

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>NURSING PLACEMENT INC. SALARY SAVINGS RETIREMENT P</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NURSING PLACEMENT INC.</u> <u>MICHAEL BIGNEY</u> <u>334 EAST AVENUE</u> <u>PAWTUCKET, RI 02860-3821</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>336</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2011</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>05-0459034</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>401-726-6300</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621610</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>336</u>	1c Effective date of plan <u>01/01/2011</u>		2b Employer Identification Number (EIN) <u>05-0459034</u>		2c Plan Sponsor's telephone number <u>401-726-6300</u>		2d Business code (see instructions) <u>621610</u>	
1b Three-digit plan number (PN) ▶	<u>336</u>										
1c Effective date of plan <u>01/01/2011</u>											
2b Employer Identification Number (EIN) <u>05-0459034</u>											
2c Plan Sponsor's telephone number <u>401-726-6300</u>											
2d Business code (see instructions) <u>621610</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	MICHAEL BIGNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	232
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	225
a(2) Total number of active participants at the end of the plan year		6a(2)	272
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	6
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	278
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	278
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	97
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
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: 2E 2F 2G 2J 2K 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan NURSING PLACEMENT INC. SALARY SAVINGS RETIREMENT P	B Three-digit plan number (PN) ▶ 336
C Plan sponsor's name as shown on line 2a of Form 5500 NURSING PLACEMENT INC.	D Employer Identification Number (EIN) 05-0459034

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE CO.

(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
31-4156830	66869	853-80024	101	01/01/2021	12/31/2021

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HILB GROUP
2000 CHAPEL VIEW DRIVE
SUITE 240
CRANSTON, RI 02920

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
		REFERRAL SERVICE FEE	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADV CORP
4900 N SCOTTSDALE ROAD 3700
SCOTTSDALE, AZ 85251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
		INVESTMENTS	7

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 210474**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 ▶**b** Balance at the end of the previous year **7b** 156225**c** Additions: (1) Contributions deposited during the year **7c(1)** 26395(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 2210(4) Transferred from separate account..... **7c(4)** 29690(5) Other (specify below) **7c(5)**

▶ EXPENSE CREDIT 484.08. TRANSFER

(6) Total additions **7c(6)** 58295**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 214520**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2131(2) Administration charge made by carrier..... **7e(2)** 1908(3) Transferred to separate account..... **7e(3)** 7(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 4046**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 210474

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NURSING PLACEMENT INC. SALARY SAVINGS RETIREMENT P	B Three-digit plan number (PN) ▶	336
C Plan sponsor's name as shown on line 2a of Form 5500 NURSING PLACEMENT INC.	D Employer Identification Number (EIN) 05-0459034	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

JOSEPH BARRY CO LLC

128 UNION STREET SUITE 507
NEW BEDFORD, MA 02740

26-1449163

(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?
26	INVESTMENT ADVISORY		Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE FINANCIAL SERVICES INC.

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(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?
19 64	CUSTODIAN	33288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN FINANCIAL ADVISORS CORP

1300 SOUTH CLINTON STREET
SUITE 150
FORT WAYNE, IN 46802

35-1151034

(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	INVESTMENT ADVISORY		Yes ☒ No ☐	Yes ☐ No ☒	13615	Yes ☐ No ☒

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>NURSING PLACEMENT INC. SALARY SAVINGS RETIREMENT P</u>	B Three-digit plan number (PN) ►	<u>336</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NURSING PLACEMENT INC.</u>	D Employer Identification Number (EIN) <u>05-0459034</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	173272169766
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	763366387348
(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)	762062914458
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	433905703230
(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)	
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	0
(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)	22756723099516
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	156225210474
(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	4564502	5484792

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4564502	5484792
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	173057	
(B) Participants	2a(1)(B)	330585	
(C) Others (including rollovers).....	2a(1)(C)	85327	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		588969
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
c Other income.....	2c		395021
d Total income. Add all income amounts in column (b) and enter total.....	2d		983990
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	52222	
(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)		52222
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	11478	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11478
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		63700
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		920290
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: **CASTER CPAS INC.**

