

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>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
			1c Effective date of plan	<u>07/01/1994</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>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u> <u>1319 LOCUST STREET</u> <u>PHILADELPHIA, PA 19107-5405</u>		2b Employer Identification Number (EIN)	<u>23-2774706</u>
			2c Plan Sponsor's telephone number	<u>215-735-5720</u>
			2d Business code (see instructions)	<u>622000</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2022</u>	<u>PETER SIDHU</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2381
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2164 6a(2) 1748 6b 516 6c 6d 2264 6e 6f 2264 6g 2264 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 23

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E

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)** ☐ **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 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 PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES	D Employer Identification Number (EIN) 23-2774706	

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	
INVESCO TRUST COMPANY	
46-3793325	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO	650 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660

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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)

PENSION FUND FOR HOSPITAL & HEALTHC

23-2627428

(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?
49 50	RELATED FUND	532797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(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 62	NONE	110337	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ERIC BROOKS

23-2774706

(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?
30 50	EMPLOYEE	72648	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)

DARRELL WILLIAMS II

23-2774706

(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?
30 50	EMPLOYEE	62532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAMELA A. SMITH-STRITE

23-2774706

(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?
30 50	EMPLOYEE	57881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA, LLC

61-1436956

(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	NONE	42750	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)

INNOVATIVE SOFTWARE SOLUTIONS INC

23-2182079

(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 50	NONE	41652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLENNELLE CAMERON-DIXON

12 CARDENTI CT
NEWARK, DE 19702

(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?
16 50	NONE	39443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS LLP

23-0891050

(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	36560	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)

EVELYN ALAMEDA

23-2774706

(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?
30 50	EMPLOYEE	33769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

95-4368962

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 50	NONE	30584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLAIR DEVALIA

23-2774706

(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?
30 50	EMPLOYEE	27648	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)

BERTA SHKODRA

23-2774706

(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?
30 50	EMPLOYEE	27527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK, NATIONAL ASSOCIATION

22-1146430

(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?
24 52 72	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	26562	Yes ☐ No ☒

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

NEW TOWER TRUST COMPANY

20-1641876

(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 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	21817	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)

CYNTHIA JONES-BROOKS

5433 N LAWRENCE ST, 1ST FL
PHILADELPIA, PA 19120

(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?
16 50	NONE	18300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIG WILLIAMS & DAVIDSON

23-2416488

(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	11640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH GRAHAM & CO. INVESTMENT ADV.

76-0301817

(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 50	NONE	8490	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)

BMO ASSET MANAGEMENT

36-3673844

(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 50	NONE	6539	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW TOWER TRUST COMPANY	28 52	21817
(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.	
MULTI EMPLOYER PROPERTY TRUS 52-6218800	INVESTMENT MANAGEMENT FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	24 52 72	26562
(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.	
AFL-CIO BUILDING INVESTMENT 52-6318901	TRUSTEE FEES AND REIMBURSED EXPENSES	
(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>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</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>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u>	D Employer Identification Number (EIN) <u>23-2774706</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>INVESCO STABLE VALUE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>84-1142974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7434909</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEW TOWER MULTI-EMPLOYER PROPERTY T</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3427441</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY PARTICIPATION</u>		
b Name of sponsor of entity listed in (a): <u>MARCO CONSULTING GROUP TRUST</u>		
c EIN-PN <u>27-6230536-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIXED INCOME PARTICIPATION</u>		
b Name of sponsor of entity listed in (a): <u>MARCO CONSULTING GROUP TRUST</u>		
c EIN-PN <u>27-6230536-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTERNATIVE FUND</u>		
b Name of sponsor of entity listed in (a): <u>MARCO CONSULTING GROUP TRUST</u>		
c EIN-PN <u>27-6230536-003</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12524</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PNC BANK NATIONAL ASSOCIATON</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2826649</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES SMALL/MID CAP GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2471794</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **NORTHERN TRUST COLLECTIVE RUSSELL**

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

c EIN-PN 90-6169542-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5897495
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WEDGE QVM LARGE CAP VALUE CIT**

b Name of sponsor of entity listed in (a): **COMERICA BANK & TRUST, NATIONAL ASSOCIATION**

c EIN-PN 85-6492895-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6027732
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SEGALL BRYANT & HAMILL QUALITY HIGH**

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

c EIN-PN 81-0835598-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10085485
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SOUTH LASALLE INTERNATIONAL EQUIT.**

b Name of sponsor of entity listed in (a): **COLUMBIA MANAGEMENT INVESTMENT ADVISERS, LLC**

c EIN-PN 04-3369476-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3327672
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WILLIAM BLAIR INTERNATIONAL LEADERS**

