

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR EMPLOYEES OF EDGEWOOD CHILDREN'S CENTER
1b Three-digit plan number (PN): 005
1c Effective date of plan: 07/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT CIRCLE
2b Employer Identification Number (EIN): 43-0681471
2c Sponsor's telephone number: 913-322-4900
2d Business code (see instructions): 624100
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 76
5b Total number of participants at the end of the plan year: 75
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 5
5d(2) Total number of active participants at the end of the plan year: 5
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Row 1: Filed with authorized/valid electronic signature, 12/27/2025, SHERRI LOHE. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570893. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	4024273	4087218
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	4024273	4087218
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers		
	(2) Participants		
	(3) Others (including rollovers)		
b	Other income (loss)	398228	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		398228
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	317072	
e	Certain deemed and/or corrective distributions (see instructions) .		
f	Administrative service providers (salaries, fees, commissions)		
g	Other expenses	18211	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		335283
i	Net income (loss) (subtract line 8h from line 8c)		62945
j	Transfers to (from) the plan (see instructions)		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10		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 there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF EDGEWOOD CHILDREN'S CENTER</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GREAT CIRCLE</u>	D Employer Identification Number (EIN) <u>43-0681471</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>4024273</u>
	b Actuarial value	2b	<u>3718779</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>60</u>	<u>3152133</u>
	b For terminated vested participants	<u>11</u>	<u>427057</u>
	c For active participants	<u>5</u>	<u>192742</u>
	d Total	<u>76</u>	<u>3771932</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.33 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE		
	Signature of actuary	<u>12/18/2025</u> Date
	<u>JOSEPH P KARLOVICH</u> Type or print name of actuary	<u>23-05489</u> Most recent enrollment number
	<u>TTDJ CONSULTANTS</u> Firm name	<u>636-751-8552</u> Telephone number (including area code)
	<u>615 CLAYMONT ESTATES DRIVE</u> <u>CHESTERFIELD, MO 63017</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	123698
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		91924
9	Amount remaining (line 7 minus line 8)	0	31774
10	Interest on line 9 using prior year's actual return of <u>14.64</u> %		4652
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	36426

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.90 %
15	Adjusted funding target attainment percentage	15	97.90 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.47 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	0	
b	Contributions made to avoid restrictions adjusted to valuation date	0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items				
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26	Demographic and benefit information			
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28	Unpaid minimum required contributions for all prior years	28	0	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0	

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c)	31a	0	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment	78730	91924	
b	Waiver amortization installment.....	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	91924	
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance
			91924	91924
36	Additional cash requirement (line 34 minus line 35)	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	0	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Pension Plan for Employees of Edgewood Children's Center
 EIN 43-0681471 PN 005

Age Service Distribution

Age on <u>7/1/24</u>	Years of Credited Service						<u>Total</u>
	<u>< 5</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25+</u>	
< 25	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-
45-49	2	-	-	-	-	-	2
50-54	-	-	-	-	-	-	-
55-59	1	-	1	-	-	-	2
60-64	-	-	1	-	-	-	1
65+	-	-	-	-	-	-	-
Total	3	-	2	-	-	-	5

Average age: 55.0
 Average Credited Service: 7.2
 Average monthly benefit at age 65: \$ 347

Pension Plan for Employees of Edgewood Children's Center
EIN 43-0681471 PN 005

Actuarial Basis for Cost Calculations

Rate of Interest:	5.33% compounded annually. (Effective rate for PPA target)
Mortality:	PPA Optional Combined Table per Reg. 1.430(h)(3)-1(e) Separate rates - male & female.
Retirement:	Assumed retirement at earlier of age 65, or age 62 and 20 years of Credited Service.
Turnover:	None.
Disability:	None.
Salary Increase:	None.
Plan Assets:	24-month average per Notice 2009-22.
Cost Method:	Unit Credit Cost Method