(2) EIN: **45-3546443**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

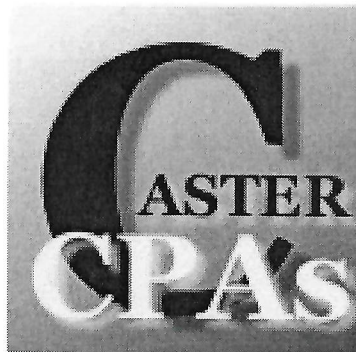
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

**Nursing Placement Inc.
Salary Savings Retirement Plan**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
AS OF DECEMBER 31, 2021 and 2020
AND FOR THE YEAR ENDED
DECEMBER 31, 2021**

INDEPENDENT AUDITOR'S REPORT



Nursing Placement Inc. Salary Savings Retirement Plan

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SUPPLEMENTAL SCHEDULE-

Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2021	Schedule A
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***Other schedules required by CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.**

INDEPENDENT AUDITOR'S REPORT

131 Airport Road
Warwick, RI 02889
www.mcastercpa.com



tel: 401-737-1099

fax: 401-739-1065

To the Board of Trustees of
the Nursing Placement Inc. Salary Savings Plan

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

We have performed audits of the accompanying financial statements of Nursing Placement Inc. Salary Savings 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). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2021, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Nursing Placement Inc. Salary Savings 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nursing Placement Inc. Salary Savings 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 Nursing Placement Inc. Salary Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held at End of Year 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Nursing Placement Salary Savings Plan, As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report, dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Sincerely,



Caster CPAs Inc.

Warwick, RI 02889

October 7, 2022

**NURSING PLACEMENT INC.
SALARY SAVINGS RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2021 AND 2020**

ASSETS	2021	2020
Investments:		
Investments at fair value	\$ 5,104,551	\$ 4,235,005
Investments at contract value	\$ 210,474	\$ 156,225
	\$ 5,315,025	\$ 4,391,230
Receivables:		
Employer Contributions	\$ 169,766	\$ 173,272
	\$ 169,766	\$ 173,272
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ 5,484,791	 \$ 4,564,502

The accompanying notes are in integral part of the financial statements.

**NURSING PLACEMENT INC.
SALARY SAVINGS RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021**

	<u>2021</u>
ADDITIONS:	
Additions to net assets attributed to:	
Investments income/(loss):	
Net appreciation /(depreciation) in fair value of investments	\$ 362,205
Dividend and Interest income	\$ 32,814
Total investment income	<u>\$ 395,019</u>
Contributions:	
Participants	\$ 330,585
Employer	\$ 173,057
Rollovers	\$ 85,327
Total Contributions	<u>\$ 588,970</u>
Total additions	\$ 983,989
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	\$ 52,222
Administrative expenses	\$ 11,478
Total deductions	<u>\$ 63,700</u>
INCREASE IN NET ASSETS	\$ 920,289
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF THE YEAR	<u>\$ 4,564,502</u>
END OF THE YEAR	<u><u>\$ 5,484,791</u></u>

The accompanying notes are an integral part of the financial statements.

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

1 DESCRIPTION OF THE PLAN

The following description of the Nursing Placement Inc. Salary Savings Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan, established January 1, 1994, is a defined contribution plan covering substantially all employees of Nursing Placement Inc. (the Company) who have worked at least 1,000 hours during the year. Employees who have attained the age of twenty-one and have completed one year of service are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and qualifies under Section 401(k) of the Internal Revenue Code (IRC).

Plan Contributions

Participants may elect to contribute up to 100% of pretax compensation as defined in the Plan, by means of payroll deductions, subject to certain discrimination tests prescribed by the IRC and other limitations specified in the Plan. However, deferrals in any year cannot exceed dollar limitations set by the IRC. The employer safe harbor contribution is 25% of the amount deferred by the employee up to 5% of their eligible compensation as defined in the plan agreement. Upon determination of participants' contributions, the Company contributions are made to the custodian in cash. The contributed cash is allocated to individual employee accounts and invested at the participants' direction.

The Plan allows employees to make Roth Contributions to their accounts. Roth Contributions are made on an after-tax basis and allow for "qualified distributions" that are not taxable when certain requirements are met. Employees combined contributions to pre-tax 401(k) and Roth Contributions must adhere to IRC annual limits, as stated above.