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

c EIN-PN 27-6331814-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3453349
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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>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u>	D Employer Identification Number (EIN) <u>23-2774706</u>	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	367466
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	603656	506907
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	327117	7627
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	302312	6164272
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	2416937
(5) Partnership/joint venture interests	1c(5)	0	14762753
(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)	16892921	44952526
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	45303272	12524
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	23963	64213

		(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	7235 4879
f	Total assets (add all amounts in lines 1a through 1e)	1f	63460476 69260104
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	35647 39551
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	30575 188424
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	66222 227975
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	63394254 69032129

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2468917
	(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)	2468917
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	87
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	87
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	25178
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	173547
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	198725
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	97155714
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	97131653
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	24061
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	534515
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	534515

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4534435
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		66091
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1096052
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8922883
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2436559	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2436559
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)	90950	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	151686	
(4) Other.....	2i(4)	605813	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		848449
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3285008
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5637875
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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 _____.

**PENSION PLAN FOR NURSING HOME
AND HEALTH CARE EMPLOYEES -
PHILADELPHIA AND VICINITY**

FINANCIAL STATEMENTS

DECEMBER 31, 2021

**PENSION PLAN FOR NURSING HOME
AND HEALTH CARE EMPLOYEES -
PHILADELPHIA AND VICINITY**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Pension Plan for Nursing Home and
Health Care Employees - Philadelphia
And Vicinity

Opinion

We have audited the financial statements of the Pension Plan for Nursing Home and Health Care Employees - Philadelphia and Vicinity (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 accompanying financial statements 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 Pension Plan for Nursing Home and Health Care Employees - Philadelphia and Vicinity 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions 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 the Plan's 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the 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.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
October 11, 2022

**PENSION PLAN FOR NURSING HOME
AND HEALTH CARE EMPLOYEES -
PHILADELPHIA AND VICINITY**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

ASSETS	2021	2020
INVESTMENTS - at fair value		
Limited partnership - real estate	\$ 8,139,998	\$ -
Limited partnerships - other	6,622,755	-
Common collective trusts - equity	14,397,021	-
Common collective trust - fixed income	10,085,485	-
Common collective trusts - international equity	6,781,021	-
Common collective trusts - real estate	6,254,090	6,084,879
Common collective trust - stable value	7,434,909	10,808,042
103-12 Investment entity - alternative	12,524	12,687
103-12 Investment entity - equity	-	20,145,618
103-12 Investment entity - fixed income	-	25,144,967
Common stock	2,416,937	-
Mutual fund - fixed income	5,923,763	-
Money market mutual funds	240,509	302,312
Total investments	68,309,012	62,498,505
RECEIVABLES		
Employer contributions	506,907	603,656
Accrued interest and dividends	1,859	4
Due from related Pension Plan	-	321,345
Due from related Benefit Plan	5,768	5,768
Total receivables	514,534	930,773
PREPAID EXPENSES	64,213	23,963
CASH	367,466	-
PROPERTY AND EQUIPMENT		
Equipment	6,901	6,901
Furniture and fixtures	2,987	2,987
Leasehold improvements	1,329	1,329
	11,217	11,217
Less accumulated depreciation	(6,338)	(3,982)
Net property and equipment	4,879	7,235
Total assets	69,260,104	63,460,476

	<u>2021</u>	<u>2020</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related Pension Plan	\$ 188,424	\$ -
Accrued administrative expenses	39,551	35,647
Cash overdraft	<u>-</u>	<u>30,575</u>
Total liabilities	<u>227,975</u>	<u>66,222</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 69,032,129</u></u>	<u><u>\$ 63,394,254</u></u>

See accompanying notes to financial statements.

**PENSION PLAN FOR NURSING HOME
AND HEALTH CARE EMPLOYEES -
PHILADELPHIA AND VICINITY**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income		
Net appreciation in fair value		
of investments	\$ 6,113,646	\$ 3,894,061
Interest and dividends	<u>340,320</u>	<u>239,245</u>
	6,453,966	4,133,306
Less investment expenses	<u>(151,686)</u>	<u>(75,314)</u>
Investment income - net	6,302,280	4,057,992
 Employer contributions	 <u>2,468,917</u>	 <u>2,935,858</u>
Total additions	<u>8,771,197</u>	<u>6,993,850</u>
DEDUCTIONS		
Benefits paid to participants	<u>2,436,559</u>	<u>4,484,545</u>
Administrative expenses		
Professional fees	90,950	144,140
Allocated administrative expenses	<u>605,813</u>	<u>658,679</u>
Total administrative expenses	<u>696,763</u>	<u>802,819</u>
Total deductions	<u>3,133,322</u>	<u>5,287,364</u>
NET INCREASE	5,637,875	1,706,486
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>63,394,254</u>	<u>61,687,768</u>
End of year	<u><u>\$ 69,032,129</u></u>	<u><u>\$ 63,394,254</u></u>

See accompanying notes to financial statements.

