

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/28/1978
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 02-0258994
2c Plan Sponsor's telephone number: 603-668-4111
2d Business code (see instructions): 621330

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	610
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	468
	6a(2)	449
	6b	11
	6c	136
	6d	596
	6e	0
	6f	596
	6g(1)	388
6g(2)	370	
6h	2	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2M 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER</p>	<p>D Employer Identification Number (EIN) 02-0258994</p>	

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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891840+008	38	01/01/2024	12/31/2024

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	56378
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	0
	7c(3)	1718
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	58096
e Deductions:		
	7e(1)	3391
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	3391
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	54705

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER</p>	<p>D Employer Identification Number (EIN) 02-0258994</p>	

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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891840+007	88	01/01/2024	12/31/2024

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

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

(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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	3343321
c Additions: (1) Contributions deposited during the year	7c(1)	140438
	7c(2)	
	7c(3)	76030
	7c(4)	131434
	7c(5)	1855
(6) Total additions	7c(6)	349757
d Total of balance and additions (add lines 7b and 7c(6))	7d	3693078
e Deductions:		
	7e(1)	1446751
	7e(2)	8369
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	1455120
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2237958

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER	D Employer Identification Number (EIN) 02-0258994	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PCS RETIREMENT LLC

23-3038464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	44936	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FINANCIAL STRATEGIES RETIREMENT PAR

3 EXECUTIVE PARK DRIVE
SUITE 205
BEDFORD, NH 03110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	44791	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER</u>	D Employer Identification Number (EIN) <u>02-0258994</u>

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	254	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	132999
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	97454	106996
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25563121	25832512
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3399698	2292663
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	29060527	28365170
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29060527	28365170

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	721855	
(B) Participants.....	2a(1)(B)	1355175	
(C) Others (including rollovers).....	2a(1)(C)	110146	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2187176
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	3242	
(F) Other.....	2b(1)(F)	1718	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4960
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1461740	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1461740
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2591812
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6245688

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6851743	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6851743
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	33503	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	44791	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	11008	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		89302
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6941045

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-695357
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE MENTAL HEALTH CENTER OF GREATER MANCHESTER</u>	D Employer Identification Number (EIN) <u>02-0258994</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-3157927 35-1140070

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		6
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

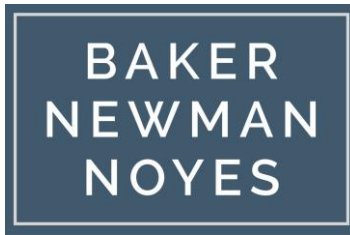
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day 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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A.



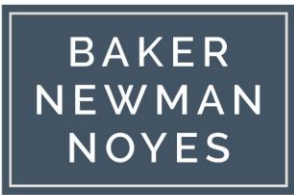
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

Financial Statements
and Supplemental Schedule

*For the Years Ended December 31, 2024 and 2023
With Independent Auditors' Report*

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
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INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the financial statements of The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

In our opinion:

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

Baker Newman & Noyes LLC

Manchester, New Hampshire
October 14, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash	\$ —	\$ 254
Investments, at fair value:		
Mutual funds	25,516,298	25,244,013
Multi-fund accounts	<u>316,214</u>	<u>319,108</u>
	25,832,512	25,563,121
Investments, at contract value:		
Guaranteed accounts	<u>2,292,663</u>	<u>3,399,698</u>
Total investments	28,125,175	28,962,819
Receivables:		
Employer contributions receivable	132,999	—
Notes receivable from participants	<u>106,996</u>	<u>97,454</u>
Total receivables	<u>239,995</u>	<u>97,454</u>
Net assets available for benefits	<u>\$28,365,170</u>	<u>\$29,060,527</u>

See accompanying notes.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions in net assets attributed to:		
Investment income:		
Interest and dividends	\$ 1,463,458	\$ 727,570
Net appreciation in fair value of investments	<u>2,591,812</u>	<u>3,840,920</u>
Net investment income	4,055,270	4,568,490
Interest income on notes receivable from participants	3,242	6,506
Contributions:		
Participants	1,355,175	1,396,591
Employer	721,855	744,596
Rollovers	<u>110,146</u>	<u>181,270</u>
Total contributions	<u>2,187,176</u>	<u>2,322,457</u>
Total additions	6,245,688	6,897,453
Deductions from net assets attributed to:		
Distributions to participants	6,851,743	6,509,819
Administrative expenses	<u>89,302</u>	<u>84,292</u>
Total deductions	<u>6,941,045</u>	<u>6,594,111</u>
Net (decrease) increase in net assets available for benefits	(695,357)	303,342
Net assets available for benefits, beginning of year	<u>29,060,527</u>	<u>28,757,185</u>
Net assets available for benefits, end of year	<u>\$28,365,170</u>	<u>\$29,060,527</u>

