

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>NURSES AND LOCAL 813 IBT RETIREMENT PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>09/18/1962</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>BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN</u> <u>48-18 VAN DAM STREET, SUITE 201</u> <u>LONG ISLAND CITY, NY 11101</u> <u>48-18 VAN DAM STREET, SUITE 201</u> <u>LONG ISLAND CITY, NY 11101</u>		2b Employer Identification Number (EIN) <u>13-3628926</u>
			2c Plan Sponsor's telephone number <u>718-937-7150</u>
			2d Business code (see instructions) <u>623000</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.	10/12/2022	JULIE PINKHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	JEFFREY DION
	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.

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	16086
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)	3555
a(2) Total number of active participants at the end of the plan year	6a(2)	2737
b Retired or separated participants receiving benefits.....	6b	6374
c Other retired or separated participants entitled to future benefits	6c	7315
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	16426
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	237
f Total. Add lines 6d and 6e	6f	16663
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	82

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

1B

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
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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)** ☒ 2 **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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA 13028	0	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
0	0

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	272944642

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

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

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 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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926

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
UNITED OF OHAMA 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
47-0322111	69868	G000ASF2	1899	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 25959	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KEVIN M HARRINGTON
770 DEDHAM ST.
CANTON, MA 02021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25959			3

(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	

(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	
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. Specify nature of costs ▶	6d	
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	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)..... ▶	7c(5)	
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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) ▶ **AD&D**

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	519183
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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

▶ **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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	714287743
(2) Actuarial value of assets for funding standard account	1b(2)	670213095
c (1) Accrued liability for plan using immediate gain methods	1c(1)	632761655
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	632761655
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	1111227599
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	16016270
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	57616500
(3) Expected plan disbursements for the plan year.....	1d(3)	57624989

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	10/12/2022
Signature of actuary	Date
JAY K. EGELBERG	20-04981
Type or print name of actuary	Most recent enrollment number
FIRST ACTUARIAL CONSULTING, INC.	212-395-9555
Firm name	Telephone number (including area code)
1501 BROADWAY, SUITE 1728, NEW YORK, NY 10036-5601	
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 ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	715642334
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	6029	485006998
(2) For terminated vested participants	6180	466806573
(3) For active participants:		
(a) Non-vested benefits.....		6525772
(b) Vested benefits.....		152888256
(c) Total active	3202	159414028
(4) Total	15411	1111227599
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	64.40 %

3 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
04/16/2021	334677				
06/30/2021	334677				
07/01/2021	10970407				
10/01/2021	334677				
12/31/2021	694885				
			Totals ▶	3(b)	12669323
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					38896

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?.....	☐ Yes ☒ No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	☐ Yes ☐ No	
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	AP	AP	
(2) Females	6c(2)	AFP	AFP	
d Valuation liability interest rate	6d	7.50 %	7.50 %	
e Expense loading	6e	60.4 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.0 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-692619	-72991

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	7964350
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	26641971
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	966390
e Total charges. Add lines 9a through 9d.....	9e	13851589

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	37615964
g Employer contributions. Total from column (b) of line 3.....	9g	12669323
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	26477447
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	3548647
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	8738539
(2) "RPA '94" override (90% current liability FFL)	9j(2)	326418373
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	57553772
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	43702183
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date	9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN	D Employer Identification Number (EIN) 13-3628926	

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
ENTRUST GLOBAL
90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP
23-1945930

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

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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)

LOCAL 813 PENSION TRUST FUND

13-1975659

(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?
14 50	NONE	971725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MGMT.

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	620298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST REPUBLIC INVESTMENT MGMT.

88-0157485

(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 50	NONE	523875	Yes ☐ No ☒	Yes ☐ No ☐		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)

FIRST ACTUARIAL CONSULTING INC

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	403356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CORBIN CAPITAL PARTNERS LP

590 MADISON AVE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	317214	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SILVERCREST ASSET MANAGEMENT GROUP

13-4194623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	280280	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

DSM CAPITAL PARTNERS LLC

31-1770164

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	239582	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PROSKAUER ROSE LLP

13-1840454

(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?
29 50	NONE	193141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDING LOEVNER LP

27-0684167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	180020	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

STERLING CAPITAL MANAGEMENT LLC

42-1658828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	177956	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

POLEN CAPITAL MANAGEMENT LLC

26-0319356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	166589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 51 52 68 72	NONE	165825	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

UNIPLAN INVESTMENT COUNSEL, INC.

27-3053886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	163200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUAN-VEST CONSULTANTS, INC.

11-2559669

(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 50	NONE	130830	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN, WEISS & SIMON, LLP

13-1592323

(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?
29 50	NONE	105244	Yes ☐ No ☒	Yes ☐ No ☐		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)

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	70369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	28648	Yes ☐ No ☒

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 50 99	NONE	26618	Yes ☒ No ☐	Yes ☒ No ☐	0	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
SEGAL SELECT INSURANCE SERVICES INC	53	18086
(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.	
ULLICO / MARKEL 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	3840
(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.	
RLI INSURANCE 9025 NORTH LINDBERGH DRIVE PEORIA, IL 61615 37-0915434	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	6205
(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.	
EUCLID / HUDSON 234 SPRING LAKE DRIVE ITASCA, IL 60143 45-3957469	COMMISSION FOR PLACEMENT OF FIDUCIARY LIABILITY	

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
SEGAL SELECT INSURANCE SERVICES INC	53	517
(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.	
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	COMMISSION FOR PLACEMENT OF CYBER INSURANCE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>NURSES AND LOCAL 813 IBT RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>13-3628926</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEL MID CAP VALUE (NFJ/SYSTEMATIC)</u>			
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15796398</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PREMIER HIGH YIELD (BARRINGS)</u>			
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45727733</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PREMIUM SHORT DURATION BOND</u>			
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6114721</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEL SMALL CAP GROWTH</u>			
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38144536</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SELECT OVERSEAS</u>			
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26159182</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BABSON LDI LONG GOV. CREDIT FUND</u>			
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>90-0342299-215</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59627676</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PREM OPNHMR FUNDS STRAT. EMRG MRKTS</u>			
b Name of sponsor of entity listed in (a): <u>MASS MUTUAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31024249</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: [SELECT TOTAL RETURN BOND FUND](#)

b Name of sponsor of entity listed in (a): [MASS MUTUAL LIFE INSURANCE CO.](#)

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12475742
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SELECT MID CAP GROWTH FUND](#)

b Name of sponsor of entity listed in (a): [MASS MUTUAL LIFE INSURANCE CO.](#)

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37874405
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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
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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>NURSES AND LOCAL 813 IBT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>13-3628926</u>	

Part I	Asset and Liability Statement
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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	4798143	2453386
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3476255	4263504
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1334539	1176516
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8421932	17043695
(2) U.S. Government securities	1c(2)	48354181	57357059
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	109038415	95165408
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	166835635	187577779
(5) Partnership/joint venture interests	1c(5)	25679755	27475471
(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)	274757814	272944642
(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)	33650691	40312259
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	39944781	44014380

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	107122 85801
f	Total assets (add all amounts in lines 1a through 1e)	1f	716399263 749869900
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	646414 594527
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	110515 398290
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	756929 992817
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	715642334 748877083

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	12933548
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	12933548
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-293
	(B) U.S. Government securities	2b(1)(B)	1254090
	(C) Corporate debt instruments	2b(1)(C)	3429909
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	145695
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	4829401
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	50172
	(B) Common stock	2b(2)(B)	2437573
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	899298
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3387043
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	144871530
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	136981208
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	7890322
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	31791888
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	31791888

		(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)		16163340
(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)		7990181
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		84985723
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	45811294	
(2) To insurance carriers for the provision of benefits.....	2e(2)	521967	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		46333261
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)	776036	
(2) Contract administrator fees.....	2i(2)	1003818	
(3) Investment advisory and management fees.....	2i(3)	2930190	
(4) Other.....	2i(4)	707669	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5417713
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		51750974
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		33234749
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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		7500000
4e	X		7500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?	X		44014380
4g	X		44014380
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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 447218 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIREMENT PLAN		D Employer Identification Number (EIN) 13-3628926
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 121
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **STEWART HEALTH CARE SYSTEM, LLC**

b EIN **27-2473240**

c Dollar amount contributed by employer **11671890**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2022**

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **5% OF EMPLOYEE'S COMPENSA**

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

11484

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

11673

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

12726

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

0.98

b The corresponding number for the second preceding plan year.....

15b

1.00

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

6

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

0

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 50.0 % Investment-Grade Debt: 35.0 % High-Yield Debt: 6.0 % Real Estate: 4.0 % Other: 5.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☒ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021





NURSES AND LOCAL 813 IBT RETIREMENT PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Nurses and Local 813 IBT Retirement Plan

Opinion

We have audited the accompanying financial statements of Nurses and Local 813 IBT Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2021, and reportable transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental 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 has been subjected to the auditing procedures applied in the 2021 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CalibreCPAGroup, PLLC

New York, NY
September 30, 2022



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	2021	2020
Assets		
Investments, at fair value		
Cash equivalents	\$ 17,043,695	\$ 8,421,932
U.S. Government securities	57,357,059	48,354,181
Corporate bonds	95,165,408	109,038,415
Common stock	187,577,779	166,835,635
Exchange traded fund	40,312,259	33,650,691
Hedge funds of funds	44,014,380	39,944,781
Limited partnership	27,475,471	25,679,755
Pooled separate accounts	<u>272,944,642</u>	<u>274,757,814</u>
Total investments	<u>741,890,693</u>	<u>706,683,204</u>
Receivables		
Employer contributions	4,238,496	3,433,924
Withdrawal liability	25,008	42,331
Due from broker for securities sold	-	157,338
Interest and dividends	<u>1,176,516</u>	<u>1,177,201</u>
Total receivables	<u>5,440,020</u>	<u>4,810,794</u>
Cash	<u>2,453,386</u>	<u>4,798,143</u>
Prepaid expenses and other assets	<u>85,801</u>	<u>107,122</u>
Total assets	<u>749,869,900</u>	<u>716,399,263</u>
Liabilities		
Accounts payable and accrued expenses	594,527	646,414
Due to broker for securities purchased	212,910	-
Due to affiliated entity for shared expenses	<u>185,380</u>	<u>110,515</u>
Total liabilities	<u>992,817</u>	<u>756,929</u>
Net assets available for benefits	<u>\$ 748,877,083</u>	<u>\$ 715,642,334</u>

See accompanying notes to financial statements.

NURSES AND LOCAL 813 IBT RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 62,434,754	\$ 72,233,208
Interest and dividends	<u>9,617,421</u>	<u>9,735,162</u>
	72,052,175	81,968,370
Less: investment expenses	<u>2,930,190</u>	<u>2,676,440</u>
Net investment income	69,121,985	79,291,930
 Employer contributions	 12,911,975	 13,549,806
Withdrawal liability income	<u>21,573</u>	<u>454,926</u>
 Total additions	 <u>82,055,533</u>	 <u>93,296,662</u>
Deductions		
Benefits paid to participants	45,811,294	42,991,169
Life insurance premiums	521,967	502,160
Administrative expenses	<u>2,487,523</u>	<u>2,293,094</u>
 Total deductions	 <u>48,820,784</u>	 <u>45,786,423</u>
 Net change	 33,234,749	 47,510,239
Net assets available for benefits		
Beginning of year	<u>715,642,334</u>	<u>668,132,095</u>
 End of year	 <u>\$ 748,877,083</u>	 <u>\$ 715,642,334</u>

See accompanying notes to financial statements.



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

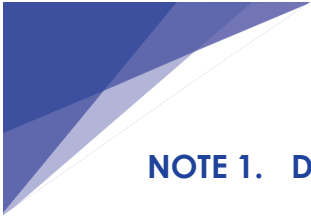
YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of Nurses and Local 813 IBT Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit multiemployer pension plan that was originally established under the provisions of an Agreement and Declaration of Trust effective September 18, 1962, between Private Sanitation Union Local 813 (the Union) affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America and various employers in the private sanitation and funeral parlor industries who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a Trust Fund for the purpose of providing severance and retirement benefits to employees of contributing employers who are members of the Union. On December 15, 2015 (the effective date), Local 813 and Local 1034 Severance and Retirement Fund (Local 813 Fund) was amended and restated to provide for participation in the Plan by registered nurses and other health care professionals employed by employers that have entered into a collective bargaining agreement with the Massachusetts Nurses Association (MNA) and to include the merger of four frozen benefit plans previously maintained by Steward Health Care System, LLC (Steward), the Steward Caritas Christi Retirement Plan, the Steward Norwood Hospital, Inc. Retirement Plan, the Steward Good Samaritan Medical Center Employee Retirement Partnership Plan (Defined Benefit Component), and the Morton Hospital Employees' Pension Plan (collectively, the Legacy Plans). The name of the Plan was changed to the "Nurses and Local 813 IBT Retirement Plan" effective December 15, 2015. The Plan is administered by a Board of Trustees consisting of Union (Local 813 and MNA) and Employer (Steward and those under contract with Local 813) representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits to eligible participants and beneficiaries as defined in the Plan Document. Different benefit formulas apply to participants depending on whether they were originally in the Local 813 Fund, are covered under MNA collective bargaining agreements, or have frozen benefits in the Legacy Plans. Benefits are payable in the form of life annuities, joint and survivor annuities, and lump sum benefits for certain participants. The Plan requires (unless waived) participant and spousal benefits providing for actuarially reduced pensions to participants during their lifetime, after which the surviving spouse receives 50% or 75% of the calculated benefits for life.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Funding Policy - Funding to provide the benefits is made through monthly contributions by participating Local 813 employers on behalf of each covered employee as provided for in the applicable prevailing collective bargaining agreements with the Local 813 Union. Funding is also provided through the collection of withdrawal liability obligations from former Local 813 contributing employers. Funding for the MNA represented participants is made through bi-weekly contributions to the Plan based on a percentage of specified wages. Annual funding for the Legacy Plans is actuarially determined in accordance with the Participation Agreement between Steward and the Plan. The Plan is non-contributory for employees and is funded from contributions received from employers. The Plan's contributions for the years ended December 31, 2021 and 2020, met the minimum funding requirements of ERISA.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

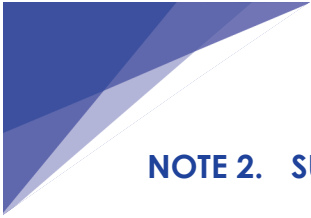
Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, additions are recorded when earned and deductions are recorded as incurred, regardless of when cash is exchanged.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, if any, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodians.