Shortfall amortization

Valuation Date	7/1/10	7/1/18	7/1/19	7/1/20	7/1/21	7/1/22	7/1/23	7/1/24
Exemption test								
Funding Target	5,637,684	4,868,384	5,125,375	4,665,666	4,387,716	4,129,361	4,057,996	3,761,083
WRERA %	96%	100%	100%	100%	100%	100%	100%	100%
Adjusted target	5,412,177	4,868,384	5,125,375	4,665,666	4,387,716	4,129,361	4,057,996	3,761,083
Actuarial value of assets	4,380,033	3,902,603	4,112,209	3,843,050	3,804,203	3,852,190	3,957,614	3,718,779
Prefunding balance	7,631	-	-	100,000	278,490	278,705	123,698	36,426
Adjusted assets	4,372,402	3,902,603	4,112,209	3,743,050	3,525,713	3,573,485	3,833,916	3,682,353
Set up base?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Shortfall amortization base								
Funding Target	5,637,684	4,868,384	5,125,375	4,665,666	4,387,716	4,129,361	4,057,996	3,761,083
WRERA %	96%	100%	100%	100%	100%	100%	100%	100%
Adjusted target	5,412,177	4,868,384	5,125,375	4,665,666	4,387,716	4,129,361	4,057,996	3,761,083
Actuarial value of assets	4,380,033	3,902,603	4,112,209	3,843,050	3,804,203	3,852,190	3,957,614	3,718,779
Carryover balance	-	-	-	-	-	-	-	-
Prefunding balance	7,631	-	-	100,000	278,490	278,705	123,698	36,426
Adjusted assets	4,372,402	3,902,603	4,112,209	3,743,050	3,525,713	3,573,485	3,833,916	3,682,353
Shortfall	1,039,775	965,781	1,013,166	922,616	862,003	555,876	224,080	78,730
Balance of prior bases	708,221	719,649	970,404	800,194	715,129	636,387	356,114	55,185
New shortfall base	331,554	246,132	42,762	122,422	146,874	(80,511)	(132,034)	23,545
Segment rates								
1st	4.05%	3.92%	3.74%	3.64%	3.32%	4.75%	4.75%	4.99%
2nd	6.47%	5.52%	5.35%	5.21%	4.79%	5.18%	5.00%	5.29%
3rd	6.65%	6.29%	6.11%	5.94%	5.47%	5.92%	5.74%	5.59%
Applicable month	Jul-10	Jul-18	Jul-19	Jul-20	Jul-21	Jul-22	Jul-23	Jul-24
Shortfall amortization factors: Year								
-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1	0.9611	0.9623	0.9639	0.9649	0.9679	0.9547	0.9547	0.9525
2	0.9237	0.9260	0.9292	0.9310	0.9368	0.9114	0.9114	0.9072
3	0.8877	0.8911	0.8957	0.8983	0.9067	0.8700	0.8700	0.8641
4	0.8532	0.8574	0.8634	0.8667	0.8775	0.8306	0.8306	0.8230
5	0.7309	0.7644	0.7706	0.7757	0.7914	0.7768	0.7835	0.7728
6	0.6865	0.7244	0.7315	0.7373	0.7552	0.7386	0.7462	0.7340
7	0.6448	0.6865	0.6943	0.7008	0.7207	0.7022	0.7107	0.6971
8	0.6056	0.6506	0.6591	0.6661	0.6878	0.6676	0.6768	0.6621
9	0.5688	0.6166	0.6256	0.6331	0.6563	0.6347	0.6446	0.6288
10	0.5342	0.5843	0.5938	0.6018	0.6263	0.6035	0.6139	0.5972
11	0.5018	0.5538	0.5637	0.5720	0.5977	0.5738	0.5847	0.5672
12	0.4713	0.5248	0.5350	0.5436	0.5704	0.5455	0.5568	0.5387
13	0.4426	0.4973	0.5079	0.5167	0.5443	0.5186	0.5303	0.5116
14	0.4157	0.4713	0.4821	0.4911	0.5194	0.4931	0.5051	0.4859
Shortfall amortization installment	32,417	40,181	6,948	19,829	23,555	(13,237)	(21,658)	3,889
Cummulative shortfall amort. installments	135,189	45,296	248,012	237,453	239,080	215,948	171,497	91,924
Amort. years	15	7	7	7	7	7	7	
Years remaining	1	1	2	3	4	5	6	Prior PV
7/1/24	32,417	40,181	6,948	19,829	23,555	(13,237)	(21,658)	88,035
7/1/25			6,948	19,829	23,555	(13,237)	(21,658)	14,704
7/1/26				19,829	23,555	(13,237)	(21,658)	7,701
7/1/27					23,555	(13,237)	(21,658)	(9,799)
7/1/28						(13,237)	(21,658)	(28,719)
7/1/29							(21,658)	(16,737)
								55,185