See accompanying notes.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Plan Description

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

General

The Plan is a defined contribution 403(b) plan sponsored by The Mental Health Center of Greater Manchester, Inc. (the Center, the Employer, or the Sponsor), covering substantially all employees of the Center. There are no age or service requirements for employee contributions. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE Act 2.0) was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Applicable provisions outlined in the SECURE Act 2.0 will be adopted if elected and/or required. Plan amendments for these changes are not yet required.

Contributions

Participants may elect to contribute to the Plan on a pre-tax or Roth basis, subject to Internal Revenue Code (IRC) limitations, with a minimum employee deferral of \$200 annually. Participants who have completed 15 years of service with the Center may make a special IRC section 403(b) catch-up contribution subject to IRC limitations. Participants who are at least age 50 may make an additional "catch-up" contribution subject to IRC limitations.

The Center provides employer matching contributions at a fixed rate of 100% of up to 5% of eligible compensation on a per pay period basis. Category 1 employees, as defined in the Plan document, are eligible for employer matching contributions after completing one month of service. Non-category 1 employees are not eligible for employer matching contributions. Due to cash flow constraints, the Center suspended the per pay period match from November 1, 2024 through December 31, 2024. The Plan recorded an employer contributions receivable of \$132,999 at December 31, 2024 for these amounts earned by participants during the suspension period, which were funded by the Center in April 2025.

Participants may also contribute funds from other qualified retirement plans (rollover contributions), subject to certain requirements.

Participant Accounts

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Plan Description (Continued)

Vesting

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

Payment of Benefits

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

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

Notes Receivable From Participants

A participant may borrow the lesser of 50% of their vested account balance or \$50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period, with a minimum loan amount of \$1,000. Loans are repayable each pay period, generally over five years. The interest rate is determined based on the bank prime rate on the first business day of each calendar quarter plus 1% and is fixed over the life of the note. A participant may only have one loan outstanding at any time. As of December 31, 2024, the interest rates on outstanding loans ranged from 4.25% to 9.50% with various maturities through December 2027.

Investment Options

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

Plan Termination

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Administrative Expenses

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

Use of Estimates

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

Risks and Uncertainties

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

Contributions

Employee contributions are recorded in the period in which payroll deductions are made. The employer matching contributions are determined for each payroll period and are recorded in the year for which the related employee service was performed.

Investment Valuation and Income Recognition

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

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan payments and the Plan Administrator deems the participant's loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 14, 2025 which is the date the financial statements were available to be issued.

Effective October 1, 2025, the Plan was amended and restated to operate under a 403(b) volume submitter plan sponsored by Standard Retirement Services, Inc. Also, effective October 1, 2025, Reliance Trust Company began serving as a custodian for the Plan and replaced AdvisorTrust, Inc. The following changes became effective as part of this restatement:

- The Plan name changed to The Mental Health Center of Greater Manchester 403(b) Plan;
- Exclusion of nonresident aliens from Plan participation;
- Elimination of the \$200 minimum employee deferral requirement;
- Elimination of the one-month service requirement for employer matching contributions for Category 1 employees, as defined in the Plan document;
- Authorization of in-plan Roth rollover conversions;
- Increase the small balance cash-out threshold from \$1,000 to \$5,000; and
- Extension of loan repayment periods up to 10 years for the purchase of a principal residence.

3. Tax Status

The Plan has adopted a volume submitter 403(b) plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017 stating that the form of the volume submitter 403(b) plan document was in compliance with applicable requirements of the IRC. The Plan Administrator believes that the Plan is designed, and is being operated, in conformity with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

3. Tax Status (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. Information Certified by the Custodians

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by The Lincoln National Life Insurance Company and AdvisorTrust, Inc., the custodians, as of and for the years ended December 31, 2024 and 2023, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has determined that the custodians meet the requirements of a qualified institution defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan Administrator has obtained certifications from the custodians stating that the information provided to the Plan Administrator by the custodians is complete and accurate. Such information includes investments, interest and dividends, net appreciation in fair value of investments, investment transactions, notes receivable from participants, interest income on notes receivable and notes receivable transactions.