Purchases and sales of securities are recorded on a trade-date-basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Contributions and Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections, except for the annual Legacy Plan contribution which is accrued at year end in full as calculated by the Plan's actuary. Therefore, an allowance for doubtful accounts is not considered necessary. Contributions due the Plan as a result of payroll audits of contributing employers are accrued at year end as plan assets and additions to plan assets only when collection in the subsequent period can be observed.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related benefit plans that are allocated based on various factors including the time spent, space used, and costs incurred.

Withdrawal Liability Income and Receivable - Withdrawal liability amounts due from former contributing employers are accrued as plan assets and additions to the Plan assets for those amounts deemed collectible by Plan management at year end. As of December 31, 2021, the Plan accrued \$25,008 in withdrawal liability income consisting of \$167,202 due the Plan of which \$142,194 was estimated as a reserve for payments deemed uncertain of collection. As of December 31, 2020, the Plan accrued \$42,331 in withdrawal liability income consisting of \$226,162 due the Plan of which \$183,831 was estimated as a reserve for payments deemed uncertain of collection.

NOTE 3. ACTUARIAL INFORMATION

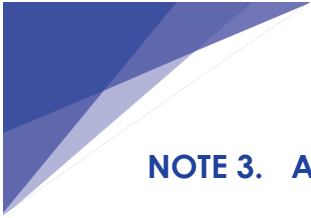
Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries and (c) active participants or their beneficiaries. Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement and the pension option selected.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, First Actuarial Consulting, Inc., and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the present value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2020 are as follows:

Mortality Rates: Healthy: RP-2000 Mortality Table with Blue Collar adjustment projected on a fully generational basis by Scale AA.

Disabled: RP-2000 Disabled Retiree Mortality Table projected on a fully generational basis by Scale AA.



NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

Retirement Rates: 813 Benefits

Age	Rate	Age	Rate
55-59	8%	65-69	50%
60-61	20%	70+	100%
62-64	30%		

MNA Benefits

Age	Rate	Age	Rate
55-59	5%	63-64	15%
60-61	10%	65+	100%
62	20%		

Other Benefits - Participants are assumed to retire at normal retirement age.

Net Investment Return: For purposes of this disclosure, 7.00% per annum, net of both investment and administrative expenses. For long term funding, 7.50% per annum, net of investment expenses.

Termination Rates: 813 Benefits: Sample rates are as follows:

Age	Rate	Age	Rate
20	17.46%	45	6.21%
25	18.51%	50	5.63%
30	12.19%	55	2.92%
35	8.78%	60	2.20%
40	7.00%		

Other Benefits: Sample rates are as follows:

Age	Rate	Age	Rate
20	10.00%	45	5.00%
25	9.00%	50	4.00%
30	8.00%	55	0.00%
35	7.00%	60	0.00%
40	6.00%		

Administrative Expenses: \$3,000,000, payable at the beginning of the year.

Changes in Actuarial Assumptions since the Last Valuation

The interest rate assumption was changed from 7.50% net of investment expenses to 7.00% net of investment expenses and administrative expenses.

NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2021. Had the valuation been performed as of December 31, 2020, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2020 is shown below:

Actuarial present value of vested accumulated plan benefits:	
Participants currently receiving benefits	\$ 329,388,346
Participants entitled to deferred benefits	249,887,493
Other participants	<u>78,221,122</u>
Total vested benefits	657,496,961
Actuarial present value of non-vested benefits	<u>3,011,867</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 660,508,828</u>

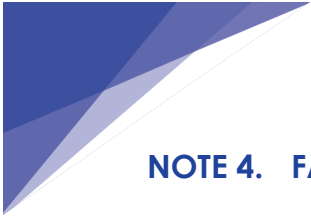
The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2020	<u>\$ 611,515,182</u>
Changes during year due to	
Decrease in discount period at 7.50%	44,262,124
Benefits paid	(43,493,329)
Assumption changes	27,747,173
Additional benefits earned, including experience gains and losses	<u>20,477,678</u>
Total change	<u>48,993,646</u>
Actuarial present value of accumulated plan benefits - December 31, 2020	<u>\$ 660,508,828</u>

Since information on the accumulated plan benefits at December 31, 2021, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2021, and changes in its financial status for the year then ended. As permitted under accounting standards, the financial statements present the complete financial status of the Plan as of December 31, 2020.

Pension Protection Act Filings

For each of the years ended December 31, 2021 and 2020, the Plan was certified by its actuary to be in neither Endangered nor Critical Status (less formally known as being in the Green Zone) within the meaning of the Pension Protection Act of 2006 (PPA), as amended.



NOTE 4. FAIR VALUE MEASUREMENTS

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; 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 asset or liability.

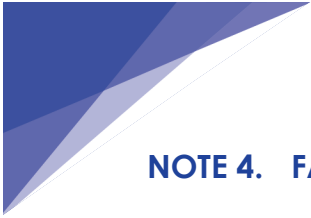
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Cash equivalents - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

U.S. Government securities - Valued at the closing price reported in the active market in which the individual securities are traded. Other securities are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available with comparable securities of issuers with similar credit ratings.

Common stock - Valued at quoted market prices reported on the national securities exchange in which the individual securities are traded.

Exchange traded fund - Valued at quoted market prices reported on the national securities exchange in which the fund is traded.

Hedge funds of funds - Valued at the amount equal to the NAV per share at year end based on the fund's investment in a master fund in a master/feeder arrangement. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. The feeder fund is designed to invest "feed" its assets into one underlying master fund. The master fund is carried at fair value based on the financial information provided by a diversified portfolio of private investment entities and separately managed accounts, as determined by the respective managers of those entities, subject to the judgment of the master fund.

Limited partnership - Valued at the NAV per share at year end as reported by the partnership. The NAV, as provided by the partnership, is used as a practical expedient to estimate fair value. Share values are based on the current appraised value of the underlying real estate properties.

Pooled separate accounts - Valued at the NAV per share at year end as reported by the insurance company. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Description	Assets at Fair Value as of December 31, 2021			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 17,043,695	\$ 17,043,695	\$ -	\$ -
U.S. Government securities	57,357,059	45,118,958	12,238,101	-
Corporate bonds	95,165,408	-	95,165,408	-
Common stock	187,577,779	187,577,779	-	-
Exchange traded fund	40,312,259	40,312,259	-	-
Total assets in fair value hierarchy	397,456,200	<u>\$ 290,052,691</u>	<u>\$ 107,403,509</u>	<u>\$ -</u>
Investments measured at NAV*	<u>344,434,493</u>			

Total assets at fair value \$ 741,890,693

Description	Assets at Fair Value as of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 8,421,932	\$ 8,421,932	\$ -	\$ -
U.S. Government securities	48,354,181	36,349,294	12,004,887	-
Corporate bonds	109,038,415	-	109,038,415	-
Common stock	166,835,635	166,835,635	-	-
Exchange traded fund	33,650,691	33,650,691	-	-
Total assets in fair value hierarchy	366,300,854	<u>\$ 245,257,552</u>	<u>\$ 121,043,302</u>	<u>\$ -</u>
Investments measured at NAV*	<u>340,382,350</u>			

Total assets at fair value \$ 706,683,204

*In accordance with accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

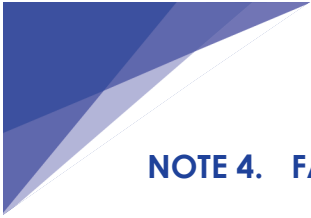
Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021 and 2020. Each investment entity, except for the hedge funds of funds and limited partnership, is measured at fair value by using the NAV practical expedient and also files U.S. Department of Labor Form 5500 as a direct filing entity (DFE). There were no unfunded commitments towards the investment entities that file as a DFE at December 31, 2021 and 2020.

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/21	12/31/20		
Hedge Funds of Funds:				
EnTrust Capital Diversified Fund (a)	\$ 131,708	\$ 129,717	See (a) below	See (a) below
EnTrust Special Opps. Fund III Ltd. (b)	400,929	301,303	See (b) below	See (b) below
Pinehurst Institutional Fund LP (c)	43,481,743	39,513,761	Quarterly	100 days
Limited Partnership:				
Boyd Watterson GSA Fund LP (d)	27,475,471	25,679,755	Quarterly	60 days
Pooled Separate Accounts:				
Mass Mutual Long Duration Bond	59,627,676	60,227,462	Daily	1-3 days
Mass Mutual Premier High Yield	45,727,733	42,554,369	Daily	1-3 days
Mass Mutual Select Small Cap Growth	38,144,536	40,081,994	Daily	1-3 days
Mass Mutual Strategic Emerging Markets	31,024,249	33,683,607	Daily	1-3 days
Mass Mutual Select Mid Cap Growth	37,874,405	37,867,312	Daily	1-3 days
Mass Mutual Select Overseas	26,159,182	23,102,520	Daily	1-3 days
Mass Mutual Short Duration Bond	6,114,721	11,363,705	Daily	1-3 days
Mass Mutual Select Mid Cap Value	15,796,398	13,266,450	Daily	1-3 days
Mass Mutual Select Total Return Bond	<u>12,475,742</u>	<u>12,610,395</u>	Daily	1-3 days
Total	\$ 344,434,493	\$ 340,382,350		

(a) The Plan has liquidated its interest in the EnTrust Capital Diversified Fund (Fund) except for the Fund's interest in Peruvian sovereign bonds. The Plan will receive its pro-rata share of the proceeds of the bond's monetization, however the period over which the monetization will occur is not determined.

(b) This investment entity invests in a select group of funds and investment vehicles that are generally expected to be illiquid. Investments include, but not limited to, global distressed corporate securities, activist equities, value equities, reorganization equities, municipal bonds, high yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, direct lending and sovereign debt, real estate, venture capital and private equity-type structures. The Plan is currently liquidating its position in this investment entity.



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

(c) This investment entity invests in a pool of collective investment vehicles and individually managed accounts that invest in equity and debt securities of U.S. and non-U.S. corporations, U.S. government securities, non-U.S. government securities, futures contracts, options, options on futures, other derivatives including swaps, forward contracts, currencies and physical commodities, partnership interests, money market instruments, and derivatives on securities. At December 31, 2021 and 2020, the Plan had no unfunded commitments towards this investment entity.

(d) This investment entity invests in diversified commercial property primarily leased to the United States federal government either through the General Services Administration (GSA) or other federal government agencies. At December 31, 2021 and 2020, the Plan had no unfunded commitments towards this investment entity.

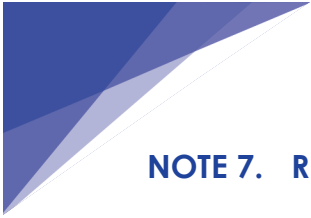
NOTE 5. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated September 10, 2015, that the Plan as restated and amended January 1, 2014, meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. However, the benefits guaranteed are generally only a portion of the normal retirement benefits. In addition, the PBGC does not guarantee benefit increases created by plan amendment in effect for less than five years.



NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration with other related benefit funds and Local Union 813. As part of a cost sharing arrangement, the Plan's affiliated Pension Plan Private Sanitation Union Local 813 I. B. of T. (813 Pension Fund) acts as paying agent for certain common administrative expenses. The Plan reimburses 813 Pension Fund for its estimated allocable share of these common administrative expenses paid on its behalf, as determined by the Board of Trustees under a cost sharing agreement. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Shared administrative expenses for the years ended December 31, 2021 and 2020, totaled \$971,725 and \$938,411, respectively. Amounts due the 813 Pension Fund at December 31, 2021 and 2020, totaled \$185,380 and \$110,515, respectively, which were subsequently reimbursed.

As disclosed in Note 2, the Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 8. 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 the values of investment securities could be different at the reporting date and that such changes could materially affect the amounts reported in the financial statements.

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

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's contributing employers and participants, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's financial position is uncertain and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 9. SIGNIFICANT CONTRIBUTING EMPLOYER

Contributions from one contributing employer accounted for approximately 90% and 91% of total employer contributions received by the Plan for the years ended December 31, 2021 and 2020, respectively.



NOTE 10. OBLIGATIONS UNDER OPERATING LEASE

The Plan leases premises at 340 Turnpike Street, Canton, MA, 02021. The lease commencement date was November 1, 2017 and extends through October 31, 2022. Total rent expense was \$69,479 and \$69,646 for the years ended December 31, 2021 and 2020, respectively.