**PENSION PLAN FOR NURSING HOME
AND HEALTH CARE EMPLOYEES -
PHILADELPHIA AND VICINITY**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. DESCRIPTION OF PLAN

The following description of the Pension Plan for Nursing Home and Health Care Employees - Philadelphia and Vicinity (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions; copies of this book are available from the Plan's administrator. In addition, a copy of any collective bargaining agreement may be obtained upon written request to the Plan administrator. The administrator of the Plan is its Board of Trustees.

The Plan is a defined contribution plan covering all employees of participating employers for whom contributions are made in accordance with the collective bargaining agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Each participant's account is credited with the employer's contribution made on behalf of the participant and an allocation of (a) plan earnings, and (b) forfeitures of terminated participants' nonvested accounts are charged against administrative expenses. In accordance with the Plan Document, all amounts that have been forfeited pursuant to Section 3.05 of the Plan Document since the last day of the preceding contribution period and are remaining after the payment of current expenses of the Plan shall be credited to the retirement accounts of all participants according to the proportion that each participant's retirement account bears to the total of all participants' retirement accounts as of the preceding valuation date. There were no forfeitures for the years ended December 31, 2021 and 2020. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting is based on years of continuous service. Amounts that are contributed to a new participant's account for plan years beginning after December 31, 2009 become 100% vested after completion of three years of credited. Those employers who enter the Plan and had a pension fund at their own facility and those participants transferred from the Pension Fund for Hospital and Health Care Employees - Philadelphia and Vicinity will get credit for previous years of service.

Payments made by contributing employers, which are based upon the various agreed upon percentages of gross wages as stated in collective bargaining agreements and amendments thereto with the Pension Fund, are credited to each member's account.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Upon termination of service due to death, disability, or retirement a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or a rollover.

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments in limited partnerships are carried at estimated fair value as provided by the management of the limited partnership. Common collective trusts are commingled investments which are carried at their estimated fair value on the last business day of the year, as established by the trusts. Investments in the common stock, money market mutual fund and mutual fund are carried at fair value as provided by the investment custodian, which generally represents quoted market price or net asset value of the mutual funds as of the last business day of the year. Purchases and sales are recorded on the trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes the Plan gains and losses on investments bought and sold as well as held during the year.

Contributions Receivable - Employer contributions due but not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Payment of Benefits - Benefits are recorded when paid.

Property and Equipment - Property and equipment are recorded at costs. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed as incurred. Depreciation is computed using the straight-line method over the estimated useful life of the assets. Depreciation expense totaled \$2,356 and \$1,272 for the years ended December 31, 2021 and 2020, respectively.

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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants. In the event the Plan terminates, the net assets will be allocated as prescribed by ERISA and its related regulations.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated September 10, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's Trustees and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, Plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. FUNDING POLICY

Employers make contributions to fund the Plan in accordance with the terms of the applicable collective bargaining agreements between the Union and the Employers. Contribution rates range from 2% to 5% of gross payroll of current participants. Benefits are funded by employer contributions and investment income. The monthly contribution rates vary by employer.

Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

In accordance with Subtopic 820 investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Fair Value Measurements at December 31, 2021				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,416,937	\$ 2,416,937	\$ -	\$ -
Mutual fund	5,923,763	-	5,923,763	-
Money market mutual funds	240,509	240,509	-	-
	8,581,209	\$ 2,657,446	\$ 5,923,763	\$ -
Investments Measured at NAV	59,727,803			
Total investments	\$ 68,309,012			

Fair Value Measurements at December 31, 2020				
	Total	Level 1	Level 2	Level 3
Money market mutual funds	\$ 302,312	\$ 302,312	\$ -	\$ -
	302,312	\$ 302,312	\$ -	\$ -
Investments Measured at NAV	62,196,193			
Total investments	\$ 62,498,505			

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information are as follows at December 31, 2021 and 2020:

	<u>2021 Fair Value</u>	<u>2020 Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnership - real estate:					
Boyd Watterson State Government Fund, LP	\$ 8,139,998	\$ -	\$ -	Quarterly	60 Days
Limited partnership - other					
Corbin ERISA					
Opportunity Fund, LP	3,353,667	-	-	Quarterly	65 Days
Institutional Credit Fund, LP	3,269,088	-	-	Quarterly	60 Days
Common collective trust - equity					
Loomis Sayles Small Mid Cap Growth Trust	2,471,794	-	-		
Northern Trust Collective Russell 1000 Growth Index Fund	5,897,495	-	-	Daily	2 Days
Wedge QVM: Large Cap Value CIT	6,027,732	-	-	Daily	30 Days
Common collective trust - fixed income					
Segall Bryant & Hamill Quality High Yield Trust	10,085,485	-	-	Daily	5 Days
Common collective trust - international equity					
South Lasalle International Equities Trust	3,327,672	-	-	Daily	10 Days
William Blair International Leaders CIF	3,453,349	-	-	Daily	2 Days
Common collective trust - real estate:					
AFL - CIO Building Investment Trust	2,826,649	3,203,804	-	Quarterly	One Year
New Tower Multi-Employer Property Trust	3,427,441	2,881,075	-	Quarterly	45 Days
Common collective trust - stable value:					
Invesco Stable Value Trust	7,434,909	10,808,042	-	Daily	One Year
103-12 Investment entity - equity:					
Marco Group Trust Equity Participation Commingled Fund	-	20,145,618	-	Daily	2 Days
103-12 Investment entity - fixed income:					
Marco Consulting Group Trust Fixed Income Participation	-	25,144,967	-	Daily	2 Days
103-12 Investment entity - alternative:					
Marco Consulting Group Trust Alternative Fund	12,524	12,687	-	Monthly	2 Days
	<u>\$ 59,727,803</u>	<u>\$ 62,196,193</u>	<u>\$ -</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The Boyd Watterson State Government Fund’s objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominantly in commercial real estate properties leased to State Governments Tenants. This will include single-tenant, multi-tenant, recently or to-be-constructed build-to-suit properties with the development risk borne by the developers/sellers. Investments undertaken by the Fund may take the form of (i) individual real estate or real estate-related assets or (ii) equity or other interests in entities that own or control such real estate or real estate-related assets (each, an “Investment” and collectively, the “Investments”).

The Plan is a limited partner of the Corbin ERISA Opportunity Fund, L.P. (the Fund). The investment objective of the Fund is to achieve a substantial return on capital through opportunistic investments primarily in a broad range in public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

Institutional Credit Fund, LP (the “Fund”) was organized as a Cayman Islands exempted limited partnership and commenced operations on November 1, 2015. The Institutional Credit Master Fund, LP (the “Master Fund”), which commenced operations on January 1, 2019, is a Cayman Islands exempted limited partnership and the Fund is a Limited Partner thereof. The Fund pursues its stated investment objective by investing substantially all of its partners’ capital in the Master Fund through a “master-feeder” structure. The Master Fund has a stated objective to provide investors with attractive risk-adjusted returns with an emphasis on capital preservation and a view towards liquidity. The majority of the Master Fund’s portfolio is expected to be invested in corporate debt instruments, including bank loans and high yield bonds. The Master Fund may also invest in other instruments, including equities, structured credit instruments, credit default swaps and other derivative products. The portfolio may be hedged to reduce volatility and protect against systemic risk.

The Loomis Sayles Trust Company, LLC Collective Trust for Employee Benefit Plans (the “Collective Trust”), a Massachusetts trust, is divided into separate collective trusts, one of which is the Loomis Sayles Small Mid Cap Growth Trust (the “Trust”). The Trust’s investment objective is long-term capital growth from investments in common stocks or other equity securities and to outperform the Russell 2500 Growth Index over a full market cycle.

The primary objective of the Northern Trust Russell 1000 Growth Index Fund is to approximate the risk and return characteristics of the Russell 1000 Growth Index. This Index is commonly used to represent the large cap segment of the U.S. market with a focus on the “growth” style of investing.

The Wedge QVM Large Cap Value CIT (the Fund) is designed to invest primarily in U.S. equity securities of large cap companies. The Fund was established for the investment and reinvestment of assets of certain eligible employee benefit plans.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Segall Bryant Hamill Quality High Yield Trust is a collective investment fund which is a part of Segall Bryant & Hamill Collective Investment Trust (the “Trust”). The investment objective of the Segall Bryant & Hamill Quality High Yield Trust is to seek to achieve a long-term total rate of return consistent with preservation of capital by investing primarily in below grade fixed income securities.