The Company makes safe harbor contributions that are allocated to eligible participants based on total compensation for the plan year.

Participant Accounts

Each participant's account is credited with the participant's voluntary contribution, the Company's matching contribution, any employer discretionary profit-sharing contributions, an allocation of plan net earnings, and an allocation of forfeitures of terminated participants' non-vested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Assets of the Plan are allocated to participant accounts based on specific contributions made by each participant and respective match made by the Company. Investment income/(loss) is credited to each account based on appreciation/(depreciation) of specific assets held in each participant account and any earnings thereon.

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

Investment Options

Upon enrollment in the Plan, participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. Participants may direct their contributions into any of the investment options offered by the plan. Participants may change their investment options on any business day.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer matching contributions portion of their accounts plus actual earnings then occurs in 20% increments commencing upon the completion of two years of service, with 100% vesting after either six years of service or a permanent disability, normal retirement (age 65), or death, as defined in the plan document. Safe harbor matching contributions are fully vested.

Notes Receivable from Plan Participants

Participants may not borrow funds from the plan.

Payment of Benefits

Participants' retirement, death, or disability benefits are determined by the value of their accounts as of the most recent valuation date, plus any participant contributions made since such valuation date. In addition, the participants shall be entitled to receive any employer safe harbor contributions made to the Plan on their behalf for the plan year in which the retirement, death, or disability occurred. Participants, or their beneficiary in the event of death, may elect to receive their benefits in a lump-sum payment or in periodic installments.

Upon written request to the plan administrator, participants may request a financial hardship withdrawal from the vested portion of their account.

Participant Investment Rollovers

Participants can transfer or rollover funds into the Plan from other qualified plans.

Forfeitures

As of each anniversary date, any amounts that became forfeitures since the last anniversary date shall first be made available to reinstate previously forfeited account balances of former participants, if any, in accordance with provisions of the Plan. The remaining forfeitures, if any, shall be allocated to eligible participants based on total compensation for the plan year. As of December 31, 2021 and 2020 there was approximately \$0 and \$0, respectively, of forfeited non-vested accounts to be allocated to active participants. The amount of forfeitures allocated to participant accounts during 2021 was \$0.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

Use of Accounting Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities, and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. Reference Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a settlement date basis. Interest income is accrued as it is earned, and dividends are recorded as of the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Contributions

Contributions from employees and the Company are recorded in the period in which the Company makes the payroll deductions from participant earnings.

Payment of Benefits

Benefits are recorded when paid. On December 31, 2021 and 2020, there were no benefits processed and approved for payment, but not paid.

Expenses

Certain of the Plan's Administrative expenses are paid by the Company. Other expenses such as legal and accounting are paid from plan assets and deducted from participant account in accordance with the plan document.

3 FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted process in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in the active markets that the plan has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the assets or liability. Level 2 assets must be valued using market data obtained from external, independent sources. The data used could include quoted prices for similar assets and liabilities in active markets, prices for identical or similar assets and liabilities in inactive markets, or models with observable inputs, such as interest rates, default rates, and yield curves.

Level 3 – Inputs to the valuation methodology are unobservable and 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 on December 31, 2021 and 2020.

- Guaranteed Investment Contracts are valued at contract value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.
- Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.
- Mutual funds and Exchange Trade Products are valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Equities	\$ 703,230	-0-	-0-	\$ 703,230
Fund Accounts	\$3,099,516	\$ 914,458	-0-	\$4,013,974
Cash Reserves	\$ 387,347	-0-	-0-	\$ 387,347
Total investments in the fair value hierarchy	\$4,190,093	\$ 914,458	-0-	\$5,104,551

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

Investments at fair value	\$4,190,093	\$ 914,458	-0-	\$5,104,551
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Assets at Fair Value as of December 31, 2020

	Level 1	Level 2	Level 3	Total
Equities	\$ 433,905	-0-	-0-	\$ 433,905
Fund Accounts	\$2,275,672	\$ 762,062	-0-	\$3,037,734
Cash Reserves	\$ 763,366	-0-	-0-	\$ 763,366

Total investments in the fair value hierarchy	\$3,472,943	\$ 762,062	-0-	\$4,235,005
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Investments at fair value	\$3,472,943	\$ 762,062	-0-	\$4,235,005
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Transfers between Levels

For the years ended December 31, 2021 and 2020, there were no significant changes between level 1 and level 2 and no transfers in or out of Level 3.