At December 31, 2021, the Plan's future minimum lease payments under the lease is as follows:

<u>Year Ended December 31,</u>	<u>Amount</u>
2022	<u>\$ 8,740</u>

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 30, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Schedule MB, line 6 – Summary of Plan Provisions

813 Benefits

<i>Participation</i>	An employee in covered employment becomes a Fund participant on the last day of the calendar year during which a Contributing Employer contributes to the Fund on his or her behalf.
<i>Credited Service</i>	One year of credited service for 52 weeks of contributions paid into the Fund during a Plan Year. Pro-rata credited service granted for less than 52 weeks of contributions paid into the Fund during a Plan year.
<i>Vesting Credit</i>	One year of Vesting Credit if the participant has at least 900 hours of service or at least 20 weeks of employer contributions paid into the Fund on his or her behalf.
<i>Regular Pension</i>	Eligibility: Age 62 and 4.5 years of credited service. Amount: The sum of (1) + (2): (1) For credited service earned prior to January 1, 2009, a monthly benefit varying in accordance with the contribution rate payable on a participant's behalf at December 31, 2008, based on a schedule of benefits in effect at December 31, 2008. The benefit payable after 35 years of credited service will be increased at a rate of 6.5% for each year of credited service in excess of 35. (2) For credited service earned on or after January 1, 2009, a monthly benefit equal to the sum of 25% of the average weekly contribution rate for each plan year multiplied by the credited service earned in that plan year.
<i>Severance Benefit</i>	Eligibility: 4.5 years of credited service or 5 years of vesting service. Amount: The sum of (1) + (2): (1) For credited service earned prior to January 1, 2009, a monthly benefit varying in accordance with the contribution rate payable on a participant's behalf at December 31, 2008, based on a schedule of benefits in effect at December 31, 2008, but in no event less than the Regular Pension discounted by 5.5% for each year commencement precedes age 62. The benefit payable after 35 years of credited service will be increased at a rate of 6.5% for each year of credited service in excess of 35. (2) For credited service earned on or after January 1, 2009, a monthly benefit equal to the sum of 25% of the average weekly contribution rate for each plan year multiplied by the credited service earned in that plan year.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Preretirement Death Benefit Eligibility: 4.5 years of credited service or 5 years of vesting service.
Amount: 100% of the benefit a participant would have received had he or she terminated the day before he or she died. The beneficiary's benefit is payable starting the first month following the death of the participant.

Normal Form of Benefit 50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.

Optional forms of Payment 1) Life Annuity
2) 75% Joint and Survivor annuity
3) Lump Sum

Caritas Christi Benefits

Participation First day of the plan year following completion of 1,000 hours and attainment of age 21. No employees not participating in the Plan as of December 31, 2003 may become participants in the Plan.

Average Compensation The highest 3 consecutive years of pensionable earnings during the last 10 years preceding the determination date. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.

Accrued Benefit Frozen accrued benefit as of December 31, 2003, under the terms of the Plan then in effect.

Normal Retirement Benefit Eligibility: The later of the attainment of age 65 or the completion of 5 years of service from hire.
Amount: Unreduced accrued benefit payable immediately.

Early Retirement Benefit Eligibility: Upon the attainment of age 55 and completion of 5 years of service.
Amount: The accrued benefit reduced in accordance with the rates contained in the formal plan document on account of early commencement.

Vested Benefit Eligibility: Completion of 5 years of service.
Amount: Accrued benefit payable upon attainment of normal retirement age. An actuarial equivalent benefit is payable if commencement is prior to normal retirement age.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Preretirement Death Benefit</i>	Eligibility: Upon death after attainment of both age 21 and completion of 1 year of service. Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later (1) the Participant's death or (2) the date the Participant would have attained early retirement age.
<i>Postretirement Death Benefit</i>	Upon death, \$10,000, prorated for service less than 10 years, in addition to any death benefits provided by the optional form of benefit elected upon certain conditions stated in the plan document.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Single life annuity 2) 75% qualified optional survivor annuity 3) Cash refund annuity

Good Samaritan Benefits

<i>Participation</i>	All employees who were Participants in the Plan on September 30, 1996 shall continue as Participants in the Plan on October 1, 1996, if employed as Eligible Employees.
<i>Credited Service</i>	The sum of an employee's past and future periods of service with the Employer determined as follows: For participants joining on or after January 1, 1974, 1,000 hours or more of service accumulated in a calendar year equals one year of Credited Service. For participants who joined before January 1, 1974, one-half year credit is given if a participant accumulates more than 500 but less than 1,000 hours in a calendar year. Credited service ends on September 30, 1996.
<i>Compensation</i>	W-2 earnings plus any amounts deferred in accordance with a salary reduction agreement pursuant to a cafeteria plan established under Section 125 of the Code or a Tax Deferred Annuity arrangement under Section 403(b) of the Code. All Compensation is limited in accordance with Section 401(a)(17) of the Code.
<i>Average Compensation</i>	The average of the highest Compensation during a calendar year for any five consecutive years out of the last ten years prior to 1997.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

***Accrued
Benefit***

Benefit Accruals for participants were frozen on September 30, 1996.

***Normal
Retirement
Benefit***

Eligibility: First day of the month coincident with or next following the later of age 65 or the fifth anniversary of the Participant's participation.

Amount: The formula is based on years of Credited Service and fractions thereof, to a maximum of 30 years. The benefit per year of such service is equal to (a) minus (b), the result of which is multiplied by (c).

(a) 60% of the Participant's Average Compensation, minus

(b) 50% of the Participant's Primary Social Security Benefit, times

(c) A fraction, in which the numerator is the Participant's Credited Service and the denominator is the Participant's Credited Service which could accrue by Normal Retirement Date.

For Participants hired prior to October 11, 1979, their benefit will be the larger of the above benefit or the following:

(d) 0.75% of the Participant's Average Compensation up to a maximum of \$7,800, plus

(e) 1.4% of the Participant's Average Compensation in excess of \$7,800,

(f) the sum of (d) and (e) is multiplied by Credited Service to a maximum of 30 years.

For Participant's who were employees of Cardinal Cushing Hospital and who had attained age 50 with 5 years of vesting service as of September 30, 1993, the benefit is the greater of the benefit described above, or 2% of Annual Earnings (regular basic earnings not including overtime pay) for each year of Credited Service.

***Early
Retirement
Benefit***

Eligibility: Attainment of age 55 and the completion of five years of Credited Service.

Amount: Accrued benefit reduced by 5/9 of 1% for each of the first 60 months, and 5/18 of 1% for each additional month by which early retirement precedes normal retirement.

***Late
Retirement
Benefit***

A participant may continue in the employment of the Employer after her normal retirement date. In such event she will receive at actual retirement the actuarially equivalent of the benefit accrued at normal retirement date.

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Vested Benefit</i>	Eligibility: Five years of vesting service. Amount: Accrued benefit payable upon attainment of normal retirement age.
<i>Preretirement Death Benefit</i>	50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later (1) the Participant's death or (2) the date the Participant would have early retirement eligibility.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Single life annuity 2) Life annuity with 120 months guaranteed 3) Joint & 66-2/3%, 75% or 100% survivor annuity 4) Lump sum (only for Participants active on or after October 1, 1996)

Morton Benefits

<i>Participation</i>	The first of the month coincident with or next following attainment of age 21 and one year of employment. No non-union employees not already in the Plan may enter the Plan after November 4, 2010.
<i>Average Compensation</i>	The highest five years of pensionable earnings. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code. Compensation earned after December 31, 2010, for all non-union participants shall not be considered.
<i>Accrued Benefit</i>	The accrued benefit is determined as follows: (1) 0.800% of average compensation times service from entry, maximum 15 years, plus (2) 1.066% of average compensation times service from entry in excess of 15 years, maximum 15 years, plus (3) the accrued benefit as of December 31, 2008, under the Morton Physician Associates Plan (2% of average compensation times service from entry). For participants of the Morton Physician Associates Plan, service from January 1, 2009, is only considered for items (1) and (2) above. However, all service is considered for purposes of the applicable percentage applied to average compensation in items (1) and (2) above. The accrued benefits are frozen for all non-union participants as of December 31, 2010.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Minimum Benefit</i>	The greater of (1), (2) and (3) below: (1) Accrued benefit as of December 31, 1993. (2) Benefit based on the formula in effect for calendar 1994 based on total service. (3) Accrued benefit as of October 1, 1991 (May 1, 1995 for contractual employees).
<i>Normal Retirement Benefit</i>	Eligibility: Attainment of age 65. Amount: Accrued benefit.
<i>Early Retirement Benefit</i>	Eligibility: Attainment of age 55 and completion of ten years of service. Participants of the Morton Physician Associates Plan as of January 1, 2009, are eligible following the attainment of age 55 and completion of five years of service. Amount: The accrued benefit reduced in accordance with the rates contained in the formal plan document on account of early commencement. The accrued benefit as of January 1, 2009, under the Morton Physician Associates Plan is reduced by 5% per year the commencement date precedes the normal retirement date.
<i>Vested Benefit</i>	Eligibility: Five years of service. Amount: Accrued benefit payable upon attainment of normal retirement age.
<i>Preretirement Death Benefit</i>	Eligibility: Five years of service. Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the Participant's death; or (2) the date the Participant would have attained early retirement age. Participants of the Morton Physician Plan as of January 1, 2009, have a death benefit of 100% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later (1) the Participant's death; or (2) the date the Participant would have attained early retirement age.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Life Annuity 2) 75% Joint and Survivor annuity

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Norwood Benefits

Participation All employees who were Participants in the Plan on December 31, 2003, shall continue as Participants in the Plan on January 1, 2004, if employed as Eligible Employees.

Credited Service Credited Service means the sum of an employee's past and future periods of service with the Employer determined as follows:

For periods before 1976, number of months of employment completed between most recent hire date and December 31, 1975, calculated to the nearest 1/100th of a year during which a Participant worked at least 21 hours per week.

For periods after 1975, 1,000 hours or more of service accumulated in a calendar year equals one year of Credited Service. In the year employment commences or terminates, a fractional year of Credited Service equals hours of service for the plan year divided by 1,000.

Credited service ends on December 31, 2003.

Compensation W-2 earnings plus any amounts deferred in accordance with a salary reduction agreement pursuant to a cafeteria plan established under Section 125 of the Code or a Tax Deferred Annuity arrangement under Section 403(b) of the Code. All Compensation is limited in accordance with Section 401(a)(17) of the Code.

Average Compensation The average of the highest Compensation during a calendar year for any five consecutive years prior to 2004.

Accrued Benefit Benefit accruals for participants were frozen on December 31, 2003.

Normal Retirement Benefit Eligibility: The first day of the month coincident with or next following the later of age 65 or the fifth anniversary of the participant's participation.

Amount: The formula is based on years of Credited Service and fractions thereof, to a maximum of 35 years. The benefit per year of such service is equal to (a) plus (b), the result of which is multiplied by (c).

(a) 1.1% of the Participant's Average Compensation not in excess of Covered Compensation, plus

(b) 1.75% of the Participant's Average Compensation in excess of Covered Compensation, times

(c) Years of Credited Service not in excess of 35.

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Early Retirement Benefit</i>	Eligibility: Attainment of age 55 and the completion of five years of Vesting Service. Amount: Accrued benefit reduced by 5/9 of 1% for each of the first 60 months, and 5/18 of 1% for each additional month by which early retirement precedes normal retirement.
<i>Late Retirement Benefit</i>	A participant may continue in the employment of the Employer after her normal retirement date. In such event she will receive at actual retirement the actuarially equivalent of the benefit accrued at normal retirement date.
<i>Vested Benefit</i>	Eligibility: Five years of vesting service. Amount: Accrued benefit payable upon attainment of normal retirement age.
<i>Preretirement Death Benefit</i>	Eligibility: Five years of service. Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the Participant's death; or (2) the date the Participant would have attained early retirement age.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Single life annuity 2) Life annuity with 120 months guaranteed 3) Joint & 66-2/3%, 75% or 100% survivor annuity

MNA Benefits

<i>Participation</i>	An Employee who is engaged in Covered Employment under a Collective Bargaining Agreement to which MNA is a party shall become an MNA Participant in the Plan on the next January 1 or July 1 following completion of a twelve (12) consecutive month period during which she completed at least eight hundred forty (840) Covered Hours of Service under a Collective Bargaining Agreement with MNA, but not earlier than January 1, 2016.
<i>LMA Participant</i>	Participant whose covered employment was on August 27, 2010 subject to the MNA Limited Master Agreement dated August 27, 2010 (the "LMA"), who was employed by an Employer continuously and whose Covered Employment has been subject to the LMA continuously from that date through January 1, 2016, and who becomes a Participant on January 1, 2016. An MNA Participant will cease to be an LMA Participant on the first date that the MNA Participant is no longer subject to the LMA.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Vesting Credit An MNA Participant shall earn a year of Vesting Service for each Plan Year in which the MNA Participant has at least 840 Covered Hours of Service. For Plan Years in which the MNA Participant works less than 840 Covered Hours of Service, the MNA Participant shall earn fractional Vesting Service in accordance with the following schedule:

Covered Hours of Service			Fractional Years of Vesting Service
0	to	279	0
280	to	349	4/12
350	to	419	5/12
420	to	489	6/12
490	to	559	7/12
560	to	629	8/12
630	to	699	9/12
700	to	769	10/12
770	to	839	11/12
840	or more		1

Accrued Benefit Monthly Normal Retirement Benefit based on service at date of determination.

Normal Retirement Benefit Eligibility: Age 65 and the earlier of: (a) five years of vesting service; or (b) the fifth anniversary of Plan participation

Amount: 1.25% of total employer contributions. For LMA participants, benefit accruals were 1.50% of total employer contributions for the years 2014 through 2018.

Early Retirement Benefit Eligibility: Age 55 and ten years of Vesting Service

Amount: Normal Retirement Benefit reduced by 0.5% for each month by which the age at commencement precedes age 65

Vested Benefit Eligibility: Five years of Vesting Service

Amount: Normal Retirement Benefit payable at Normal Retirement Age. If the eligibility requirements for Early Retirement have been met, the benefit may be payable in the same manner as an Early Retirement Benefit.