South LaSalle International Equities Trust (the “Trust”) is a New Hampshire investment trust. The investment objective of the Trust is to provide long-term capital appreciation primarily through investment in equity securities of non- US companies seeking to outperform the Morgan Stanley Capital International EAFE Index.

The William Blair International Leaders Collective Investment Fund (the “Fund”) is a fund formed under the William Blair Collective Investment Trust. The Fund’s objective is to seek long-term capital appreciation by investing in a diversified portfolio of equity securities, including common stocks and other forms of equity investments (e.g., securities convertible into common stocks), issued by companies of all sizes domiciled outside the U.S.

The AFL-CIO Building Trust (BIT) invests in real estate investments meeting the Trust’s investment criteria and objectives. In selecting real estate investments, one of the Trust’s principal objectives is to generate competitive risk-adjusted returns by investing in Real Estate Investments that have the potential to offer the Trust current cash return, long-term capital appreciation, or both. Since the Trust is a commingled real estate investment fund, funds invested in the BIT are not subject to the investment guidelines or policies of the Unitholders.

The NewTower Multi-Employer Property Trust was established as a means for the collective investment in real estate loans and properties by funds of retirement, pension, profit sharing, and other organizations that are exempt from Federal income taxes.

Invesco Stable Value Trust (the “Trust”) is a collective trust fund in the Institutional Retirement Trust (“IRT”). IRT is a Collective Trust of Invesco Trust Company (the “Company” or the “Trustee”), a Texas state trust company. The IRT was established by the Company to be administered as a Collective Trust exclusively for the collective investment and re-investment of assets contributed thereto by eligible pension and profit sharing trust and other eligible entities. The Trust’s primary investment objective is to seek the preservation of principal and to provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity.

NOTE 7. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE 8. RELATED PARTIES

The Plan has common Trustees with the Pension Plan for Hospital and Health Care Workers - Philadelphia and Vicinity (the Pension Plan). Effective April 1, 2016, operating expenses of the Plan are initially paid by the Pension Plan and then reimbursed by the Plan. Shared expenses are allocated based on the assigned responsibilities of the applicable shared expenses. The Plan's portion of shared expenses totaled \$532,797 for the year ended December 31, 2021 and \$589,858 for 2020. At December 31, 2021, the Plan owed the Pension Plan \$193,115 for these shared expenses. At December 31, 2020, the Pension Plan owed the Plan \$322,885 for these shared expenses.

The Plan has common Trustees with the Benefit Fund for Hospital and Health Care Employees - Philadelphia and Vicinity (the Benefit Plan). Salary expenses are allocated based on the employee's assigned responsibilities. The Benefit Plan owed the Plan \$5,768 for these allocated salaries for the years 2021 and 2020.

Certain plan investments are units of common collective trusts managed by Segal Marco Consulting Group (Segal Marco). Segal Marco was the investment consultant until replaced in 2021 by IPS. Certain plan investments are shares of a mutual fund managed by Wells Fargo. Wells Fargo is the investment custodian. These transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedule of assets held at end of year.

The transactions above qualify as party-in-transactions which are exempt from the prohibited transaction rules of the ERISA.

NOTE 9. CASH CONCENTRATION

The Plan places its cash with financial institutions deemed to be credit worthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single bank. At December 31, 2021, the Plan's cash that exceeded of the FDIC insured limit totaled \$117,410.

NOTE 10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**PENSION PLAN FOR NURSING HOME
AND HEALTH CARE EMPLOYEES -
PHILADELPHIA AND VICINITY**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