5. Fair Value Measurements

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. Fair Value Measurements (Continued)

Level 2 – Inputs to the valuation method include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Multi-fund accounts: Valued at the net asset value of shares or units held by the Plan at year end, as determined by the fund managers, based upon quoted market prices of the underlying investments. These can be redeemed by participants daily at net asset value and there are no unfunded commitments at December 31, 2024 and 2023.

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

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2024</u>				
Mutual funds	\$25,516,298	\$ —	\$ —	\$25,516,298
	<u>\$25,516,298</u>	<u>\$ —</u>	<u>\$ —</u>	25,516,298
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>316,214</u>
				<u>\$25,832,512</u>

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. Fair Value Measurements (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2023</u>				
Mutual funds	<u>\$25,244,013</u>	\$ —	\$ —	<u>\$25,244,013</u>
	<u>\$25,244,013</u>	<u>\$ —</u>	<u>\$ —</u>	25,244,013
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>319,108</u>
				<u>\$25,563,121</u>

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

6. Fully Benefit-Responsive Investment Contracts

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

6. Fully Benefit-Responsive Investment Contracts (Continued)

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

7. Party-in-Interest Transactions

Certain Plan investments are managed by the custodians. The Plan paid administrative expenses to the custodians of \$89,302 and \$84,292 during the years ended December 31, 2024 and 2023, respectively. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. In addition, notes receivable to participants qualify as party-in-interest transactions.

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

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

EIN: 02-0258994
Plan #001

December 31, 2024

<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost⁽¹⁾</u>	<u>Current Value</u>
Mutual funds:			
American Funds	2020 Target Date Retirement Fund R6	\$ —	\$ 45,274
American Funds	2025 Target Date Retirement Fund R6	—	2,503,703
American Funds	2030 Target Date Retirement Fund R6	—	772,518
American Funds	2035 Target Date Retirement Fund R6	—	3,861,023
American Funds	2040 Target Date Retirement Fund R6	—	48,643
American Funds	2045 Target Date Retirement Fund R6	—	2,654,108
American Funds	2050 Target Date Retirement Fund R6	—	392,892
American Funds	2055 Target Date Retirement Fund R6	—	1,717,716
American Funds	2060 Target Date Retirement Fund R6	—	224,863
American Funds	2065 Target Date Retirement Fund R6	—	471,153
American Funds	Balanced Fund R6	—	3,087,039
American Funds	Capital World Growth & Income Fund R6	—	552,184
American Funds	Euro Pacific Growth Fund R6	—	518,593
American Funds	Washington Mutual Investors Fund R6	—	675,139
Fidelity	Advisor Equity Growth Fund Z	—	4,404,392
Fidelity	Advisor Total Bond Fund Z	—	412,606
ISHARES	MSCI EAFE International Index Fund K	—	18,530
ISHARES	Russell 1000 Large-Cap Index Fund K	—	1,863,435
ISHARES	Russell 2000 Small-Cap Index Fund K	—	393,526
ISHARES	Russell Mid-Cap Index Fund K	—	731,760
Janus Henderson	Janus Henderson Global Equity Income Fund N	—	637
PGIM	PGIM Global Total Return Fund R6	—	395
PIMCO	Income Fund Institutional	—	166,169
		<u>—</u>	<u>25,516,298</u>
Multi-fund accounts:			
* Lincoln National Life Insurance Company	American Century VP Balance Fund	—	3,103
* Lincoln National Life Insurance Company	American Funds Global Growth Fund	—	12,951
* Lincoln National Life Insurance Company	Fidelity Asset Manager Fund	—	1,010
* Lincoln National Life Insurance Company	Fidelity Contrafund	—	17,255
* Lincoln National Life Insurance Company	Fidelity Growth Portfolio Fund	—	69,185
* Lincoln National Life Insurance Company	Janus Henderson Global Research Fund	—	6,855
* Lincoln National Life Insurance Company	Neuberger Berman AMT Large Cap Value Fund	—	813
* Lincoln National Life Insurance Company	T. Rowe Price International Stock Fund	—	1,317
* Lincoln National Life Insurance Company	VIP Baron Growth Opportunities Fund	—	5,666
* Lincoln National Life Insurance Company	VIP Blended Large Cap Growth Fund	—	681
* Lincoln National Life Insurance Company	VIP Social Awareness Fund	—	11,653
* Lincoln National Life Insurance Company	VIP SSGA S&P 500 Index Fund	—	149,154
* Lincoln National Life Insurance Company	VIP SSGA Small-Cap Index Fund	—	32,092
* Lincoln National Life Insurance Company	VIP T. Rowe Price Structured Fund	—	4,479
		<u>—</u>	<u>316,214</u>