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Preretirement Death Benefit</i>	Eligibility: Five years of Vesting Service Amount: 50% of the accrued benefit reduced for early commencement and for form of payment payable the first of the month following the later of: (1) the Participant's death; or (2) the date the Participant would have attained early retirement age.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced), and Life Annuity for non-married Participants.
<i>Optional Forms of Payment</i>	1) Single life annuity 2) Joint & 50% or 75% survivor annuity

Changes in Plan Provisions since the Last Valuation

There were no changes in plan provisions since the last valuation.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan



BNY MELLON

Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2021 - 12/31/2021

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
U. S. GOVERNMENT SECURITIES					
K72F71712302	2107959D4 CONTINENTAL AIRLINES INC 0.000% 03/15/1997 DD 09/01/93	100,000.000	0.00	0.00	0.00
K72F71727702	3129366F9 FHLMC POOL #A8-9870 4.500% 11/01/2039 DD 11/01/09	68,353.579	70,540.43	75,638.70	5,098.27
K72F71727702	3132AAFC3 FHLMC POOL #ZS-9163 3.000% 09/01/2033 DD 09/01/18	2,295,308.070	2,501,527.27	2,430,432.86	(71,094.41)
K72F71727702	3132DWAX1 FHLMC POOL #SD-8122 2.500% 12/01/2050 DD 12/01/20	2,364,376.244	2,492,384.99	2,415,706.85	(76,678.14)
K72F71727702	3138AFW63 FNMA POOL #0AI2468 4.500% 05/01/2041 DD 05/01/11	229,316.520	236,484.60	253,222.77	16,738.17
K72F71727702	3138EQTZ5 FNMA POOL #0AL7767 4.500% 06/01/2044 DD 11/01/15	658,908.327	714,298.46	725,326.29	11,027.83
K72F71727702	3140K5MD6 FNMA POOL #0BO9355 3.000% 03/01/2050 DD 03/01/20	2,858,110.870	3,026,471.61	2,973,921.52	(52,550.09)
K72F71727702	3140KDQ86 FNMA POOL #0BP5878 2.500% 06/01/2050 DD 06/01/20	3,291,634.030	3,436,028.76	3,363,852.48	(72,176.28)
K72F71727702	912810QK7 U S TREASURY BOND 3.875% 08/15/2040 DD 08/15/10	10,680,000.000	13,980,807.82	14,115,115.20	134,307.38
K72F71727702	912810QW1 U S TREASURY BOND 3.000% 05/15/2042 DD 05/15/12	6,500,000.000	7,405,664.71	7,721,285.00	315,620.29
K72F71727702	912810SL3 U S TREASURY BOND 2.000% 02/15/2050 DD 02/15/20	6,000,000.000	6,027,460.74	6,121,620.00	94,159.26
K72F71727702	912828Z94 U S TREASURY NOTE 1.500% 02/15/2030 DD 02/15/20	8,150,000.000	8,388,337.37	8,199,959.50	(188,377.87)
K72F71727702	91282CBF7 US TREAS-CPI INFLAT 0.125%001/15/2031 DD 01/15/21	5,311,149.884	5,851,713.30	5,949,018.99	97,305.69
K72F71727702	91282CBL4 U S TREASURY NOTE 1.125% 02/15/2031 DD 02/15/21	3,100,000.000	3,010,703.13	3,011,960.00	1,256.87
TOTAL U. S. GOVERNMENT SECURITIES			57,142,423.19	57,357,060.16	214,636.97

CORPORATE DEBT INSTRUMENTS - PREFERRED

K72F71727702	03066FAH4 AMERICREDIT AUTOMOBILE REC 4 D 3.080% 12/18/2023 DD 11/15/17	3,000,000.000	2,886,562.50	3,029,580.00	143,017.50
K72F71727702	03066MAF3 AMERICREDIT AUTOMOBILE REC 3 C 3.740% 10/18/2024 DD 11/21/18	1,610,000.055	1,635,596.48	1,642,377.16	6,780.68
K72F71727702	04010LBC6 ARES CAPITAL CORP 3.200% 11/15/2031 DD 11/04/21	2,200,000.000	2,186,338.00	2,165,504.00	(20,834.00)
K72F71727702	053484AB7 AVALONBAY COMMUNITIES INC 2.050% 01/15/2032 DD 09/15/21	1,900,000.000	1,897,739.00	1,880,715.00	(17,024.00)
K72F71727702	084670BS6 BERKSHIRE HATHAWAY INC 3.125% 03/15/2026 DD 03/15/16	2,295,000.000	2,215,937.25	2,457,531.90	241,594.65
K72F71727702	14315VAH5 CARMAX AUTO OWNER TRUST 20 2 D 5.750% 05/17/2027 DD 04/29/20	1,500,000.000	1,685,449.22	1,616,235.00	(69,214.22)
K72F71727702	14315WAH3 CARMAX AUTO OWNER TRUST 20 4 D 2.800% 04/15/2026 DD 10/23/19	2,000,000.000	1,999,727.00	2,041,580.00	41,853.00
K72F71727702	14316EAN9 CARLYLE US CLO 201 2A A2R 144A VAR RT 07/15/2032 DD 12/21/21	1,000,000.000	1,000,000.00	1,000,000.00	0.00
K72F71727702	20030NCM1 COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	1,460,000.000	1,458,802.80	1,865,354.40	406,551.60
K72F71727702	20826FAC0 CONOCOPHILLIPS CO 4.300% 11/15/2044 DD 11/12/14	1,500,000.000	1,508,354.08	1,803,360.00	295,005.92
K72F71727702	22822VAT8 CROWN CASTLE INTERNATIONAL COR 2.250% 01/15/2031 DD 06/15/20	1,850,000.000	1,857,048.50	1,804,619.50	(52,429.00)
K72F71727702	26208GAG4 DRIVE AUTO RECEIVABLES TRU 1 D 3.810% 05/15/2024 DD 02/21/18	265,660.570	266,324.72	266,781.66	456.94
K72F71727702	26208VAG1 DRIVE AUTO RECEIVABLES TRU 2 D 3.050% 05/15/2028 DD 06/17/20	2,175,000.000	2,214,155.28	2,232,746.25	18,590.97
K72F71727702	26209BAG4 DRIVE AUTO RECEIVABLES TRU 4 D 4.090% 01/15/2026 DD 09/19/18	1,363,339.970	1,391,938.16	1,385,248.84	(6,689.32)
K72F71727702	26442CAP9 DUKE ENERGY CAROLINAS LLC 3.750% 06/01/2045 DD 03/12/15	1,015,000.000	1,015,081.10	1,125,858.30	110,777.20
K72F71727702	32059BAL2 FIRST INVESTORS AUTO 2A E 144A 5.480% 10/15/2024 DD 07/20/17	1,500,000.000	1,532,988.28	1,507,560.00	(25,428.28)
K72F71727702	32059DAL8 FIRST INVESTORS AUTO 2A E 144A 5.360% 01/15/2025 DD 11/14/18	1,500,000.000	1,596,679.69	1,545,405.00	(51,274.69)
K72F71727702	32059TAJ8 FIRST INVESTORS AUTO 1A E 144A 4.530% 06/16/2025 DD 04/11/19	750,000.000	780,966.80	765,952.50	(15,014.30)
K72F71727702	34533FAF8 FORD CREDIT AUTO OWNER TRU A B 3.020% 10/15/2024 DD 03/22/19	3,000,000.000	3,140,273.44	3,070,500.00	(69,773.44)
K72F71727702	38137WAL9 GOLDENTREE LOAN MANA 6A D 144A VAR RT 01/20/2033 DD 12/19/19	500,000.000	504,250.00	504,250.00	0.00
K72F71727702	67401PAC2 OAKTREE SPECIALTY LENDING CORP 2.700% 01/15/2027 DD 05/18/21	1,500,000.000	1,495,800.00	1,489,305.00	(6,495.00)
K72F71727702	74005PBB9 LINDE INC/CT 2.200% 08/15/2022 DD 08/02/12	925,000.000	924,084.57	930,892.25	6,807.68
K72F71727702	80285FAH7 SANTANDER DRIVE AUTO RECEI 2 E 5.020% 09/15/2025 DD 04/18/18	1,250,000.000	1,299,658.20	1,268,262.50	(31,395.70)
K72F71727702	80286GAG6 SANTANDER DRIVE AUTO RECEI 2 D 3.220% 07/15/2025 DD 05/22/19	2,000,000.000	2,051,250.00	2,039,160.00	(12,090.00)



BNY MELLON

Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2021 - 12/31/2021

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K72F71727702	808513BK0 CHARLES SCHWAB CORP/THE VAR RT 12/31/2049 DD 03/18/21	1,500,000.000	1,556,250.00	1,530,000.00	(26,250.00)
K72F71727702	90270RBE3 UBS-BARCLAYS COMMERCIAL C4 A5 2.850% 12/10/2045 DD 12/01/12	1,200,000.000	1,246,311.48	1,208,784.00	(37,527.48)
K72F71727702	94988HAC5 WELLS FARGO COMMERCIAL LC5 A3 2.918% 10/15/2045 DD 09/01/12	482,575.160	503,334.46	486,223.43	(17,111.03)
K72F71727702	94988HAF8 WELLS FARGO COMMERCIAL M LC5 B 4.142% 10/15/2045 DD 09/01/12	1,620,000.000	1,693,665.25	1,646,843.40	(46,821.85)
K72F71727702	96041LAF9 WESTLAKE AUTOMOBILE 2A D 144A 3.200% 11/15/2024 DD 06/17/19	2,000,000.000	2,047,578.12	2,037,420.00	(10,158.12)
K72F71727702	96042QAN0 WESTLAKE AUTOMOBILE 3A E 144A 3.340% 06/15/2026 DD 10/14/20	1,500,000.000	1,499,710.80	1,522,365.00	22,654.20
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			47,091,855.18	47,870,415.09	778,559.91

CORPORATE DEBT INSTRUMENTS

K72F71727702	00507VAQ2 ACTIVISION BLIZZARD INC 2.500% 09/15/2050 DD 08/10/20	2,000,000.000	1,994,500.00	1,758,660.00	(235,840.00)
K72F71727702	03040WAP0 AMERICAN WATER CAPITAL CORP 4.000% 12/01/2046 DD 11/17/16	1,000,000.000	991,990.93	1,149,070.00	157,079.07
K72F71727702	037735CV7 APPALACHIAN POWER CO 4.450% 06/01/2045 DD 05/18/15	1,400,000.000	1,435,167.42	1,638,546.00	203,378.58
K72F71727702	125896BN9 CMS ENERGY CORP 4.875% 03/01/2044 DD 02/27/14	2,209,000.000	2,497,919.78	2,787,713.82	289,794.04
K72F71727702	126650CY4 CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	1,300,000.000	1,274,182.00	1,588,847.00	314,665.00
K72F71727702	171798AE1 CIMAREX ENERGY CO 4.375% 03/15/2029 DD 03/08/19	2,000,000.000	2,284,280.00	2,126,140.00	(158,140.00)
K72F71727702	32059FAG4 FIRST INVESTORS AUTO 1A D 144A 1.620% 03/15/2027 DD 01/21/21	1,040,000.000	1,038,781.25	1,035,538.40	(3,242.85)
K72F71727702	38137YAW1 GOLDENTREE LOAN MAN 4A DR 144A VAR RT 04/24/2031 DD 05/14/21	1,000,000.000	1,000,000.00	1,000,000.00	0.00
K72F71727702	446150AS3 HUNTINGTON BANCSHARES INC/OH 2.550% 02/04/2030 DD 02/04/20	1,750,000.000	1,835,470.00	1,778,280.00	(57,190.00)
K72F71727702	44891ABD8 HYUNDAI CAPITAL AMERICA 144A 3.500% 11/02/2026 DD 10/31/19	1,150,000.000	1,149,712.50	1,222,829.50	73,117.00
K72F71727702	45780RAA9 INSTALLED BUILDING PRODUC 144A 5.750% 02/01/2028 DD 09/26/19	1,300,000.000	1,389,375.00	1,352,000.00	(37,375.00)
K72F71727702	46625HJM3 JPMORGAN CHASE & CO 5.625% 08/16/2043 DD 08/21/13	2,000,000.000	2,354,361.87	2,803,740.00	449,378.13
K72F71727702	50187TAF3 LGI HOMES INC 144A 4.000% 07/15/2029 DD 06/28/21	775,000.000	780,812.50	772,093.75	(8,718.75)
K72F71727702	546347AM7 LOUISIANA-PACIFIC CORP 144A 3.625% 03/15/2029 DD 03/11/21	1,500,000.000	1,500,000.00	1,529,895.00	29,895.00
K72F71727702	576323AP4 MASTEC INC 144A 4.500% 08/15/2028 DD 08/04/20	1,300,000.000	1,333,640.00	1,350,375.00	16,735.00
K72F71727702	703343AC7 PATRICK INDUSTRIES INC 144A 7.500% 10/15/2027 DD 09/17/19	1,070,000.000	1,164,962.50	1,139,550.00	(25,412.50)
K72F71727702	74251VAN2 PRINCIPAL FINANCIAL GROUP INC 4.300% 11/15/2046 DD 11/10/16	1,300,000.000	1,292,381.37	1,592,266.00	299,884.63
K72F71727702	743315AS2 PROGRESSIVE CORP/THE 4.125% 04/15/2047 DD 04/06/17	1,400,000.000	1,398,347.71	1,701,084.00	302,736.29
K72F71727702	74348TAV4 PROSPECT CAPITAL CORP 3.364% 11/15/2026 DD 05/27/21	610,000.000	602,442.10	609,347.30	6,905.20
K72F71727702	754730AF6 RAYMOND JAMES FINANCIAL INC 4.950% 07/15/2046 DD 07/12/16	2,240,000.000	2,375,056.63	2,859,897.60	484,840.97
K72F71727702	78572XAG6 SABRA HEALTH CARE LP 3.900% 10/15/2029 DD 10/07/19	1,142,000.000	1,197,466.94	1,196,770.32	(696.62)
K72F71727702	80284YAG9 SANTANDER DRIVE AUTO RECEI 3 D 3.200% 11/15/2023 DD 09/20/17	520,180.890	515,141.64	520,690.67	5,549.03
K72F71727702	80285TAH7 *SANTANDER DRIVE AUTO 1 E 144A 4.370% 05/15/2025 DD 01/24/18	1,250,000.000	1,285,986.33	1,259,212.50	(26,773.83)
K72F71727702	810186AS5 SCOTTS MIRACLE-GRO CO/THE 4.500% 10/15/2029 DD 10/22/19	1,140,000.000	1,195,575.00	1,188,450.00	(7,125.00)
K72F71727702	842587DJ3 SOUTHERN CO/THE VAR RT 09/15/2051 DD 05/06/21	1,000,000.000	1,000,000.00	1,000,000.00	0.00
K72F71727702	892356AA4 TRACTOR SUPPLY CO 1.750% 11/01/2030 DD 10/30/20	2,000,000.000	1,977,480.00	1,874,640.00	(102,840.00)
K72F71727702	896215AH3 TRIMAS CORP 144A 4.125% 04/15/2029 DD 03/29/21	750,000.000	750,000.00	751,875.00	1,875.00
K72F71727702	92343VDU5 VERIZON COMMUNICATIONS INC 5.250% 03/16/2037 DD 03/16/17	1,725,000.000	2,138,292.75	2,245,950.00	107,657.25
K72F71727702	96042FAG9 WESTLAKE AUTOMOBILE 2A E 144A 4.860% 01/16/2024 DD 05/17/18	1,775,000.000	1,842,810.55	1,785,809.75	(57,000.80)
TOTAL CORPORATE DEBT INSTRUMENTS			41,596,136.77	43,619,271.61	2,023,134.84