Schedule H, Line 4i

EIN: 23-2774706

Plan No.: 001

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate		
		Common stock:				
	Abercrombie & Fitch Co	379			\$ 14,209	\$ 13,201
	Advanced Energy Inds Inc	146			16,220	13,295
	AECOM	314			20,937	24,288
	Air Lease Corp	385			17,965	17,028
	Allscripts Healthcare Solutions Inc	1,222			18,957	22,546
	Ameren Corporation	98			8,284	8,723
	American Axle & Mfg Hldgs Inc	1,895			17,905	17,680
	Amerisafe Inc	180			11,313	9,689
	Anthem Inc	66			24,971	30,594
	Ares Commercial Real Estate Co	1,024			15,159	14,889
	Arrow Electrs Inc	169			19,306	22,692
	Atlas Air Worldwide Hldgs Inc	284			19,330	26,730
	Autonation Inc	230			23,472	26,875
	B&G Foods Inc	578			16,779	17,762
	Banc of California Inc	716			12,921	14,048
	Belden Inc	184			7,952	12,094
	Builders Firstsource Inc	307			13,290	26,313
	Capital One Financial Corp	120			17,924	17,411
	Cardinal Health Inc	226			13,620	11,637
	Cathay Bancorp Inc	322			13,086	13,843
	CBRE Group Inc	233			19,828	25,283
	Celanese Corp	99			15,529	16,638
	Centerpoint Energy Inc	624			15,282	17,416
	Chicos Fas Inc	2,614			7,770	14,063
	Cigna Corporation	88			21,894	20,207
	Cirrus Logic Inc	187			13,624	17,208
	Columbia Banking System Inc	293			12,758	9,587
	Commscope Holdings Co Inc	1,400			21,090	15,456
	Comstock Resources, Inc	1,809			15,122	14,635
	Conduent Inc	2,767			22,097	14,776
	Corning Inc	328			14,414	12,211
	Corporate Office Properties	508			14,322	14,209
	Deckers Outdoor Corp	67			22,755	24,543
	Designer Brands Inc	827			14,601	11,752
	Diamondback Energy Inc	166			12,609	17,903
	Diamondback Hospitality Co	1,510			15,249	14,511
	Dicks Sporting Goods Inc	236			19,315	27,138
	Diebold Inc	1,820			26,214	16,471
	Discover Financial Services	147			16,784	16,987
	Dycom Inds Inc Com	301			28,585	28,222

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Eagle Pharmaceuticals Inc		396		\$ 16,328	\$ 20,164
	East West Bancorp Inc		212		16,197	16,680
	Encore Cap Group Inc		363		14,075	22,546
	Enersys		136		12,410	10,752
	Ferro Corp		492		8,358	10,740
	Fifth Third Bancorp		443		17,988	19,293
	First American Financial Corporation		236		15,176	18,462
	First Horizon Corp		443		8,149	7,234
	Foot Locker Inc		287		12,112	12,522
	Fulton Fin Corp		901		15,292	15,317
	GATX Corp		118		11,484	12,294
	Genesco Inc		219		11,039	14,053
	Gentex Corp		503		17,689	17,530
	Goodyear Tire & Rubr Co		811		13,947	17,290
	Green Dot Corp		298		13,032	10,799
	Group 1 Automotive Inc		133		21,956	25,964
	Guess Inc		499		13,516	11,816
	Hewlett Packard Enterprise Co	1,147			18,290	18,088
	Hibbett Inc		349		27,749	25,104
	Hollyfrontier Corporation		315		10,894	10,326
	Hope Bancorp Inc	1,062			15,957	15,622
	Host Hotels & Resorts, Inc		619		11,159	10,764
	Humana Inc		45		19,957	20,874
	Huntington Bancshares Inc		880		13,404	13,570
	Huntsman Corp		498		14,195	17,370
	Integer Holdings Corp		181		17,037	15,492
	Itron Inc		130		11,736	8,908
	Jabil Inc		484		25,416	34,049
	Jetblue Awys Corp		958		18,593	13,642
	Jones Lang LaSalle Inc		111		20,829	29,897
	Juniper Networks Inc		569		14,454	20,319
	Keycorp New		773		16,876	17,879
	Koppers Hldgs Inc		537		17,571	16,808
	LA-Z-BOY Inc		391		17,128	14,197
	Laboratory Crp of Amer Hldgs		57		15,075	17,910
	Lear Corp		75		13,773	13,721
	Ligand Pharmaceuticals Inc		147		21,421	22,706
	Lithia Motors Inc		75		28,689	22,271
	Lumentum Holdings Inc		349		28,728	36,914
	M&T Bank Corporation		89		14,031	13,669
	MDC Hldgs Inc		403		23,768	22,499
	Macy's Inc		743		12,279	19,452
	Mastec Inc		258		26,951	23,808
	Matrix SVC Co	1,313			16,062	9,874
	Nextgen Healthcare Inc	1,217			22,375	21,650
	NN Inc	1,550			17,827	10,455
	Northwest Natural Holding Company		322		17,119	15,707
	Owens & Minor Inc Com		651		23,578	28,318
	Pacwest Bancorp		358		15,641	16,171
	Patterson Cos Inc		474		15,260	13,912
	Pennymac Mortgage Investment Trust		607		12,063	10,519
	Phibro Animal Health Corp		549		13,442	11,211
	Plexus Corp		165		15,189	15,822