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

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

EIN: 02-0258994
Plan #001

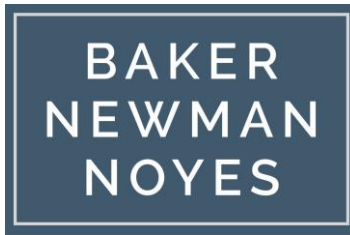
December 31, 2024

<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost⁽¹⁾</u>	<u>Current Value</u>
Guaranteed accounts:			
* Lincoln Financial	Stable Value Account	\$ -	\$ 2,237,958
* Lincoln Financial	Fixed Account	<u>-</u>	<u>54,705</u>
		-	2,292,663
* Participant loans	Various maturity dates with interest rates ranging from 4.25% to 9.50%	<u>-</u>	<u>106,996</u>
		<u>\$ -</u>	<u>\$28,232,171</u>

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

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

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



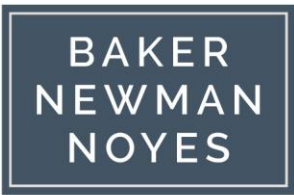
The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan

Financial Statements
and Supplemental Schedule

*For the Years Ended December 31, 2024 and 2023
With Independent Auditors' Report*

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnn CPA.com





INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the financial statements of The Mental Health Center of Greater Manchester Tax Sheltered Annuity Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

In our opinion:

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

Baker Newman & Noyes LLC

Manchester, New Hampshire
October 14, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash	\$ —	\$ 254
Investments, at fair value:		
Mutual funds	25,516,298	25,244,013
Multi-fund accounts	<u>316,214</u>	<u>319,108</u>
	25,832,512	25,563,121
Investments, at contract value:		
Guaranteed accounts	<u>2,292,663</u>	<u>3,399,698</u>
Total investments	28,125,175	28,962,819
Receivables:		
Employer contributions receivable	132,999	—
Notes receivable from participants	<u>106,996</u>	<u>97,454</u>
Total receivables	<u>239,995</u>	<u>97,454</u>
Net assets available for benefits	<u>\$28,365,170</u>	<u>\$29,060,527</u>

See accompanying notes.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions in net assets attributed to:		
Investment income:		
Interest and dividends	\$ 1,463,458	\$ 727,570
Net appreciation in fair value of investments	<u>2,591,812</u>	<u>3,840,920</u>
Net investment income	4,055,270	4,568,490
Interest income on notes receivable from participants	3,242	6,506
Contributions:		
Participants	1,355,175	1,396,591
Employer	721,855	744,596
Rollovers	<u>110,146</u>	<u>181,270</u>
Total contributions	<u>2,187,176</u>	<u>2,322,457</u>
Total additions	6,245,688	6,897,453
Deductions from net assets attributed to:		
Distributions to participants	6,851,743	6,509,819
Administrative expenses	<u>89,302</u>	<u>84,292</u>
Total deductions	<u>6,941,045</u>	<u>6,594,111</u>
Net (decrease) increase in net assets available for benefits	(695,357)	303,342
Net assets available for benefits, beginning of year	<u>29,060,527</u>	<u>28,757,185</u>
Net assets available for benefits, end of year	<u>\$28,365,170</u>	<u>\$29,060,527</u>

See accompanying notes.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Plan Description

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

General

The Plan is a defined contribution 403(b) plan sponsored by The Mental Health Center of Greater Manchester, Inc. (the Center, the Employer, or the Sponsor), covering substantially all employees of the Center. There are no age or service requirements for employee contributions. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE Act 2.0) was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Applicable provisions outlined in the SECURE Act 2.0 will be adopted if elected and/or required. Plan amendments for these changes are not yet required.

Contributions

Participants may elect to contribute to the Plan on a pre-tax or Roth basis, subject to Internal Revenue Code (IRC) limitations, with a minimum employee deferral of \$200 annually. Participants who have completed 15 years of service with the Center may make a special IRC section 403(b) catch-up contribution subject to IRC limitations. Participants who are at least age 50 may make an additional "catch-up" contribution subject to IRC limitations.