CORPORATE STOCK - PREFERRED

K72F71727702	060505FP4 BANK OF AMERICA CORP VAR RT 12/31/2049 DD 06/20/19	1,500,000.000	1,584,375.00	1,569,375.00	(15,000.00)
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**Schedule of Investments at End of Plan Year at Historical Cost**

Report ID: M1102

Status: **FINAL**

BNY MELLON

TOTAL FUND 27-813 - K72G00010000**01/01/2021 - 12/31/2021****LOCAL 27-813 LOCAL 1034 INST**

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K72F71727702	48126HAA8	JPMORGAN CHASE & CO VAR RT 12/31/2049 DD 07/29/13	1,000,000.000	1,075,000.00	1,042,500.00	(32,500.00)
K72F71727702	902973718	US BANCORP PFD 4.000% NON-CUMULATIVE	42,300.000	1,057,500.00	1,063,845.00	6,345.00
TOTAL CORPORATE STOCK - PREFERRED				3,716,875.00	3,675,720.00	(41,155.00)
CORPORATE STOCK - COMMON						
K72F71727102	00191U102	ASGN INC	6,177.000	351,781.70	762,241.80	410,460.10
K72F71727102	00912X302	AIR LEASE CORP	13,982.000	486,451.30	618,423.86	131,972.56
K72F71727102	018522300	ALLETE INC	12,438.000	717,060.89	825,261.30	108,200.41
K72F71727102	12504L109	CBRE GROUP INC	8,264.000	224,909.37	896,726.64	671,817.27
K72F71727102	125523100	CIGNA CORP	2,183.000	470,791.23	501,282.29	30,491.06
K72F71727102	12653C108	CNX RESOURCES CORP	23,518.000	249,909.73	323,372.50	73,462.77
K72F71727102	128030202	CAL-MAINE FOODS INC	9,927.000	413,309.77	367,199.73	(46,110.04)
K72F71727102	143130102	CARMAX INC	4,928.000	335,590.52	641,773.44	306,182.92
K72F71727102	22052L104	CORTEVA INC	18,586.000	491,664.42	878,746.08	387,081.66
K72F71727102	228368106	CROWN HOLDINGS INC	8,338.000	462,335.35	922,349.56	460,014.21
K72F71727102	278642103	EBAY INC	6,664.000	177,830.50	443,156.00	265,325.50
K72F71727102	29261A100	ENCOMPASS HEALTH CORP	7,223.000	461,746.64	471,372.98	9,626.34
K72F71727102	298736109	EURONET WORLDWIDE INC	5,896.000	543,399.02	702,626.32	159,227.30
K72F71727102	371901109	GENTEX CORP	19,271.000	335,667.68	671,594.35	335,926.67
K72F71727102	37940X102	GLOBAL PAYMENTS INC	5,193.000	798,089.60	701,989.74	(96,099.86)
K72F71727102	43300A203	HILTON WORLDWIDE HOLDINGS INC	3,027.000	226,588.38	472,181.73	245,593.35
K72F71727102	44891N208	IAC/INTERACTIVECORP	4,309.000	573,292.19	563,229.39	(10,062.80)
K72F71727102	469814107	JACOBS ENGINEERING GROUP INC	5,138.000	329,471.36	715,363.74	385,892.38
K72F71727102	50540R409	LABORATORY CORP OF AMERICA HOL	2,325.000	223,487.86	730,538.25	507,050.39
K72F71727102	530307305	LIBERTY BROADBAND CORP	3,831.000	442,799.30	617,174.10	174,374.80
K72F71727102	534187109	LINCOLN NATIONAL CORP	3,882.000	114,711.61	264,985.32	150,273.71
K72F71727102	55261F104	M&T BANK CORP	5,356.000	616,745.87	822,574.48	205,828.61
K72F71727102	570535104	MARKEL CORP	588.000	381,002.04	725,592.00	344,589.96
K72F71727102	608190104	MOHAWK INDUSTRIES INC	2,571.000	209,013.31	468,384.78	259,371.47
K72F71727102	62886E108	NCR CORP	15,315.000	446,145.42	615,663.00	169,517.58
K72F71727102	736508847	PORTLAND GENERAL ELECTRIC CO	10,412.000	432,828.17	551,003.04	118,174.87
K72F71727102	750236101	RADIAN GROUP INC	29,123.000	684,685.08	615,368.99	(69,316.09)
K72F71727102	78442P106	SLM CORP	37,836.000	420,275.85	744,234.12	323,958.27
K72F71727102	840441109	SOUTHSTATE CORP	5,463.000	406,038.35	437,640.93	31,602.58
K72F71727102	84790A105	SPECTRUM BRANDS HOLDINGS INC	4,116.000	315,572.48	418,679.52	103,107.04
K72F71727102	87165B103	SYNCHRONY FINANCIAL	9,836.000	259,669.69	456,292.04	196,622.35
K72F71727102	874054109	TAKE-TWO INTERACTIVE SOFTWARE	2,200.000	347,724.82	390,984.00	43,259.18
K72F71727102	896522109	TRINITY INDUSTRIES INC	27,725.000	688,841.05	837,295.00	148,453.95
K72F71727102	98956P102	ZIMMER BIOMET HOLDINGS INC	3,481.000	306,591.13	442,226.24	135,635.11
K72F71727102	G3075P101	ENSTAR GROUP LTD	2,202.000	272,352.26	545,193.18	272,840.92
K72F71727102	G8060N102	SENSATA TECHNOLOGIES HOLDING P	11,425.000	454,136.69	704,808.25	250,671.56
K72F71727102	N22717107	CORE LABORATORIES NV	9,551.000	356,958.97	213,082.81	(143,876.16)



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Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K72F71727202 00724F101	ADOBE INC	2,500.000	277,819.55	1,417,650.00	1,139,830.45
K72F71727202 02079K305	ALPHABET INC	1,086.000	761,213.89	3,146,185.44	2,384,971.55
K72F71727202 023135106	AMAZON.COM INC	717.000	1,441,540.91	2,390,721.78	949,180.87
K72F71727202 053015103	AUTOMATIC DATA PROCESSING INC	3,075.000	453,808.07	758,233.50	304,425.43
K72F71727202 101137107	BOSTON SCIENTIFIC CORP	16,080.000	640,644.12	683,078.40	42,434.28
K72F71727202 30303M102	META PLATFORMS INC	6,975.000	855,002.33	2,346,041.25	1,491,038.92
K72F71727202 339041105	FLEETCOR TECHNOLOGIES INC	3,000.000	767,040.34	671,520.00	(95,520.34)
K72F71727202 37940X102	GLOBAL PAYMENTS INC	4,042.000	775,649.40	546,397.56	(229,251.84)
K72F71727202 461202103	INTUIT INC	1,925.000	399,771.19	1,238,198.50	838,427.31
K72F71727202 49271V100	KEURIG DR PEPPER INC	15,270.000	526,530.60	562,852.20	36,321.60
K72F71727202 57636Q104	MASTERCARD INC	1,325.000	464,579.68	476,099.00	11,519.32
K72F71727202 594918104	MICROSOFT CORP	9,125.000	705,555.02	3,068,920.00	2,363,364.98
K72F71727202 61174X109	MONSTER BEVERAGE CORP	9,600.000	689,730.96	921,984.00	232,253.04
K72F71727202 64110L106	NETFLIX INC	2,340.000	1,216,865.34	1,409,709.60	192,844.26
K72F71727202 64125C109	NEUROCRINE BIOSCIENCES INC	5,300.000	500,935.75	451,401.00	(49,534.75)
K72F71727202 67066G104	NVIDIA CORP	3,950.000	536,795.03	1,161,734.50	624,939.47
K72F71727202 70450Y103	PAYPAL HOLDINGS INC	7,940.000	684,623.15	1,497,325.20	812,702.05
K72F71727202 808513105	CHARLES SCHWAB CORP/THE	23,325.000	1,749,624.94	1,961,632.50	212,007.56
K72F71727202 911312106	UNITED PARCEL SERVICE INC	4,425.000	888,616.95	948,454.50	59,837.55
K72F71727202 91324P102	UNITEDHEALTH GROUP INC	1,725.000	551,249.28	866,191.50	314,942.22
K72F71727202 92826C839	VISA INC	5,800.000	320,510.83	1,256,918.00	936,407.17
K72F71727202 98978V103	ZOETIS INC	2,625.000	166,229.67	640,578.75	474,349.08
K72F71727202 G0403H108	AON PLC	2,255.000	426,406.77	677,762.80	251,356.03
K72F71727202 G5494J103	LINDE PLC	2,305.000	729,981.28	798,521.15	68,539.87
K72F71727302 000957100	ABM INDUSTRIES INC	14,670.000	459,807.35	599,269.50	139,462.15
K72F71727302 001744101	AMN HEALTHCARE SERVICES INC	6,495.000	284,663.29	794,533.35	509,870.06
K72F71727302 00653Q102	ADAPTHEALTH CORP	26,150.000	574,867.35	639,629.00	64,761.65
K72F71727302 006739106	ADDUS HOMECARE CORP	7,235.000	592,927.06	676,544.85	83,617.79
K72F71727302 02208R106	ALTRA INDUSTRIAL MOTION CORP	11,600.000	365,690.43	598,212.00	232,521.57
K72F71727302 039653100	ARCOSA INC	9,395.000	377,003.49	495,116.50	118,113.01
K72F71727302 043436104	ASBURY AUTOMOTIVE GROUP INC	4,086.000	786,368.48	705,774.78	(80,593.70)
K72F71727302 05368V106	AVIENT CORP	13,620.000	567,667.14	762,039.00	194,371.86
K72F71727302 077454106	BELDEN INC	9,630.000	637,169.91	632,979.90	(4,190.01)
K72F71727302 109641100	BRINKER INTERNATIONAL INC	9,320.000	607,445.30	341,018.80	(266,426.50)
K72F71727302 109696104	BRINK'S CO/THE	12,650.000	600,237.72	829,460.50	229,222.78
K72F71727302 124805102	CBIZ INC	19,810.000	540,414.65	774,967.20	234,552.55
K72F71727302 126600105	CVB FINANCIAL CORP	45,125.000	874,932.08	966,126.25	91,194.17
K72F71727302 12740C103	CADENCE BANK	41,865.000	1,030,306.93	1,247,158.35	216,851.42
K72F71727302 147448104	CASELLA WASTE SYSTEMS INC	9,465.000	348,287.38	808,500.30	460,212.92
K72F71727302 153527205	CENTRAL GARDEN & PET CO	14,610.000	479,902.11	699,088.50	219,186.39
K72F71727302 28618M106	ELEMENT SOLUTIONS INC	30,550.000	731,139.92	741,754.00	10,614.08
K72F71727302 29415F104	ENVISTA HOLDINGS CORP	11,140.000	319,092.57	501,968.40	182,875.83
K72F71727302 296315104	ESCO TECHNOLOGIES INC	7,020.000	337,983.82	631,729.80	293,745.98