4 INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a benefit-responsive investment contract with Nationwide Financial Services. Nationwide Financial Services maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the plan by Nationwide Financial Services. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the plan by Nationwide Financial Services, represented contributions made under the contract, plus earnings, less withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2021 and 2020 was \$210,474 and \$156,225, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but could not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting. The credit rates for the periods ending December 31, 2021 and 2020 were 1.11% and 1.50%, respectively.

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

Certain events limited the ability of the plan to transact at contract value issuer. Such events include the following: (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 completing investments 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 any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

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

5 TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. For the years ended December 31, 2021 and 2020, the Plan's transactions with parties-in-interest were as follows:

Investments

The Plan holds certain investments that are maintained and managed by Nationwide. Nationwide is the Custodians of the Plan's investments and, therefore, qualifies as parties-in-interest.

Administrative Expenses

All administrative expenses are to be paid by the Plan unless paid by the Company. For the years ended December 31, 2021 and 2020, the Company paid substantially all costs related to the administration of the Plan.

6 TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated March 16, 2010 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the code to maintain its qualification. Plan management believes the Plan is designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2016.

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

7 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

8 PLAN FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	<u>2021</u>	<u>2020</u>
Investments at fair value:		
Fund accounts	\$ 2,824,113	\$ 2,099,141
Guaranteed Investment Contract	\$ 210,474	\$ 156,225
Total Investments certified by the Custodians	\$ 3,034,607	\$ 2,255,366

9 COVID 19 IMPACT ON PLAN

On March 11, 2020, the World Health Organization declared COVID – 19 as a pandemic. The COVID – 19 pandemic and resulting disruption in the global economy have caused significant economic uncertainty and volatility in the financial markets. The impact of COVID – 19 continues to rapidly evolve. The Company is not able to estimate the full impact on the financial statements at this time.

11 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, each participant becomes 100% vested in all employer contributions and will receive a lump-sum cash distribution of their total account balance.

12 SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 7, 2022 which is the date that the financial statements were available to be issued.

In January 2022 the global stock market commenced a long-term market decline the is partly because of the Covid-19 pandemic. The pandemic caused a global market recession that was the proximate cause of an inflation surge and a supply chain shortage in 2022. The Russian invasion of the Ukraine in February 2022 further contributed to the market decline throughout the world. In September 2022 the S&P 500 experienced its largest drop since March 2020.