The Center provides employer matching contributions at a fixed rate of 100% of up to 5% of eligible compensation on a per pay period basis. Category 1 employees, as defined in the Plan document, are eligible for employer matching contributions after completing one month of service. Non-category 1 employees are not eligible for employer matching contributions. Due to cash flow constraints, the Center suspended the per pay period match from November 1, 2024 through December 31, 2024. The Plan recorded an employer contributions receivable of \$132,999 at December 31, 2024 for these amounts earned by participants during the suspension period, which were funded by the Center in April 2025.

Participants may also contribute funds from other qualified retirement plans (rollover contributions), subject to certain requirements.

Participant Accounts

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Plan Description (Continued)

Vesting

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

Payment of Benefits

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

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

Notes Receivable From Participants

A participant may borrow the lesser of 50% of their vested account balance or \$50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period, with a minimum loan amount of \$1,000. Loans are repayable each pay period, generally over five years. The interest rate is determined based on the bank prime rate on the first business day of each calendar quarter plus 1% and is fixed over the life of the note. A participant may only have one loan outstanding at any time. As of December 31, 2024, the interest rates on outstanding loans ranged from 4.25% to 9.50% with various maturities through December 2027.

Investment Options

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

Plan Termination

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Administrative Expenses

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

Use of Estimates

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

Risks and Uncertainties

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

Contributions

Employee contributions are recorded in the period in which payroll deductions are made. The employer matching contributions are determined for each payroll period and are recorded in the year for which the related employee service was performed.

Investment Valuation and Income Recognition

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

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan payments and the Plan Administrator deems the participant's loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 14, 2025 which is the date the financial statements were available to be issued.

Effective October 1, 2025, the Plan was amended and restated to operate under a 403(b) volume submitter plan sponsored by Standard Retirement Services, Inc. Also, effective October 1, 2025, Reliance Trust Company began serving as a custodian for the Plan and replaced AdvisorTrust, Inc. The following changes became effective as part of this restatement:

- The Plan name changed to The Mental Health Center of Greater Manchester 403(b) Plan;
- Exclusion of nonresident aliens from Plan participation;
- Elimination of the \$200 minimum employee deferral requirement;
- Elimination of the one-month service requirement for employer matching contributions for Category 1 employees, as defined in the Plan document;
- Authorization of in-plan Roth rollover conversions;
- Increase the small balance cash-out threshold from \$1,000 to \$5,000; and
- Extension of loan repayment periods up to 10 years for the purchase of a principal residence.

3. Tax Status

The Plan has adopted a volume submitter 403(b) plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017 stating that the form of the volume submitter 403(b) plan document was in compliance with applicable requirements of the IRC. The Plan Administrator believes that the Plan is designed, and is being operated, in conformity with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

3. Tax Status (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. Information Certified by the Custodians

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by The Lincoln National Life Insurance Company and AdvisorTrust, Inc., the custodians, as of and for the years ended December 31, 2024 and 2023, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has determined that the custodians meet the requirements of a qualified institution defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan Administrator has obtained certifications from the custodians stating that the information provided to the Plan Administrator by the custodians is complete and accurate. Such information includes investments, interest and dividends, net appreciation in fair value of investments, investment transactions, notes receivable from participants, interest income on notes receivable and notes receivable transactions.

5. Fair Value Measurements

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. Fair Value Measurements (Continued)

Level 2 – Inputs to the valuation method include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Multi-fund accounts: Valued at the net asset value of shares or units held by the Plan at year end, as determined by the fund managers, based upon quoted market prices of the underlying investments. These can be redeemed by participants daily at net asset value and there are no unfunded commitments at December 31, 2024 and 2023.

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

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2024</u>				
Mutual funds	\$25,516,298	\$ —	\$ —	\$25,516,298
	<u>\$25,516,298</u>	<u>\$ —</u>	<u>\$ —</u>	25,516,298
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>316,214</u>
				<u>\$25,832,512</u>

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. Fair Value Measurements (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2023</u>				
Mutual funds	<u>\$25,244,013</u>	\$ —	\$ —	<u>\$25,244,013</u>
	<u>\$25,244,013</u>	<u>\$ —</u>	<u>\$ —</u>	25,244,013
Investments measured at net asset value ^(a) :				
Multi-fund accounts				<u>319,108</u>
				<u>\$25,563,121</u>

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

6. Fully Benefit-Responsive Investment Contracts

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

6. Fully Benefit-Responsive Investment Contracts (Continued)

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

7. Party-in-Interest Transactions

Certain Plan investments are managed by the custodians. The Plan paid administrative expenses to the custodians of \$89,302 and \$84,292 during the years ended December 31, 2024 and 2023, respectively. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. In addition, notes receivable to participants qualify as party-in-interest transactions.