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K72F71727302	346375108 FORMFACTOR INC	15,590.000	591,754.31	712,774.80	121,020.49
K72F71727302	349853101 FORWARD AIR CORP	10,495.000	717,840.89	1,270,839.55	552,998.66
K72F71727302	359694106 HB FULLER CO	11,490.000	583,625.02	930,690.00	347,064.98
K72F71727302	374689107 GIBRALTAR INDUSTRIES INC	11,730.000	511,374.54	782,156.40	270,781.86
K72F71727302	37637Q105 GLACIER BANCORP INC	21,845.000	836,416.71	1,238,611.50	402,194.79
K72F71727302	415864107 HARSCO CORP	35,810.000	539,932.65	598,385.10	58,452.45
K72F71727302	440327104 HORACE MANN EDUCATORS CORP	14,160.000	357,027.17	547,992.00	190,964.83
K72F71727302	44925C103 ICF INTERNATIONAL INC	8,120.000	651,060.40	832,706.00	181,645.60
K72F71727302	44930G107 ICU MEDICAL INC	2,721.000	411,210.07	645,802.14	234,592.07
K72F71727302	453836108 INDEPENDENT BANK CORP	15,340.000	758,565.73	1,250,670.20	492,104.47
K72F71727302	45780R101 INSTALLED BUILDING PRODUCTS IN	5,372.000	696,415.61	750,575.84	54,160.23
K72F71727302	45826H109 INTEGER HOLDINGS CORP	9,300.000	716,094.16	795,987.00	79,892.84
K72F71727302	483007704 KAISER ALUMINUM CORP	6,258.000	501,440.65	587,876.52	86,435.87
K72F71727302	505336107 LA-Z-BOY INC	19,020.000	401,024.14	690,616.20	289,592.06
K72F71727302	511656100 LAKELAND FINANCIAL CORP	7,770.000	297,369.99	622,687.80	325,317.81
K72F71727302	513847103 LANCASTER COLONY CORP	3,718.000	506,876.86	615,700.80	108,823.94
K72F71727302	516544103 LANTHEUS HOLDINGS INC	25,240.000	712,610.60	729,183.60	16,573.00
K72F71727302	55277P104 MGE ENERGY INC	5,720.000	260,869.18	470,470.00	209,600.82
K72F71727302	559663109 MAGNOLIA OIL & GAS CORP	49,835.000	525,913.07	940,386.45	414,473.38
K72F71727302	576485205 MATADOR RESOURCES CO	34,405.000	768,762.30	1,270,232.60	501,470.30
K72F71727302	591520200 METHODE ELECTRONICS INC	11,320.000	383,313.77	556,604.40	173,290.63
K72F71727302	600544100 MILLERKNOLL INC	16,128.000	721,079.26	632,056.32	(89,022.94)
K72F71727302	60783X104 MODIVCARE INC	5,187.000	626,262.00	769,180.23	142,918.23
K72F71727302	68235P108 ONE GAS INC	7,565.000	473,301.94	586,968.35	113,666.41
K72F71727302	68243Q106 1-800-FLOWERS.COM INC	18,860.000	576,521.57	440,758.20	(135,763.37)
K72F71727302	691497309 OXFORD INDUSTRIES INC	8,955.000	671,537.21	909,111.60	237,574.39
K72F71727302	70509V100 PEBBLEBROOK HOTEL TRUST	30,670.000	807,930.99	686,087.90	(121,843.09)
K72F71727302	71375U101 PERFICIENT INC	5,795.000	316,929.18	749,235.55	432,306.37
K72F71727302	71943U104 PHYSICIANS REALTY TRUST	23,435.000	403,703.84	441,281.05	37,577.21
K72F71727302	729132100 PLEXUS CORP	6,690.000	380,563.97	641,504.10	260,940.13
K72F71727302	737630103 POTLATCHDELTIC CORP	11,930.000	645,331.00	718,424.60	73,093.60
K72F71727302	750917106 RAMBUS INC	27,090.000	402,731.65	796,175.10	393,443.45
K72F71727302	816300107 SELECTIVE INSURANCE GROUP INC	12,600.000	650,973.39	1,032,444.00	381,470.61
K72F71727302	816307300 SELECTQUOTE INC	19,160.000	543,229.89	173,589.60	(369,640.29)
K72F71727302	816850101 SEMTECH CORP	4,820.000	202,482.08	428,642.60	226,160.52
K72F71727302	82900L102 SIMPLY GOOD FOODS CO/THE	19,880.000	459,248.61	826,411.60	367,162.99
K72F71727302	830830105 SKYLINE CHAMPION CORP	9,840.000	431,299.30	777,163.20	345,863.90
K72F71727302	840441109 SOUTHSTATE CORP	12,835.000	893,290.27	1,028,211.85	134,921.58
K72F71727302	854231107 STANDEX INTERNATIONAL CORP	6,430.000	467,680.29	711,543.80	243,863.51
K72F71727302	860630102 STIFEL FINANCIAL CORP	14,830.000	808,781.64	1,044,328.60	235,546.96
K72F71727302	87166B102 SYNEOS HEALTH INC	7,690.000	723,464.44	789,609.20	66,144.76
K72F71727302	909907107 UNITED BANKSHARES INC/WV	21,550.000	855,931.98	781,834.00	(74,097.98)
K72F71727302	91734M103 US ECOLOGY INC	10,105.000	345,931.03	322,753.70	(23,177.33)

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K72F71727302	971378104 WILLSCOT MOBILE MINI HOLDINGS	21,365.000	353,245.71	872,546.60	519,300.89
K72F71727302	978097103 WOLVERINE WORLD WIDE INC	23,890.000	637,338.20	688,270.90	50,932.70
K72F71727502	008492100 AGREE REALTY CORP	3,020.000	136,948.97	215,507.20	78,558.23
K72F71727502	015271109 ALEXANDRIA REAL ESTATE EQUITIE	3,585.000	363,133.23	799,311.60	436,178.37
K72F71727502	02665T306 AMERICAN HOMES 4 RENT	15,225.000	437,787.26	663,962.25	226,174.99
K72F71727502	03027X100 AMERICAN TOWER CORP	11,230.000	1,452,504.44	3,284,775.00	1,832,270.56
K72F71727502	03748R747 APARTMENT INVESTMENT AND MANAG	41,136.000	809,671.47	317,569.92	(492,101.55)
K72F71727502	03750L109 APARTMENT INCOME REIT CORP	14,331.000	515,916.00	783,475.77	267,559.77
K72F71727502	101121101 BOSTON PROPERTIES INC	6,410.000	760,790.17	738,303.80	(22,486.37)
K72F71727502	133131102 CAMDEN PROPERTY TRUST	5,860.000	526,622.11	1,047,064.80	520,442.69
K72F71727502	15202L107 CENTERSPACE	6,563.000	485,414.34	727,836.70	242,422.36
K72F71727502	18885T306 CLIPPER REALTY INC	13,500.000	182,250.00	134,190.00	(48,060.00)
K72F71727502	22822V101 CROWN CASTLE INTERNATIONAL COR	11,905.000	1,113,538.72	2,485,049.70	1,371,510.98
K72F71727502	229663109 CUBESMART	7,914.000	224,665.78	450,385.74	225,719.96
K72F71727502	253868103 DIGITAL REALTY TRUST INC	4,360.000	495,224.13	771,153.20	275,929.07
K72F71727502	277276101 EASTGROUP PROPERTIES INC	9,270.000	623,457.74	2,112,169.50	1,488,711.76
K72F71727502	29444U700 EQUINIX INC	2,180.000	903,187.88	1,843,931.20	940,743.32
K72F71727502	29472R108 EQUITY LIFESTYLE PROPERTIES IN	11,720.000	532,612.94	1,027,375.20	494,762.26
K72F71727502	297178105 ESSEX PROPERTY TRUST INC	1,867.000	534,072.27	657,613.41	123,541.14
K72F71727502	30225T102 EXTRA SPACE STORAGE INC	2,139.000	204,647.67	484,975.47	280,327.80
K72F71727502	31154R109 FARMLAND PARTNERS INC	34,551.000	402,565.95	412,884.45	10,318.50
K72F71727502	313747206 FEDERAL REALTY INVESTMENT TRUS	5,369.000	684,533.00	731,902.08	47,369.08
K72F71727502	32054K103 FIRST INDUSTRIAL REALTY TRUST	23,990.000	614,486.52	1,588,138.00	973,651.48
K72F71727502	36467J108 GAMING AND LEISURE PROPERTIES	18,941.000	644,666.30	921,669.06	277,002.76
K72F71727502	421946104 HEALTHCARE REALTY TRUST INC	19,515.000	584,872.36	617,454.60	32,582.24
K72F71727502	44107P104 HOST HOTELS & RESORTS INC	44,440.000	795,127.22	772,811.60	(22,315.62)
K72F71727502	45031U101 ISTAR INC	20,950.000	462,366.50	541,138.50	78,772.00
K72F71727502	46187W107 INVITATION HOMES INC	30,620.000	691,896.97	1,388,310.80	696,413.83
K72F71727502	49803T300 KITE REALTY GROUP TRUST	52,908.000	1,051,945.00	1,152,336.24	100,391.24
K72F71727502	502175102 LTC PROPERTIES INC	11,720.000	457,460.36	400,120.80	(57,339.56)
K72F71727502	65341D102 NEXPOINT RESIDENTIAL TRUST INC	13,035.000	538,514.16	1,092,724.05	554,209.89
K72F71727502	71943U104 PHYSICIANS REALTY TRUST	25,080.000	408,808.01	472,256.40	63,448.39
K72F71727502	73757R102 POSTAL REALTY TRUST INC	14,643.000	190,359.00	289,931.40	99,572.40
K72F71727502	737630103 POTLATCHDELTIC CORP	6,798.000	399,870.60	409,375.56	9,504.96
K72F71727502	74460D109 PUBLIC STORAGE	4,080.000	1,336,299.84	1,528,204.80	191,904.96
K72F71727502	78410G104 SBA COMMUNICATIONS CORP	1,492.000	559,924.47	580,417.84	20,493.37
K72F71727502	78440X804 SL GREEN REALTY CORP	5,346.000	547,159.16	383,308.20	(163,850.96)
K72F71727502	78590A109 SACHEM CAPITAL CORP	137,100.000	624,500.00	800,664.00	176,164.00
K72F71727502	78645L100 SAFEHOLD INC	14,740.000	680,549.34	1,176,989.00	496,439.66
K72F71727502	828806109 SIMON PROPERTY GROUP INC	9,347.000	861,884.77	1,493,370.19	631,485.42
K72F71727502	88146M101 TERRENO REALTY CORP	21,260.000	609,880.19	1,813,265.40	1,203,385.21
K72F71727502	925652109 VICI PROPERTIES INC	27,130.000	600,072.19	816,884.30	216,812.11
K72F71727502	95040Q104 WELLTOWER INC	11,720.000	741,934.10	1,005,224.40	263,290.30



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K72F71727502	962166104 WEYERHAEUSER CO	19,327.000	588,479.04	795,885.86	207,406.82
K72F71727602	001317205 AIA GROUP LTD ADR	17,739.000	319,351.40	715,360.65	396,009.25
K72F71727602	00783V104 ADYEN NV ADR	34,151.000	346,249.57	897,727.34	551,477.77
K72F71727602	009126202 AIR LIQUIDE SA ADR	7,011.000	138,283.70	244,480.58	106,196.88
K72F71727602	015393101 ALFA LAVAL AB ADR	9,574.000	146,240.94	385,334.35	239,093.41
K72F71727602	018820100 ALLIANZ SE ADR	33,014.000	607,050.31	779,592.60	172,542.29
K72F71727602	02319V103 AMBEV SA ADR	89,798.000	394,220.72	251,434.40	(142,786.32)
K72F71727602	049255706 ATLAS COPCO AB ADR	14,916.000	383,858.03	1,030,993.92	647,135.89
K72F71727602	05946K101 BANCO BILBAO VIZCAYA ARGENTARI ADR	56,673.000	420,543.58	332,670.51	(87,873.07)
K72F71727602	088606108 BHP GROUP LTD ADR	10,027.000	677,508.25	605,129.45	(72,378.80)
K72F71727602	12591J207 CSPC PHARMACEUTICAL GROUP LTD ADR	72,921.000	354,402.18	316,914.67	(37,487.51)
K72F71727602	136375102 CANADIAN NATIONAL RAILWAY CO	2,152.000	95,523.15	264,394.72	168,871.57
K72F71727602	171269103 CHUGAI PHARMACEUTICAL CO LTD ADR	19,543.000	228,139.35	316,928.83	88,789.48
K72F71727602	23304Y100 DBS GROUP HOLDINGS LTD ADR	8,207.000	433,102.26	795,282.92	362,180.66
K72F71727602	237545108 DASSAULT SYSTEMES SE ADR	13,821.000	285,124.56	822,169.83	537,045.27
K72F71727602	25243Q205 DIAGEO PLC ADR	1,473.000	231,824.87	324,266.22	92,441.35
K72F71727602	26876F102 ENN ENERGY HOLDINGS LTD ADR	3,471.000	234,504.29	261,428.78	26,924.49
K72F71727602	29429L105 EPIROC AB ADR	19,216.000	187,466.52	486,453.04	298,986.52
K72F71727602	307305102 FANUC CORP ADR	9,336.000	157,901.89	197,661.79	39,759.90
K72F71727602	344419106 FOMENTO ECONOMICO MEXICANO SAB ADR	4,658.000	384,712.28	361,973.18	(22,739.10)
K72F71727602	35952Q106 FUCHS PETROLUB SE ADR	9,148.000	105,932.71	103,820.65	(2,112.06)
K72F71727602	40415F101 HDFC BANK LTD ADR	3,791.000	168,325.67	246,680.37	78,354.70
K72F71727602	40523H106 HAIER SMART HOME CO LTD ADR	18,027.000	282,166.50	304,764.46	22,597.96
K72F71727602	45104G104 ICICI BANK LTD ADR	22,741.000	162,878.29	450,044.39	287,166.10
K72F71727602	45662N103 INFINEON TECHNOLOGIES AG ADR	18,901.000	382,504.76	876,099.15	493,594.39
K72F71727602	500458401 KOMATSU LTD ADR	12,015.000	275,043.35	281,030.85	5,987.50
K72F71727602	501173207 KUBOTA CORP ADR	3,743.000	291,044.30	414,993.90	123,949.60
K72F71727602	502117203 L'OREAL SA ADR	10,465.000	360,486.26	992,406.42	631,920.16
K72F71727602	54338V101 LONZA GROUP AG ADR	7,569.000	199,454.87	632,670.00	433,215.13
K72F71727602	641069406 NESTLE SA ADR	4,469.000	285,167.47	625,065.62	339,898.15
K72F71727602	65479L108 NITORI HOLDINGS CO LTD ADR	19,025.000	294,010.68	284,575.95	(9,434.73)
K72F71727602	670108109 NOVOZYMES A/S ADR	3,459.000	179,735.18	284,115.34	104,380.16
K72F71727602	69343P105 LUKOIL PJSC ADR	4,987.000	419,389.47	436,826.29	17,436.82
K72F71727602	715684106 TELKOM INDONESIA PERSERO TBK P ADR	11,336.000	252,460.66	328,630.64	76,169.98
K72F71727602	72341E304 PING AN INSURANCE GROUP CO OF ADR	14,636.000	327,915.78	210,816.94	(117,098.84)
K72F71727602	767204100 RIO TINTO PLC ADR	6,696.000	363,011.29	448,230.24	85,218.95
K72F71727602	771195104 ROCHE HOLDING AG ADR	15,093.000	460,520.15	784,971.84	324,451.69
K72F71727602	780259107 SHELL PLC ADR	7,874.000	332,105.80	341,337.90	9,232.10
K72F71727602	803054204 SAP SE ADR	4,995.000	405,365.54	699,849.45	294,483.91
K72F71727602	80687P106 SCHNEIDER ELECTRIC SE ADR	20,210.000	389,708.76	792,717.04	403,008.28
K72F71727602	818800104 SGS SA ADR	7,233.000	183,776.06	241,878.75	58,102.69
K72F71727602	824667109 SHIONOGI & CO LTD ADR	22,510.000	319,589.92	397,053.89	77,463.97
K72F71727602	83569C102 SONOVA HOLDING AG ADR	4,096.000	84,231.98	321,691.65	237,459.67