Pension Plan for Employees of Edgewood Children's Center
EIN 43-0681471 PN 005

Summary of Principal Plan Provisions

Effective Date:	July 1, 1986.
Participation:	One Year of Service and age 21.
Vesting Service:	Measured in years and months from Date of Hire.
Credited Service:	Measured in years and months from Date of Participation. No Credited Service after April 30, 2005.
Earnings:	All Compensation.
Average Monthly Compensation:	Highest average of 60 consecutive months out of the last 120 months of Credited Service. Frozen as of April 30, 2005.
Prorated Primary Social Security Benefit:	The estimated Monthly Primary Insurance Amount (PIA) available at age 65, projecting level earnings to age 65, multiplied by the ratio of vesting Service at termination divided by Vesting Service projected to age 65.
Accrued Benefit:	Sum of: (i) 2% of Average Monthly Compensation less 1% of Prorated Primary Social Security, all multiplied by Credited Service through 7/1/89, plus (ii) 1.7% of Average Monthly Compensation multiplied by Credited Service after 7/1/89.
Normal Retirement Date:	Age 65.

Pension Plan for Employees of Edgewood Children's Center
EIN 43-0681471 PN 005

Summary of Principal Plan Provisions

Early Retirement Date:	Age 55 with actuarial reduction. No actuarial reduction after age 62 and 20 Years of Credited Service.
Disability Retirement:	Deferred Retirement Benefit based on actual Final Average Monthly Compensation but recognizing as Credited Service the period of disability.
Vesting:	100% Vesting after 3 years of Vesting Service.
Surviving Spouse Benefit:	<p>Prior to age 55 or age 45 and 10 years of Service, a surviving spouse's benefit payable immediately for ten years certain & life equal to 2/3rds of the vested accrued benefit reduced actuarially for conversion to the 2/3 J&S 10-year certain form. Also reduced for commencement prior to age 55 of the decedent if death occurred after termination of employment.</p> <p>After attainment of age 55 or age 45 with 10 Years of service: a surviving spouse will receive 66 2/3rds of the projected benefit at age 65 payable immediately for 10 years certain and life, actuarially reduced for conversion to the 2/3 J&S with 10-year certain form, but unreduced for early commencement. If there is no surviving spouse, 120 monthly payments of the same amount will be paid to any surviving children.</p>
Normal Form of Annuity:	Three Year Certain & Life Annuity.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 07/01/2024 and ending 06/30/2025


▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF EDGEWOOD CHILDREN'S CENTER</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GREAT CIRCLE</u>	D Employer Identification Number (EIN) <u>43-0681471</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>4024273</u>
b Actuarial value	2b		<u>3718779</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>60</u>	<u>3152133</u>	<u>3152133</u>
b For terminated vested participants	<u>11</u>	<u>427057</u>	<u>427057</u>
c For active participants	<u>5</u>	<u>192742</u>	<u>192742</u>
d Total	<u>76</u>	<u>3771932</u>	<u>3771932</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.33 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>0</u>
c Target normal cost	6c		<u>0</u>

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

SIGN HERE	 Signature of actuary	<u>12/18/2025</u> Date
	<u>JOSEPH P KARLOVICH</u> Type or print name of actuary	<u>23-05489</u> Most recent enrollment number
	<u>TTDJ CONSULTANTS</u> Firm name	<u>636-751-8552</u> Telephone number (including area code)
	<u>615 CLAYMONT ESTATES DRIVE</u> <u>CHESTERFIELD, MO 63017</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	123698
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		91924
9	Amount remaining (line 7 minus line 8)	0	31774
10	Interest on line 9 using prior year's actual return of 14.64%		4652
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	36426

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.90%
15	Adjusted funding target attainment percentage	15	97.90%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.47%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 5.29%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	78730		91924	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 91924
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	91924		91924	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				