MDVSX            |               |               | 1,722.38            | 4,405.13            |
| 1MMSSX            |               |               | 4,575.89            | 193,013.62          |
| 1MFEIX            |               |               | 9,006.39            | 377,398.75          |
| 1MOTCX            |               |               | 467.29              | 2,284.03            |
| 1RLBEX            |               |               | 4,250.89            | 4,418.58            |
| 1DEEAX            |               |               | 208.26              | 1,134.51            |
| 1DLHYX            |               |               | 410.35              | 418.29              |
| 1OSIYX            |               |               | 903.87              | 9,868.47            |
| 1TPINX            |               |               | 208.17              | 1,224.25            |
| 1MCBDX            |               |               | 4,613.61            | 84,921.60           |
| 1MBSSX            |               |               | 6,377.12            | 14,263.77           |
| 1MIPYX            |               |               | 3,186.71            | 11,319.20           |
| 1MGDJ3            |               | 3.000         | 2,355,183.85        | 2,414,560.88        |
| 1PRCVEQ           |               |               | 9,694.78            | 455,059.20          |
|                   |               |               | <b>2,754,272.28</b> | <b>7,872,895.79</b> |
| FORFEITURES       |               |               | 3,763.79            | 3,770.27            |

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**North Central Behavioral Health Systems, Inc. Employee Retirement Plan****19-FEB-22 to 31-DEC-22****20-JAN-23 03:01:05**

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

EIN # 36-2645920

## LEGEND

## INVESTMENT OPTION:

1MMDMX MassMutual Select TRP Retirement 2055 M4  
 1MMFWX MassMutual Select TRP Retirement 2045 M4  
 1MMTLX MassMutual Select TRP Retirement 2035 M4  
 1MMTHX MassMutual Select TRP Retirement 2025 M4  
 1MMFKX MassMutual Select TRP Retirement 2015 M4  
 1MMBYX MassMutual Select TRP Retirement Bal M4  
 1RNWEX American Funds New World R4  
 1MGFSX MassMutual Global R5  
 1IARYX Invesco Real Estate Y  
 1PCRAX1 PIMCO Commodity Real Ret Strat A  
 1GTSAX Invesco Small Cap Growth A  
 1ODIYX Invesco Discovery Y  
 1PEEAX PGIM Jennison Mid-Cap Growth A  
 1RWMEY American Funds Washington Mutual R4  
 1MGRSX MassMutual Growth Opps R5  
 1MMSSX MassMutual Main Street R5  
 1MOTCX MassMutual Fundamental Growth R5  
 1DEEAX Delaware Extended Duration Bond A  
 1OSIYX Invesco Global Strategic Income Y  
 1MCBDX MassMutual Core Bond R5  
 1MIPYX MassMutual Infl-Prot and Inc Svc  
 1PRCVEQ Prm Cr Val Eq (Wllgtn-Brndywn-TRP)

1MMDGX MassMutual Select TRP Retirement 2050 M4  
 1MMFQX MassMutual Select TRP Retirement 2040 M4  
 1MMTPX MassMutual Select TRP Retirement 2030 M4  
 1MMTUX MassMutual Select TRP Retirement 2020 M4  
 1MMXDX MassMutual Select TRP Retirement 2010 M4  
 1RWIEX American Funds Capital World Gr&Inc R4  
 1OGIYX Invesco Global Opportunities Y  
 1MIEDX MassMutual International Eq R5  
 1MMUHX MFS Utilities R3  
 1NSVAX Columbia Small Cap Value II Inst  
 1MSCDX MassMutual Small Cap Opps R5  
 1ARGFX Ariel Fund Investor  
 1JMVIX Janus Henderson Mid Cap Value S  
 1MMIEX MM S&P 500(R) Index Svc  
 1MDVSX MassMutual Diversified Value R5  
 1MFEIX MFS Growth I  
 1RLBEX American Funds American Balanced R4  
 1DLHYX MassMutual High Yield Svc  
 1TPINX Templeton Global Bond A  
 1MBSSX MassMutual Strategic Bond R5  
 1MGDJ3 General Account

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year