Nursing Placement Inc. Salary Savings Retirement Plan

NOTES TO FINANCIAL STATEMENTS

Nursing Placement Inc. Salary Savings Retirement Plan

EIN # 05-0459034 PLAN 336

2021 - Schedule H, Line 4i, Schedule of Asset Held at End of Year

<u>Identity of issue, borrower, lessor or similar party</u>	<u>Shares</u>	<u>Sym</u>	<u>Description of Investment</u>	<u>Current Value</u>
Guaranteed Income Contract				
* Nw Fxd Sel Optn	203,760.01		Guaranteed Income Contract	\$ 210,474
			Total Guaranteed Income Contract	\$ 210,474
Equities				
Alibaba Group Holdings Ltd	118.79	BABA	Common Stock	\$ 14,968
Cisco Systems Inc	656.00	CSCO	Common Stock	\$ 41,571
Corning Inc	651.00	GLW	Common Stock	\$ 24,237
Ebay Inc.com	354.00	EBAY	Common Stock	\$ 23,541
Fiserv Inc	377.39	FISV	Common Stock	\$ 25,429
General Mills Inc Com USD	603.00	GIS	Common Stock	\$ 40,630
International Busn Machines	188.00	IBM	Common Stock	\$ 25,128
Japan Smaller Capitalization F	4722.07	JOF	Common Stock	\$ 37,163
Johnson & Johnson Com	217.00	JNJ	Common Stock	\$ 37,122
MDU Resources Group Inc	1224.00	MDU	Common Stock	\$ 37,748
Manulife Financial Corp Com	2363.30	MFC	Common Stock	\$ 45,068
National Grid Spon ADR Each	492.00	NGG	Common Stock	\$ 35,581
Nintendo 8 ADR Rep Ord	569.00	NRDOY	Common Stock	\$ 33,137
Orion Office REIT Inc	34.00	ONL	Common Stock	\$ 635
Pfizer Inc	635.39	PFE	Common Stock	\$ 37,520
Raytheon Technologies Corp	635.00	RTX	Common Stock	\$ 54,648
SAP ADR Rep 1	310.00	SAP	Common Stock	\$ 43,434
Sprouts Farmers Market Inc	1245.00	SFM	Common Stock	\$ 36,952
3M Co	198.00	MMM	Common Stock	\$ 35,171
Tyson Foods Inc.	492.00	TSN	Common Stock	\$ 42,883
Viacomcbs Inc	343.00	VIAC	Common Stock	\$ 10,352
Viatis Inc Com	75.00	VTRS	Common Stock	\$ 1,015
Walgreens Boots Alliance	370.00	WBA	Common Stock	\$ 19,299
			Total Equities	\$ 703,230
Exchange Traded Products				
* First Tr Exchange-Traded Fd	2014.00	EMLP	ETP	\$ 50,269
* Schwab Strategic Tr Fund Intl	2312.00	FNDF	ETP	\$ 75,163
* Vanguard FTSE Dev Mkt	2243.00	VEA	ETP	\$ 114,528
* Vanguard Intl Equity Index FD	415.00	VT	ETP	\$ 44,583
* Ishares Tr 20 Yr Tr Bd ETF	766.00	TLT	ETP	\$ 113,514
* Ishares Trust 1-3 Treasury Bond	1139.00	SHY	ETP	\$ 97,430
* SSGA Active EFT Tr SPDR	2246.00	TOTL	ETP	\$ 106,326
* Vanguard Malvern FDS ST	2268.96	VTIP	ETP	\$ 116,624
* Graniteshares Gold TR SHS	2672.00	BAR	ETP	\$ 48,497
* Ishares Silver TR Ishares	1545.00	SLV	ETP	\$ 33,233
* SPDR Gold Tr Gold SHS	410.00	GLD	ETP	\$ 70,094
* SPDR Ice Preferred Securities	1030.00	PSK	ETP	\$ 44,197
			Total ETPs	\$ 914,458
Mutual Funds				
* Ab Gbl Bd I	56,024.50	ANAIX	Mutual Fund	\$ 65,079
* Advts US SmCap Val Inst	20,284.49	AVUVX	Mutual Fund	\$ 22,358
* Amfids New Wld R6	245.12	RNWXG	Mutual Fund	\$ 580
* Artisan Intl Val Inst	441.39	APHKX	Mutual Fund	\$ 616
* Baird Cor Pls Bs Inst	10,931.99	BCOIX	Mutual Fund	\$ 12,532
* Blackrock Hii Yld Bd Port K	60,837.11	BRHYX	Mutual Fund	\$ 85,601
* Blackrock Mdcap Gr Eq Inst	21,957.23	CMGIX	Mutual Fund	\$ 46,357
* Blackrock Strat	29,277.42	BSIIX	Mutual Fund	\$ 34,636
* Blackrock Ttl Rtn K	28,888.66	MPHXQ	Mutual Fund	\$ 33,707
* BrwnAdv Sustnbl Gr Inst	774.89	BAFWX	Mutual Fund	\$ 1,001
* Cohenstrs Realest Sec	9,899.44	CSDIX	Mutual Fund	\$ 17,639
* Col Conv Sec Inst2	5,869.23	COCRX	Mutual Fund	\$ 12,937
* Col Sel Lgcap Gr Inst 2	23,680.84	CGTRX	Mutual Fund	\$ 67,207
* Dfa Emrg Mkt Cor Eq Inst	48,382.96	DFCEX	Mutual Fund	\$ 70,920
* Dfa Gbl Realest Sec Inst	50.60	DFGEX	Mutual Fund	\$ 74
* Dfa Us Lgcap Val Inst	33,924.09	DFLVX	Mutual Fund	\$ 96,001
* Dfa Us Trgt Val Inst	22.96	DFVFX	Mutual Fund	\$ 38
* Diamond Hill Mdcap I	27,568.18	DHPHX	Mutual Fund	\$ 48,799
* Dodgeco Intl Stk	48,277.87	DODFX	Mutual Fund	\$ 101,022
* Fed Hrms Gov Oblgtns Prmr	2,737.71	GOFXX	Mutual Fund	\$ 2,747
* Fed Hrms Inst Hiyldbd Inst	7,649.54	FIHXB	Mutual Fund	\$ 13,410
* Fid 500 Indx	116,738.22	FXAIX	Mutual Fund	\$ 211,291
* Fid Infl Prtct Bd Indx	758.68	FIPDX	Mutual Fund	\$ 944
* Fid Intl Indx	80,207.94	FSPSX	Mutual Fund	\$ 107,834
* Fid Us Bd Indx	92,139.23	FXNAX	Mutual Fund	\$ 105,427
* GdmsScs GQGPtnr Intl Oppr	95,993.97	GSIXX	Mutual Fund	\$ 100,490
* Jpm Eq Inc R5	56,035.70	OIERX	Mutual Fund	\$ 92,023
* Nw Geneva Smcapgr Inst Svc	11,380.56	NWKDX	Mutual Fund	\$ 17,174
* Nw Intl Smcap R6	334.00	NWXUX	Mutual Fund	\$ 451
* Nw Loomis Allcap Gr R6	38,765.55	NWZMX	Mutual Fund	\$ 75,430
* Pgim Ttl Rtn Bd R6	56,420.62	PTRQX	Mutual Fund	\$ 65,625
* PIMCO ComdyRealRtn Strat	54,290.11	PCRIX	Mutual Fund	\$ 33,093
* Pimco Intl Bdusdlrhginst	388.66	PFORX	Mutual Fund	\$ 522
* Pimco Real Rtn Inst	36,758.43	PRRIX	Mutual Fund	\$ 65,675
* Prncpl Gbl Real Est	30,573.32	PGRSX	Mutual Fund	\$ 31,267