BNY MELLON

Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2021 - 12/31/2021

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K72F71727602	87155N109 SYMRISE AG ADR	11,725.000	159,541.49	434,340.90	274,799.41
K72F71727602	87184P109 SYSMEX CORP ADR	7,165.000	121,167.69	483,766.47	362,598.78
K72F71727602	874039100 TAIWAN SEMICONDUCTOR MANUFACTU ADR	7,739.000	143,610.59	931,079.09	787,468.50
K72F71727602	88032Q109 TENCENT HOLDINGS LTD ADR	12,835.000	664,886.20	752,028.32	87,142.12
K72F71727602	90460M204 UNICHARM CORP ADR	56,580.000	381,244.44	491,227.56	109,983.12
K72F71727602	904767704 UNILEVER PLC ADR	6,279.000	259,654.76	337,747.41	78,092.65
K72F71727602	G5494J103 LINDE PLC	883.000	137,313.83	305,897.69	168,583.86
K72F71727602	G98239109 XP INC	8,749.000	276,032.63	251,446.26	(24,586.37)
K72F71727602	H01301128 ALCON INC	4,720.000	274,844.06	411,206.40	136,362.34
K72F71727602	M22465104 CHECK POINT SOFTWARE TECHNOLOG	4,866.000	441,503.67	567,180.96	125,677.29
K72F71727602	N97284108 YANDEX NV	3,082.000	101,841.16	186,461.00	84,619.84
K72F71727902	002824100 ABBOTT LABORATORIES	9,018.000	735,338.43	1,269,193.32	533,854.89
K72F71727902	00724F101 ADOBE INC	1,968.000	266,732.79	1,115,974.08	849,241.29
K72F71727902	009066101 AIRBNB INC	4,014.000	590,067.11	668,290.86	78,223.75
K72F71727902	016255101 ALIGN TECHNOLOGY INC	647.000	110,892.62	425,195.46	314,302.84
K72F71727902	02079K107 ALPHABET INC	643.000	596,247.16	1,860,578.37	1,264,331.21
K72F71727902	02079K305 ALPHABET INC	229.000	212,493.68	663,422.16	450,928.48
K72F71727902	023135106 AMAZON.COM INC	601.000	2,027,342.27	2,003,938.34	(23,403.93)
K72F71727902	052769106 AUTODESK INC	2,734.000	503,196.48	768,773.46	265,576.98
K72F71727902	256163106 DOCUSIGN INC	2,282.000	334,873.31	347,571.42	12,698.11
K72F71727902	30303M102 META PLATFORMS INC	4,202.000	629,044.14	1,413,342.70	784,298.56
K72F71727902	366651107 GARTNER INC	2,088.000	242,318.04	698,060.16	455,742.12
K72F71727902	452327109 ILLUMINA INC	1,112.000	347,037.18	423,049.28	76,012.10
K72F71727902	46120E602 INTUITIVE SURGICAL INC	1,437.000	332,539.30	516,314.10	183,774.80
K72F71727902	55354G100 MSCI INC	609.000	140,535.93	373,128.21	232,592.28
K72F71727902	57636Q104 MASTERCARD INC	3,210.000	668,514.08	1,153,417.20	484,903.12
K72F71727902	594918104 MICROSOFT CORP	3,888.000	323,335.58	1,307,612.16	984,276.58
K72F71727902	64110L106 NETFLIX INC	1,078.000	591,103.27	649,430.32	58,327.05
K72F71727902	654106103 NIKE INC	3,077.000	170,661.81	512,843.59	342,181.78
K72F71727902	70450Y103 PAYPAL HOLDINGS INC	2,738.000	249,873.90	516,332.04	266,458.14
K72F71727902	79466L302 SALESFORCE INC	4,251.000	769,469.25	1,080,306.63	310,837.38
K72F71727902	81762P102 SERVICENOW INC	1,331.000	358,278.13	863,965.41	505,687.28
K72F71727902	855244109 STARBUCKS CORP	5,103.000	324,434.48	596,897.91	272,463.43
K72F71727902	91324P102 UNITEDHEALTH GROUP INC	1,588.000	478,312.55	797,398.32	319,085.77
K72F71727902	92826C839 VISA INC	4,158.000	379,638.29	901,080.18	521,441.89
K72F71727902	98978V103 ZOETIS INC	4,158.000	305,865.57	1,014,676.74	708,811.17
K72F71727902	G1151C101 ACCENTURE PLC	2,512.000	303,742.51	1,041,349.60	737,607.09

TOTAL CORPORATE STOCK - COMMON

120,089,350.74

186,868,586.74

66,779,236.00

PARTNERSHIP/JOINT VENTURE INTEREST

K72F71720702	99VVBML49	ENTRUST CAPITAL DIVERSIFIED FUND LTD CLASS X \ SERIES	772.200	72,379.78	66,058.17	(6,321.61)
K72F71721102	99VVBHRH92	ENTRUST SPEC OPP III LTD CL A	400,929.000	294,656.82	400,929.00	106,272.18



BNY MELLON

Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2021 - 12/31/2021

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K72F71727402	99VVBME05 PINEHURST INSTITUTIONAL FUND LIMITED PARTNERSHIP	17,491.821	25,300,281.52	44,109,299.01	18,809,017.49
K72F71727802	99VVBME13 BOYD WATTERSON GSA FUND LP	27,475,471.000	24,000,000.00	27,475,471.00	3,475,471.00
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			49,667,318.12	72,051,757.18	22,384,439.06
COMMON/COLLECTIVE TRUST					
K72F71720702	99VVBPGS5 ENTRUST CAPITAL DIVERSIFIED FD QP LTD CL X SER 12/31/17	760.610	71,504.71	65,648.89	(5,855.82)
TOTAL COMMON/COLLECTIVE TRUST			71,504.71	65,648.89	(5,855.82)
REGISTERED INVESTMENT COMPANIES					
K72F10010002	999592116 DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	3,968,471.630	3,968,471.63	3,968,471.63	0.00
K72F71720102	999592116 DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	3,017,558.440	3,017,558.44	3,017,558.44	0.00
K72F71727102	464287473 ISHARES RUSSELL MID-CAP VALU	5,795.000	489,697.31	709,192.10	219,494.79
K72F71727102	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	538,656.120	538,656.12	538,656.12	0.00
K72F71727202	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	928,408.920	928,408.92	928,408.92	0.00
K72F71727302	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	599,903.230	599,903.23	599,903.23	0.00
K72F71727502	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	1,950,596.540	1,950,596.54	1,950,596.54	0.00
K72F71727602	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	879,259.740	879,259.74	879,259.74	0.00
K72F71727702	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	4,691,477.520	4,691,477.52	4,691,477.52	0.00
K72F71727902	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	222,545.820	222,545.82	222,545.82	0.00
K72F71728102	922908744 VANGUARD VALUE ETF	274,028.000	30,299,245.84	40,312,259.08	10,013,013.24
K72F71728102	996226858 FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	246,816.780	246,816.78	246,816.78	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			47,832,637.89	58,065,145.92	10,232,508.03
GRAND TOTAL			367,208,101.60	469,573,605.59	102,365,503.99

0.00C

102,365,503.99 I

Schedule H, line 4i - Schedule of Assets (Held At End Of Year):

12/31/2021

Plan Sponsor: 013028-01

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor of similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	SIA-CAC Sel Mid Cap Val (NFJ/Systematic) - I	8,654,073	15,796,398
*	MassMutual	SIA-CB Invesco Real Estate Fund - Y	0	0
*	MassMutual	SIA-EV Premier High Yield (Barings) - I	31,444,031	45,727,733
*	MassMutual	SIA-FQ Prem Short-Duration Bond (Barings) - I	6,134,776	6,114,721
*	MassMutual	SIA-IA Sel Sm Cp Gr (W&R/Wllngtn/Tmbrln) - I	13,749,231	38,144,536
*	MassMutual	SIA-IH Select Overseas (MFS/Harris) - I	15,197,830	26,159,182
*	MassMutual	SIA-KY Select Fundamental Val (Wellington) - I	0	0
*	MassMutual	SIA-Q1 Babson LDI - Long Government Credit Fund	37,511,660	59,627,676
*	MassMutual	SIA-QY Prem OpnhmrFds Strat Emrg Mkts - I	18,719,402	31,024,249
*	MassMutual	SIA-QZ Select Total Return Bond - I	10,201,757	12,475,742
*	MassMutual	SIA-SH Select Overseas (MFS/Harris) - R5	0	0
*	MassMutual	SIA-UH Select Mid Cap Gr (TRP/Frontier)	15,580,393	37,874,405
*	MassMutual	SIA-WN Equity (Calvert) - A	0	0
*	MassMutual	SIA-WW AllianzGI Small Cap Value Fund-A	0	0
*	MassMutual	SIA-WZ MM Select Pimco Total Ret - A	0	0
*	MassMutual	SIA-Y Prem Inflat-Prot and Incm (Barings) - SVC	0	0
*	MassMutual	SIA-YE Premier Core Bond Fd (Barings) Y	0	0
*	MassMutual	SIA-YF Prem Short-Duration Bond (Barings) - SVC	0	0
*	MassMutual	SIA-YG MM Premier U.S. Govt Money Market Fd - R5	0	0
*	MassMutual	SIA-YK Select Fundamental Val (Wellington) - SVC	0	0
*	MassMutual	SIA-YT Select Mid Cap Gr (TRP/Frontier)	0	0
				\$272,944,642



NURSES AND LOCAL 813 IBT RETIREMENT PLAN

SCHEDULE H (FORM 5500) 2021, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 13-3628926
Plan No. 001

Market Value per BNYM custodian report	\$469,573,606
Market Value per Mass Mutual	272,944,642
Updated Market Values Adjustments to BNYM report Pinehurst Institutional Fund LP	<u>(627,555)</u>
	<u>\$741,890,693</u>

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age	Pension Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	
Under 25	4	32	1								37
25 to 29	43	156	42	5							246
30 to 34	37	91	97	26	5						256
35 to 39	36	67	52	51	36	5					247
40 to 44	21	40	57	52	71	35	1				277
45 to 49	20	44	44	55	69	87	24	5			348
50 to 54	34	30	23	57	98	100	58	60	3		463
55 to 59	17	40	28	51	84	85	60	97	70	6	538
60 to 64	17	16	28	43	69	53	49	87	89	87	538
65 to 69	4	2	6	18	29	22	19	25	24	58	207
70 & up	1	2	4	6	4	8	8	5	2	5	45
Total	234	520	382	364	465	395	219	279	188	156	3,202

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 3 – Withdrawal Liability Amounts

<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>
\$1,175.00	1/15/2021	\$2,084.00	6/30/2021
2,084.00	2/4/2021	1,175.00	7/14/2021
1,175.00	2/23/2021	2,084.00	7/28/2021
2,084.00	3/4/2021	4,397.37	8/11/2021
1,175.00	3/12/2021	2,084.00	9/2/2021
2,084.00	3/26/2021	356.48	10/6/2021
2,084.00	3/30/2021	2,084.00	10/22/2021
1,175.00	4/20/2021	2,084.00	10/27/2021
2,084.00	4/30/2021	2,084.00	12/10/2021
1,175.00	5/7/2021	2,084.00	12/29/2021
2,084.00	6/9/2021		

Unless otherwise noted, contributions are paid in substantially equal monthly installments pursuant to collective bargaining agreements. The interest credited to the Funding Standard Account is therefore assumed to be equivalent to a July 1 contribution date.