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Premier Inc	397			\$ 13,386	\$ 16,344
	Prestige Consumer Healthcare Inc	257			11,184	15,587
	Proassurance Corporation	464			11,644	11,739
	Public SVC Enterprise Group Inc	196			12,332	13,079
	Quanta SVCS Inc	307			29,792	35,201
	Ralph Lauren Corporation	103			13,684	12,243
	Raymond James Finl Inc	192			16,693	19,277
	Realogy Holdings Corp	776			13,032	13,045
	Red Robin Gourmet Burgers Inc	789			22,445	13,042
	Regions Finl Corp New	830			18,049	18,094
	Reliance Stl & Alum Co	101			16,247	16,384
	Scansource Inc	505			15,295	17,715
	Science Applications Internati	160			14,376	13,374
	Select Medical Holdings Corporation	747			28,187	21,962
	Selective Ins Group Inc	227			17,254	18,600
	Silgan Hldgs Inc	357			14,969	15,294
	Skyworks Solutions Inc	145			26,347	22,495
	SL Green Realty Corp	138			10,240	9,895
	Southwest Airlines Co	284			17,758	12,167
	Sprouts Farmers Markets LLC	779			19,949	23,121
	Stanley Black & Decker, Inc	77			15,866	14,524
	Steel Dynamics Inc	310			16,958	19,242
	Stericycle Inc	205			15,620	12,226
	Sterling Bancorp Del	437			11,012	11,270
	Stifel Financial Corp	217			14,984	15,281
	Synaptics Inc	115			16,029	33,294
	Tapestry Inc	552			26,392	22,411
	Tetra Tech Inc New	107			13,530	18,169
	Texas Cap Bancshares Inc	184			12,626	11,086
	Textron Inc	335			21,483	25,862
	The Children's Place Inc	232			18,281	18,395
	The Greenbrier Companies, Inc	354			16,700	16,245
	Triumph Group Inc New	479			8,018	8,876
	TTM Technologies Inc	968			14,394	14,423
	Ultra Clean Hldgs Inc	512			26,336	29,368
	United Bankshares Inc	190			7,469	6,893
	United STS STL Corp New	802			18,443	19,096
	Valero Energy Corp	132			9,848	9,914
	Vishay Intertechnology Inc	833			20,070	18,218
	Washington Federal Inc	360			11,763	12,017
	Webster Finl Corp Waterbury Conn	202			10,775	11,280
	Western Digital Corp	390			26,308	25,432
	Westlake Chem Corp	158			14,926	15,347
	Wex Inc	62			12,841	8,704
	Williams Sonoma Inc	121			20,664	20,465
	Worthington Inds Inc	224			14,671	12,244
	Xperi Holding Corp	771			15,815	14,580
	Zimmer Biomet Holdings, Inc	78			13,785	9,909
	Total common stock				2,345,176	2,416,937
		<u>Limited partnership - real estate:</u>				
	Boyd Watterson State Government Fund LP	6,759			8,000,000	8,139,998

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date
		<u>Limited partnerships - other:</u>		
	Corbin ERISA Opportunity Fund LP	3,150,000	\$ 3,150,000	\$ 3,353,667
	Institutional Credit Fund LP	3,150,000	3,150,000	3,269,088
		Total limited partnerships - other	<u>6,300,000</u>	<u>6,622,755</u>
		<u>Common collective trusts - equity:</u>		
	Loomis Sayles Small/Mid Cap Growth Trust	86,578	2,261,410	2,471,794
	Northern Trust Collective Russell 1000 Growth Index Fd	3,611	4,719,789	5,897,495
	Wedge QVM: Large Cap Value CIT	495,294	5,132,079	6,027,732
		Total common collective trusts - equity	<u>12,113,278</u>	<u>14,397,021</u>
		<u>Common collective trust - fixed income:</u>		
	Segall Bryant & Hamill Quality High Yield Trust Fund	979,173	<u>9,650,000</u>	<u>10,085,485</u>
		<u>Common collective trusts - international equity:</u>		
	South LaSalle International Equities Trust Fund	68,016	3,150,000	3,327,672
	William Blair International Leaders CIF	173,590	3,150,000	3,453,349
		Total common collective trusts - int'l equity	<u>6,300,000</u>	<u>6,781,021</u>
		<u>Common collective trusts - real estate:</u>		
	AFL - CIO Building Investment Trust	331	1,565,006	2,826,649
	Multi-Employer Property Trust	237	1,283,335	3,427,441
		Total common collective trusts - real estate	<u>2,848,341</u>	<u>6,254,090</u>
		<u>Common collective trust - stable value:</u>		
	Invesco Stable Value Trust	7,434,909	<u>7,434,909</u>	<u>7,434,909</u>
		<u>103-12 Investment entity - alternative:</u>		
*	Marco Consulting Group Alternative Trust	1,640	<u>18,368</u>	<u>12,524</u>
		<u>Mutual fund - fixed income:</u>		
	Baird Intermediate Bond Fund	525,622	<u>6,120,742</u>	<u>5,923,763</u>
		<u>Money market mutual fund:</u>		
	Allspring Government Money Market	240,509	<u>240,509</u>	<u>240,509</u>
		Total investments	<u>\$ 61,371,323</u>	<u>\$ 68,309,012</u>