Nursing Placement Inc. Salary Savings Retirement Plan
EIN # 05-0459034 PLAN 336
2021 - Schedule H, Line 4i, Schedule of Asset Held at End of Year

* Putnam Gr Oppr Y	3,344.09	PGOYX	Mutual Fund	\$	4,099
* TIAACRF LfCyclnd 2010	258.69	TLTIX	Mutual Fund	\$	325
* TIAACRF LfCyclnd 2015	8,105.21	TLFIX	Mutual Fund	\$	11,035
* TIAACRF LfCyclnd 2020	170,742.03	TLWIX	Mutual Fund	\$	237,667
* TIAACRF LfCyclnd 2025	32,882.96	TLQIX	Mutual Fund	\$	47,290
* TIAACRF LfCyclnd 2030	169,515.38	TLHIX	Mutual Fund	\$	251,968
* TIAACRF LfCyclnd 2035	161,982.45	TLIIX	Mutual Fund	\$	248,574
* TIAACRF LfCyclnd 2040	35,635.81	TLZIX	Mutual Fund	\$	56,415
* TIAACRF LfCyclnd 2045	94,646.40	TLXIX	Mutual Fund	\$	154,251
* TIAACRF LfCyclnd 2050	2,092.27	TLLIX	Mutual Fund	\$	3,435
* TIAACRF LfCyclnd 2055	8,815.82	TTIIX	Mutual Fund	\$	14,531
* TIAACRF LfCyclnd 2060	3,317.87	TVIIX	Mutual Fund	\$	5,498
* Trowepr Spctmmodgralloc	1,336.79	TRSGX	Mutual Fund	\$	2,482
* Vanguard Bal Indx Adml	1,430.28	VBIAX	Mutual Fund	\$	2,720
* Vanguard Explr Adml	8,795.05	VEXRX	Mutual Fund	\$	22,298
* Vanguard Gnma Adml	593.47	VFIJX	Mutual Fund	\$	633
* Vanguard Intl Gr Adml	5,477.62	VWILX	Mutual Fund	\$	9,628
* Vanguard Ttl Intl Bd Idx Adml	546.28	VTABX	Mutual Fund	\$	635
* Vanguard Ttl Intlstkindx Adml	409.14	VTIAX	Mutual Fund	\$	579
* Vanguard Ttl Strmkt Indx Fd As	41,201.61	VTSAX	Mutual Fund	\$	106,054
* Vanguard Wlsly Inc Adml	125.41	VWIAIX	Mutual Fund	\$	174
* Vic Syc Estblashd Val I	1,827.71	VEVIX	Mutual Fund	\$	3,317
* Brandes Emerging Markets	4,852.47	VEVIX	Mutual Fund	\$	41,537
* First Eagle Gold Class A	3,077.23	PLFMX	Mutual Fund	\$	70,869
* Pimco Low Duration Income	5,753.74	PSSMX	Mutual Fund	\$	49,597
* Digital Realty Trust Inc	247.00	DLR	Mutual Fund	\$	43,687
* Easterly Govt PPTYS Inc Com	1964.00	DEA	Mutual Fund	\$	45,015
* Realty Income Corp Com	344.96	O	Mutual Fund	\$	24,696
			Total Mutual Funds	\$	3,099,516
Cash Reserves					
Fidelity Treasury Mny Mkt Fd	387,347.56	FZFX	Fidelity Treasury Mny Mkt Fd	\$	387,348
			Total Cash Reserves	\$	387,348
* Denotes Party in Interest			Total	\$	5,315,025