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

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

EIN: 02-0258994
Plan #001

December 31, 2024

<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost⁽¹⁾</u>	<u>Current Value</u>
Mutual funds:			
American Funds	2020 Target Date Retirement Fund R6	\$ —	\$ 45,274
American Funds	2025 Target Date Retirement Fund R6	—	2,503,703
American Funds	2030 Target Date Retirement Fund R6	—	772,518
American Funds	2035 Target Date Retirement Fund R6	—	3,861,023
American Funds	2040 Target Date Retirement Fund R6	—	48,643
American Funds	2045 Target Date Retirement Fund R6	—	2,654,108
American Funds	2050 Target Date Retirement Fund R6	—	392,892
American Funds	2055 Target Date Retirement Fund R6	—	1,717,716
American Funds	2060 Target Date Retirement Fund R6	—	224,863
American Funds	2065 Target Date Retirement Fund R6	—	471,153
American Funds	Balanced Fund R6	—	3,087,039
American Funds	Capital World Growth & Income Fund R6	—	552,184
American Funds	Euro Pacific Growth Fund R6	—	518,593
American Funds	Washington Mutual Investors Fund R6	—	675,139
Fidelity	Advisor Equity Growth Fund Z	—	4,404,392
Fidelity	Advisor Total Bond Fund Z	—	412,606
ISHARES	MSCI EAFE International Index Fund K	—	18,530
ISHARES	Russell 1000 Large-Cap Index Fund K	—	1,863,435
ISHARES	Russell 2000 Small-Cap Index Fund K	—	393,526
ISHARES	Russell Mid-Cap Index Fund K	—	731,760
Janus Henderson	Janus Henderson Global Equity Income Fund N	—	637
PGIM	PGIM Global Total Return Fund R6	—	395
PIMCO	Income Fund Institutional	—	166,169
		<u>—</u>	<u>25,516,298</u>
Multi-fund accounts:			
*	Lincoln National Life Insurance Company	American Century VP Balance Fund	— 3,103
*	Lincoln National Life Insurance Company	American Funds Global Growth Fund	— 12,951
*	Lincoln National Life Insurance Company	Fidelity Asset Manager Fund	— 1,010
*	Lincoln National Life Insurance Company	Fidelity Contrafund	— 17,255
*	Lincoln National Life Insurance Company	Fidelity Growth Portfolio Fund	— 69,185
*	Lincoln National Life Insurance Company	Janus Henderson Global Research Fund	— 6,855
*	Lincoln National Life Insurance Company	Neuberger Berman AMT Large Cap Value Fund	— 813
*	Lincoln National Life Insurance Company	T. Rowe Price International Stock Fund	— 1,317
*	Lincoln National Life Insurance Company	VIP Baron Growth Opportunities Fund	— 5,666
*	Lincoln National Life Insurance Company	VIP Blended Large Cap Growth Fund	— 681
*	Lincoln National Life Insurance Company	VIP Social Awareness Fund	— 11,653
*	Lincoln National Life Insurance Company	VIP SSGA S&P 500 Index Fund	— 149,154
*	Lincoln National Life Insurance Company	VIP SSGA Small-Cap Index Fund	— 32,092
*	Lincoln National Life Insurance Company	VIP T. Rowe Price Structured Fund	— 4,479
		<u>—</u>	<u>316,214</u>

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

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

EIN: 02-0258994
Plan #001

December 31, 2024

<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost⁽¹⁾</u>	<u>Current Value</u>
Guaranteed accounts:			
* Lincoln Financial	Stable Value Account	\$ -	\$ 2,237,958
* Lincoln Financial	Fixed Account	<u>-</u>	<u>54,705</u>
		-	2,292,663
* Participant loans	Various maturity dates with interest rates ranging from 4.25% to 9.50%	<u>-</u>	<u>106,996</u>
		<u>\$ -</u>	<u>\$28,232,171</u>

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

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

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