The source of contributions for the Plan Year ending December 31, 2021, was a draft Fund auditor's report and payment schedules provided by the Fund office.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
1. <u>Amortization Charges</u>				
(a) Assumption change	1/1/1993	2.00	\$239,595	\$124,128
(b) Plan amendment	1/1/1993	2.00	418,738	216,937
(c) Plan amendment	1/1/1994	3.00	504,081	180,315
(d) Plan amendment	1/1/1995	4.00	23,103	6,417
(e) Assumption change	1/1/1996	5.00	213,050	48,985
(f) Plan amendment	1/1/1996	5.00	168,251	38,684
(g) Plan amendment	1/1/1997	6.00	1,065,775	211,217
(h) Plan amendment	1/1/1998	7.00	109,596	19,248
(i) Plan amendment #2	1/1/1998	7.00	1,122,495	197,142
(j) Assumption change	1/1/1999	8.00	247,570	39,318
(k) Plan amendment	1/1/1999	8.00	1,549,998	246,164
(l) Plan amendment	1/1/2000	9.00	832,292	121,373
(m) Plan amendment	1/1/2001	10.00	177,986	24,121
(n) Plan amendment	1/1/2002	11.00	912,944	116,090
(o) Plan amendment	1/1/2003	12.00	580,677	69,831
(p) Plan amendment	1/1/2004	13.00	188,323	21,559
(q) Assumption change	1/1/2006	15.00	720,023	75,879
(r) Plan amendment	1/1/2006	15.00	703,368	74,123
(s) Actuarial loss	1/1/2007	1.00	155,114	155,114
(t) Plan amendment	1/1/2007	16.00	709,681	72,217
(u) Actuarial loss	1/1/2008	2.00	145,628	75,446
(v) Plan amendment	1/1/2008	2.00	64,802	33,572
(w) Actuarial loss	1/1/2009	3.00	775,090	277,257
(x) Plan amendment	1/1/2009	3.00	67,188	24,034
(y) Actuarial loss	1/1/2010	4.00	710,863	197,433
(z) Actuarial loss	1/1/2011	5.00	1,026,581	236,032
(aa) Actuarial loss	1/1/2016	10.00	2,833,237	383,965
(ab) Change in asset method	1/1/2016	5.00	3,488,636	802,110
(ac) Plan amendment	1/1/2016	10.00	2,630,837	356,536
(ad) Actuarial loss	1/1/2019	13.00	1,313,807	150,402
(ae) Assumption change	1/1/2019	13.00	560,926	64,214
(af) Actuarial loss	1/1/2020	14.00	472,527	51,779
(ag) Assumption change	1/1/2020	14.00	<u>1,909,189</u>	<u>209,207</u>
Total			\$26,641,971	\$4,920,849
2. <u>Amortization Credits</u>				
(a) Assumption change	1/1/1998	7.00	\$749,946	\$131,712
(b) Assumption change	1/1/2007	16.00	86	9
(c) Change in funding method	1/1/2008	2.00	160,837	83,325
(d) Actuarial gain	1/1/2012	6.00	473,194	93,778
(e) Assumption change	1/1/2012	6.00	431,581	85,531

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (cont'd)

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
(f) Actuarial gain	1/1/2013	7.00	\$773,230	\$135,801
(g) Assumption change	1/1/2013	7.00	7,232	1,270
(h) Actuarial gain	1/1/2014	8.00	316,505	50,266
(i) Assumption change	1/1/2015	9.00	1,979,889	288,727
(j) Actuarial gain	1/1/2015	9.00	1,051,039	153,273
(k) Steward plans merger	12/15/2015	9.96	11,090,025	1,507,225
(l) MNA merger	12/31/2015	10.00	2,580,355	349,694
(m) Actuarial gain	1/1/2017	11.00	3,496,348	444,597
(n) Actuarial gain	1/1/2018	12.00	2,674,561	321,639
(o) Actuarial gain	1/1/2021	15.00	692,619	72,991
Total			\$26,477,447	\$3,719,838
3. <u>Net Amortization Charges and Credits</u>				
(a) Total amortization charges			\$26,641,971	\$4,920,849
(b) Total amortization credits			<u>(26,477,447)</u>	<u>(3,719,838)</u>
(c) Net amortization charges and credits			\$164,524	\$1,201,011
4. Credit Balance on January 1, 2021				
			<u>\$37,615,964</u>	
5. Unfunded Actuarial Accrued Liability: (3) – (4)				
			<u>(\$37,451,440)</u>	
6. <u>Unfunded Actuarial Accrued Liability</u>				
(a) Actuarial accrued liability			\$632,761,655	
(b) Actuarial value of assets			<u>(670,213,095)</u>	
(c) Unfunded liability			<u>(\$37,451,440)</u>	
(d) Unfunded liability with balance equation minimum			<u>(\$37,451,440)</u>	

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Current liability interest rate and mortality table.

The interest rate and mortality table used to determine the RPA '94 current liability were changed to comply with the requirements of Code Section 431(c).

N:\Fact\Local 813-1034 Severance\gov forms\2021\Sch MB\Nurses L813 Sch MB attachments v2022 09 28 v01.docx

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rate	Valuation	7.50% per annum
	RPA Current Liability	2.43% per annum

The assumed long-term rate of return on assets is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.

Mortality For healthy lives, the RP-2000 Mortality Table with Blue Collar adjustment projected on a fully generational basis by Scale AA.

For disabled lives, the RP-2000 Disabled Retiree Mortality Table projected on a fully generational basis by Scale AA.

The mortality tables, with the fully generational projection, reasonably reflect the projected mortality experience as of the measurement date and provide an allowance for future mortality improvement.

For RPA'94 Current Liability, the tables specified in IRC Section 431(c)(6)(D)(iv)&(v) were used.

Retirement Rates 813 Benefits:

Age	Rate	Age	Rate
55-59	8%	65-69	50%
60-61	20	70+	100
62-64	30		

MNA Benefits:

Age	Rate	Age	Rate
55-59	5%	63-64	15%
60-61	10	65+	100
62	20		

Other Benefits: Participants are assumed to retire at normal retirement age.

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Termination Rates 813 Benefits: Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	17.46%	45	6.21%
25	18.51	50	5.63
30	12.19	55	2.92
35	8.78	60	2.20
40	7.00		

Other Benefits: Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	10.00%	45	5.00%
25	9.00	50	4.00
30	8.00	55	0.00
35	7.00	60	0.00
40	6.00		

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Disability Rates 813 Benefits: Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
20	0.05%
25	0.05
30	0.05
35	0.06
40	0.09
45	0.18
50	0.40
55	0.85
60	1.74

Other Benefits: Rates of disablement were not assumed.

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Future Credited Service 813 and MNA Benefits: Active participants will earn one pension credit in each year of future employment.

Merged Plan Benefits: All benefits are frozen.

This assumption is based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Administrative Expenses \$3,000,000 payable at the beginning of the year.

This assumption is based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Marriage 813 Benefits: 75% of participants are assumed to be married.

Norwood Benefits: 70% of participants are assumed to be married.

Other Benefits: 80% of male participants and 50% of female participants are assumed to be married.

Husbands are assumed to be three years older than wives.

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Form of Payment 813 Benefits: 15% of participants are assumed to elect a life annuity and 85% are assumed to elect a lump sum.

Good Samaritan Benefits: 50% of participants are assumed to elect a life annuity and 50% are assumed to elect a lump sum.

Other Benefits: Participants are assumed to elect a life annuity.

As an approximation of the segment interest rates required by Internal Revenue Code Section 417(e), an interest rate of 3.25% was used to estimate lump sum payments.

These assumptions are based on historical and current data adjusted to reflect estimated future experience and professional judgment.

Future Increases in Maximum Benefits It is assumed that maximum benefit and plan compensation limitations under Internal Revenue Code will not increase in the future.

Benefits Not Included in the Valuation None.

Actuarial Methods

Cost Method The Traditional Unit Credit Cost Method is employed in this valuation. Under this method, an “accrued benefit” is calculated as of the beginning of the year and is projected as of the end of the year for each benefit that may be payable in the future. The “accrued benefit” is based on the plan’s accrual formula and upon service as of the beginning or end of the year. The actuarial accrued liability is the present value of the

Plan Name: Nurses and Local 813 IBT Retirement Plan

EIN/PN: 13-3628926/001

Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

“accrued benefit” as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the “accrued benefit” as of the beginning and the “accrued benefit” projected to the end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Method A Five-Year Weighted Average of Asset Gains/Losses Method is used in this valuation. The actuarial value of assets is determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return on market value of assets and actual market investment return) during each of the previous five years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

Changes in Actuarial Assumptions and Methods since the Last Valuation

The interest rate and mortality table used to determine the RPA '94 Current Liability were changed to comply with the requirements of IRC Code Section 431(c).

There were no other changes in the actuarial assumptions or methods since the last valuation.

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 9f – Explanation of Prior Year Credit Balance Discrepancy

It was discovered that \$488,778 of the contributions reported on the 2020 Schedule MB were double-counted. These changes result in a decrease in the contributions reported on the 2020 Schedule MB from \$15,679,569 to \$15,190,791 and lowers the credit balance from \$38,123,072 (as reported on the 2020 Schedule MB) to \$37,615,964. See the table that follows for the detailed calculations.

	<u>2020 Plan Year</u>	
	<u>Filed 2020 MB</u>	<u>Revised</u>
<u>Funding Standard Account</u>		
Normal Cost	\$7,582,919	\$7,582,919
Amortization Charges	4,920,847	4,920,847
Interest	<u>937,782</u>	<u>937,782</u>
Total Charges	13,441,548	13,441,548
 Credit Balance	 \$29,122,742	 \$29,122,742
Contributions	15,679,569	15,190,791
Amortization Credits	3,732,994	3,732,994
Interest	<u>3,029,315</u>	<u>3,010,985</u>
Total Credits	51,564,620	51,057,512
 Credit Balance	 \$38,123,072	 \$37,615,964

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Schedule MB, line 8b(1) – Summary of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Expected Benefit Payments</u>
2021	\$57,624,989
2022	53,537,261
2023	54,604,583
2024	55,280,301
2025	55,907,259
2026	56,306,667
2027	56,689,333
2028	56,759,562
2029	56,556,658
2030	56,184,832

Plan Name: Nurses and Local 813 IBT Retirement Plan
EIN/PN: 13-3628926/001
Plan Sponsor: Board of Trustees of Nurses and Local 813 IBT Retirement Plan

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefit 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. 1510-0110
1510-0080**2021**This Form Is Open to
Public Inspection**Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

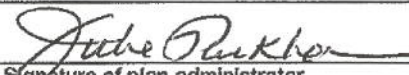
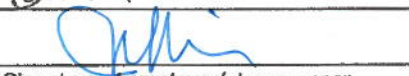
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ 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 NURSES AND LOCAL 813 IBT RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
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) BOARD OF TRUSTEES OF NURSES AND LOCAL 813 IBT RETIR 48-18 VAN DAM STREET, SUITE 201 LONG ISLAND CITY NY 11101	1c Effective date of plan 09/18/1962 2b Employer identification number (EIN) 13-3628926 2c Plan sponsor's telephone number (718) 937-7150 2d Business code (see instructions) 623000

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  Signature of plan administrator	10/12/2022 Date	JULIE PINKHAM Enter name of individual signing as plan administrator
SIGN HERE  Signature of employer/plan sponsor	10/12/2022 Date	JEFFREY DION 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



Single Transactions in Excess of Five Percent of Plan Assets

BNY MELLON

TOTAL FUND 27-813 - K72G00010000

01/01/2021 - 12/31/2021

LOCAL 27-813 LOCAL 1034 INST

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
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5% VALUE : 21,551,658.33

*** NO ACTIVITY FOR THIS PERIOD ***



BNY MELLON

Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

TOTAL FUND 27-813 - K72G00010000

01/01/2021 - 12/31/2021

LOCAL 27-813 LOCAL 1034 INST

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	21,551,658.33								

*** NO ACTIVITY FOR THIS PERIOD ***



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

BNY MELLON

TOTAL FUND 27-813 - K72G00010000

01/01/2021 - 12/31/2021

LOCAL 27-813 LOCAL 1034 INST

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		21,551,658.33					
4	912828Z94	U S TREASURY NOTE 1.500% 02/15/2030 DD 02/15/20	9,800,000.000	0.00	9,908,714.85	10,102,830.60	(194,115.75)
5	912828Z94	U S TREASURY NOTE 1.500% 02/15/2030 DD 02/15/20	17,950,000.000	18,491,167.97	0.00	0.00	0.00
77	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	12,235,050.760	12,235,050.76	0.00	0.00	0.00
71	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	12,235,050.760	0.00	12,235,050.76	12,235,050.76	0.00
642	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	84,120,616.070	84,120,616.07	0.00	0.00	0.00
221	996226858	FIDELITY INV MMKT TREAS 680 VAR RT 12/31/2049 DD 09/22/11	79,734,626.310	0.00	79,734,626.31	79,734,626.31	0.00

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

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

▶ **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 Nurses and Local 813 IBT Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees of Nurses and Local 813 IBT Retirement Plan	D Employer Identification Number (EIN) 13-3628926

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2021**b** Assets

(1) Current value of assets	1b(1)	714,287,743
(2) Actuarial value of assets for funding standard account	1b(2)	670,213,095
c (1) Accrued liability for plan using immediate gain methods	1c(1)	632,761,655
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	632,761,655
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,111,227,599
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	16,016,270
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	57,616,500
(3) Expected plan disbursements for the plan year	1d(3)	57,624,989

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

Jay K. Egelberg

Type or print name of actuary

First Actuarial Consulting, Inc.

Firm name

1501 Broadway
Suite 1728
New York

NY 10036-5601

Address of the firm

10-12-2022

Date

20-04981

Most recent enrollment number
(212) 395-9555

Telephone number (including area code)

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 ☐

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

Schedule MB (Form 5500) 2021
v. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	715,642,334
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	6,029	485,006,998
(2) For terminated vested participants	6,180	466,806,573
(3) For active participants:		
(a) Non-vested benefits		6,525,772
(b) Vested benefits		152,888,256
(c) Total active	3,202	159,414,028
(4) Total	15,411	1,111,227,599
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	64.40 %

3 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
04/16/2021	334,677				
06/30/2021	334,677				
07/01/2021	10,970,407				
10/01/2021	334,677				
12/31/2021	694,885				
			Totals ▶	3(b)	12,669,323
					3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					38,896

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
 b ☐ Entry age normal
 c ☒ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.43 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	AP
(2) Females	6c(2)	AFP
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	60.4 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 692,619	- 72,991

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	7,964,350
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	26,641,971
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	966,390
e Total charges. Add lines 9a through 9d.....	9e	13,851,589

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	37,615,964
g Employer contributions. Total from column (b) of line 3.....	9g	12,669,323
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	26,477,447
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	3,548,647

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	8,738,539
(2) "RPA '94" override (90% current liability FFL)	9j(2)	326,418,373
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	57,553,772
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	43,702,183
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... ☒ Yes ☐ No