Nursing Placement Inc. Salary Savings Retirement Plan

EIN # 05-0459034 PLAN 336

2021 - Schedule H, Line 4i, Schedule of Asset Held at End of Year

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Nursing Placement Inc. Salary Savings Retirement Plan
EIN # 05-0459034 PLAN 336
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* TIAACRF LfCyclnd 2030	169,515.38	TLHIX	Mutual Fund	\$	251,968
* TIAACRF LfCyclnd 2035	161,982.45	TLVIX	Mutual Fund	\$	248,574
* TIAACRF LfCyclnd 2040	35,635.81	TLZIX	Mutual Fund	\$	56,415
* TIAACRF LfCyclnd 2045	94,646.40	TLXIX	Mutual Fund	\$	154,251
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* TIAACRF LfCyclnd 2060	3,317.87	TVIIX	Mutual Fund	\$	5,498
* Trowepr Spctmmodgraloc	1,336.79	TRSGX	Mutual Fund	\$	2,482
* Vanguard Bal Indx Adml	1,430.28	VBIAX	Mutual Fund	\$	2,720
* Vanguard Explr Adml	8,795.05	VEXRX	Mutual Fund	\$	22,298
* Vanguard Gnma Adml	593.47	VFIJX	Mutual Fund	\$	633
* Vanguard Intl Gr Adml	5,477.62	VWILX	Mutual Fund	\$	9,628
* Vanguard Ttl Intl Bd Idx Adml	546.28	VTABX	Mutual Fund	\$	635
* Vanguard Ttl Intlstkindx Adml	409.14	VTIAX	Mutual Fund	\$	579
* Vanguard Ttl Stmkt Indx Fd As	41,201.61	VTSEX	Mutual Fund	\$	106,054
* Vanguard Wlsly Inc Adml	125.41	VWJAX	Mutual Fund	\$	174
* Vic Syc Estblashd Val I	1,827.71	VEVIX	Mutual Fund	\$	3,317
* Brandes Emerging Markets	4,852.47	VEVIX	Mutual Fund	\$	41,537
* First Eagle Gold Class A	3,077.23	PLFMX	Mutual Fund	\$	70,869
* Pimco Low Duration Income	5,753.74	PSSMX	Mutual Fund	\$	49,597
* Digital Realty Trust Inc	247.00	DLR	Mutual Fund	\$	43,687
* Easterly Govt PPTYS Inc Com	1964.00	DEA	Mutual Fund	\$	45,015
* Realty Income Corp Com	344.96	O	Mutual Fund	\$	24,696
		Total Mutual Funds		\$	3,099,516
Cash Reserves					
Fidelity Treasury Mny Mkt Fd	387,347.56	FZFX	Fidelity Treasury Mny Mkt Fd	\$	387,348
		Total Cash Reserves		\$	387,348
* Denotes Party in Interest		Total		<u>\$</u>	<u>5,315,025</u>