* A party-in-interested as defined by ERISA.

**PENSION PLAN FOR NURSING HOME
AND HEALTH CARE EMPLOYEES -
PHILADELPHIA AND VICINITY**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Schedule H, Line 4j

EIN: 23-2774706

Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction
	Allspring Government Money Market	\$ 96,435,374	N/A	\$ 96,435,374	\$ 96,435,374	N/A
	Allspring Government Money Market	N/A	\$ 96,497,177	96,497,177	96,497,177	\$ -
	Baird International Bond Fund	9,646,187	N/A	9,646,187	9,646,187	N/A
	Baird International Bond Fund	N/A	3,510,488	3,525,445	3,510,488	(14,957)
	Boyd Watterson State Government Fund LP	8,000,000	N/A	8,000,000	8,000,000	N/A
	Baird International Bond Fund					
	Loomis Sayles Small/Mid Cap Growth	2,750,000	N/A	2,750,000	2,750,000	N/A
	Loomis Sayles Small/Mid Cap Growth	N/A	500,000	488,590	500,000	11,410
	Mainstay Mackay High Yield Corporate Bond Fund Class I	15,567,847	N/A	15,567,847	15,567,847	N/A
		N/A	15,530,347	15,567,847	15,530,347	(37,500)
	Northern Trust Collective Russell 1000 Growth Index Fund - Lending	6,050,000	N/A	6,050,000	6,050,000	N/A
		N/A	1,501,379	1,330,211	1,501,379	171,168
	Invesco Stable Value Trust	126,867	N/A	126,867	126,867	N/A
	Invesco Stable Value Trust	N/A	3,500,000	3,500,000	3,500,000	-
*	Marco Consulting Group Fixed Income Participation	N/A	25,085,754	19,348,252	25,085,754	5,737,502
*	Marco Group Equity Trust Participation Commingled Fund	N/A	20,271,085	8,634,740	20,271,085	11,636,345
	Segall Bryant & Hamill Quality High Yield Trust Fund	9,650,000	N/A	9,650,000	9,650,000	N/A
	State Street Equity 500 Index Fund Class K	10,000,000	N/A	10,000,000	10,000,000	N/A
	State Street Equity 500 Index Fund Class K	N/A	10,640,995	10,000,000	10,640,995	640,995
	State Street Global Equity EX U.S. Index Fund Class K	5,500,000	N/A	5,500,000	5,500,000	N/A
		N/A	5,757,145	5,500,000	5,757,145	257,145
	State Street Small/Mid Cap Equity Index Fund Class K	4,250,000	N/A	4,250,000	4,250,000	N/A
		N/A	4,697,349	4,250,000	4,697,349	447,349

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction
	Wedge QVM: Large Cap Value CIT - Share Class A	\$ 6,050,009 N/A	N/A \$ 1,000,000	\$ 6,050,009 917,930	\$ 6,050,009 1,000,000	N/A \$ 82,070

* A party-in-interest as defined by ERISA.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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. 1510-0010
1510-0089**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) _____
- C** If the plan is a collectively-bargained plan, check here ☐ the first return/report ☐ the final return/report
- D** Check box if filing under: ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- E** If the plan is a collectively-bargained plan, check here ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- F** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1994
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) PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES 1319 LOCUST STREET PHILADELPHIA PA 19107-5405	2b Employer Identification Number (EIN) 23-2774706 2c Plan Sponsor's telephone number 215-735-5720 2d Business code (see instructions) 62200

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 	10/14/2022	PETER SIDHU
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**4b** EIN**4d** PN**a** Sponsor's name**c** Plan Name**5** Total number of participants at the beginning of the plan year**5** 2,381**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)** 2,164**a(2)** Total number of active participants at the end of the plan year**6a(2)** 1,748**b** Retired or separated participants receiving benefits**6b** 516**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 2,264**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f** 2,264**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g** 2,264**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** 23**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS