

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>REBEKAH REHAB & EXTENDED CARE CENTER 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>01/01/2007</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>UNITED ODD FELLOW AND REBEKAH HOME</u> <u>1072 HAVEMEYER AVENUE</u> <u>BRONX, NY 10462</u>
2b	Employer Identification Number (EIN) <u>13-1740053</u>
2c	Plan Sponsor's telephone number <u>718-863-6200</u>
2d	Business code (see instructions) <u>623000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2023	MICHAEL FELBERG
	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	130
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)	85
a(2) Total number of active participants at the end of the plan year		6a(2)	81
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	59
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	140
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	18
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan REBEKAH REHAB & EXTENDED CARE CENTER 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ODD FELLOW AND REBEKAH HOME	D Employer Identification Number (EIN) 13-1740053	

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	916-80010	140	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	611732
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	7136187

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	390391
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c	Additions: (1) Contributions deposited during the year	7c(1)	41801	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	6115	
	(4) Transferred from separate account.....	7c(4)	214668	
	(5) Other (specify below)	7c(5)	7087	

▶ LOAN REPAYMENTS; TRANSFERS

(6) Total additions	7c(6)	269671
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	660062
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	26840	
	(2) Administration charge made by carrier.....	7e(2)	4931	
	(3) Transferred to separate account.....	7e(3)	8720	
	(4) Other (specify below)	7e(4)	7840	

▶ FORFEITURE; LOAN WITHDRAWAL

(5) Total deductions	7e(5)	48331
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	611731
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan REBEKAH REHAB & EXTENDED CARE CENTER 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ODD FELLOW AND REBEKAH HOME	D Employer Identification Number (EIN) 13-1740053	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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)

RAYMOND JAMES FIN SERV ADVISORS

TO BE POSED BY IMPAC-TOWER 3 FL
880 CARILLON PKWY
SAINT PETERSBURG, FL 33716

59-2937883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	INVESTMENT ADVISORY	37100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
13	SERVICE PROVIDER	15495	Yes ☒ No ☐	Yes ☒ No ☐	461	Yes ☐ No ☒

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

ECONOMIC GROUP PENSION SVCS

871 MOUNTAIN AVE
SPRINGFIELD, NJ 07081-3456

13-3180178

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 14 37 15 50	TPA	8238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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>REBEKAH REHAB & EXTENDED CARE CENTER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED ODD FELLOW AND REBEKAH HOME</u>	D Employer Identification Number (EIN) <u>13-1740053</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRR MDCAP GR EQ INST</u>				
b Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22621</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS GR R4</u>				
b Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>299366</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRR HI YLD BD PORT K</u>				
b Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37218</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA EMRG MKT COR EQ INST</u>				
b Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32046</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA GLBL REALEST SEC INST</u>				
b Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52957</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA INFL PRTCT SEC INST</u>				
b Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72157</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB GLBL BD I</u>				
b Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>31-4156830-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29168</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: COL SEL LGCAP GR INST2		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30248
a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL MDCAP I		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23794
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EXPLR ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8258
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD INTL GR ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90142
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP VAL INDX ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21965
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP GR INDX ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 313977
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD WLSLY INC ADML		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317589
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US LGCAP VAL INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40984
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TRGT VAL INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGECOX INTL STK		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47134

a Name of MTIA, CCT, PSA, or 103-12 IE: **FED HRMS GOV OBLGTNS PRMR**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39829
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HSSMAN STRAT TTL RTN**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5887
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2020 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52887
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2025 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17452
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2030 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41924
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2035 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26717
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2040 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5567
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2045 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14299
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2050 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41918
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TIAACRF LFCYCIND 2055 INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11939
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAACRF LFCYCIND 2060 INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5345
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAACRF LFCYCINDRTINC		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138912
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30116
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INC R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41070
a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS ALLCAP GR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31765
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAACRF COR PLS BD INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310905
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HI YLD R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59950
a Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 981308
a Name of MTIA, CCT, PSA, or 103-12 IE: FID INTL INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250080
a Name of MTIA, CCT, PSA, or 103-12 IE: FID MDCAP INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372544

a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177290
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR INTL GR INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22202
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS INC FD AM R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 776860
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS CAP INC BLDR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21947
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM BAL R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1602524
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM MUT R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325552
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154277
a Name of MTIA, CCT, PSA, or 103-12 IE: BLK RK CAP APP K		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177
a Name of MTIA, CCT, PSA, or 103-12 IE: BLK RK EQ DIVD INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK EMRG MKT INST			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV GR OPFR INST			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 333	
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMCAP VAL R6			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175	
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM US EQ R5			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182	
a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS LGCAP COR INST			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 361	
a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS MDCAP GR INST			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK TTL RTN K			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21760	
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP GR R6			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 357	
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP VAL R5			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 357	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK STRAT INC OPFR I			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14692	

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMCAP EQ R5

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD 500 INDEX FD AS

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3085
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EXTND MKT INDX ADML

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MID-CAP IDX FD AS

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SM CAP INDX FD AS

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL STMKT INDX FD AS

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD DEVL MKT INDX ADML

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EQ INC ADML

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MDCAP VAL INDX ADML

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD US GR ADML

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LGCAP INDX			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	362
a Name of MTIA, CCT, PSA, or 103-12 IE: FID NSDQ CMPST INDX			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	355
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EMRG MKT EQ R6			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	165
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM GR ADVTG R6			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	177
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MDCAP GR R5			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	340
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD LGCAP INDX ADML			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	363
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MTRLS INDX ADML			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	187
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK COR BD PORT INST			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	177
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK HI YLD BD INST			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	179
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD INFO TECH INDX ADML			
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	372

a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD TAXMGD SMCAP ADML**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID EXTD MKT INDX**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID LG CAP GR INDX**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID SMCAP INDX**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID TTL MKT INDX**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VNGRD HIDIVD YLD INDX ADML**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 367
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLKRK LGCAP FOCS GR INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GDMNSCS EMRG MKT EQ INST**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GDMNSCS GQGPTNRINTLOPPR**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46895
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRNCPL GLBL REALEST R6**

b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE COMPANY**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15620
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAACRF LFCYCIND 2065 INST

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562
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a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US SMCAP VAL INST

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8291
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCOCOMDYREALRTN STRATINST

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15065
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a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD DIVD GR INV

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 01/01/2021 and ending 12/31/2021		
A Name of plan REBEKAH REHAB & EXTENDED CARE CENTER 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ODD FELLOW AND REBEKAH HOME	D Employer Identification Number (EIN) 13-1740053	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	279177	380071
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6276187	7136187
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	390391	611732
(15) Other.....	1c(15)		

		(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	6945755	8127990

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	6286
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	6286

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6945755	8121704
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	365695	
(B) Participants	2a(1)(B)	286103	
(C) Others (including rollovers).....	2a(1)(C)	5507	
(2) Noncash contributions.....	2a(2)		657305
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17161	
(F) Other	2b(1)(F)	6115	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		23276
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		942525
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1623106
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	396392	
(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)		396392
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		4687
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	46078	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		46078
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		447157
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1175949
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: FORVIS LLP

(2) EIN: 44-0160260

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		114816

	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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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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 REBEKAH REHAB & EXTENDED CARE CENTER 401(K) PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ODD FELLOW AND REBEKAH HOME	D Employer Identification Number (EIN) 13-1740053

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



Rebekah Rehab & Extended Care Center 401(k) Plan

EIN 13-1740053 PN 002

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2021 and 2020



Rebekah Rehab & Extended Care Center 401(k) Plan

December 31, 2021 and 2020

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Independent Auditor's Report

Plan Administrator
Rebekah Rehab & Extended Care Center 401(k) Plan
Bronx, New York

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Rebekah Rehab & Extended Care Center 401(k) Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations under ERISA.

FORVIS, LLP

New York, New York
August 3, 2023

Federal Employer Identification Number: 44-0160260

Rebekah Rehab & Extended Care Center 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments		
At fair value	\$ 7,136,187	\$ 6,276,187
At contract value	<u>611,732</u>	<u>390,391</u>
Total investments	7,747,919	6,666,578
Notes receivable from participants	<u>380,071</u>	<u>279,177</u>
Total assets	8,127,990	6,945,755
Liabilities		
Excess contributions payable	<u>6,286</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 8,121,704</u></u>	<u><u>\$ 6,945,755</u></u>

Rebekah Rehab & Extended Care Center 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

Additions

Investment income

Net appreciation in fair value of investments	\$ 942,525
Interest	<u>6,115</u>

Total investment income	<u>948,640</u>
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Interest Income from Notes Receivable from Participants	<u>17,161</u>
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Contributions

Participants	286,103
Employer	365,695
Rollover	<u>5,507</u>

Total contributions	<u>657,305</u>
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Total additions	<u>1,623,106</u>
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Deductions

Benefits paid to participants	401,079
Administrative expenses	<u>46,078</u>

Total deductions	<u>447,157</u>
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Net Increase	1,175,949
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Net Assets Available for Benefits, Beginning of Year	<u>6,945,755</u>
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Net Assets Available for Benefits, End of Year	<u><u>\$ 8,121,704</u></u>
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Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1: Description of Plan

The following description of Rebekah Rehab & Extended Care Center 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document and Summary of Plan Description for a more complete description of the Plan's provisions.

General

The Plan, which became effective January 1, 2007, is a contributory defined contribution plan covering all eligible employees of Rebekah Rehab & Extended Care Center (the Sponsor). The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Employees not covered by a collective bargaining agreement are eligible if they are age 21 years or older and have three months of service; with entry being quarterly.

The Plan Document was restated effective January 1, 2021 to comply with regulatory requirements and updates, but did not materially change the plan provisions.

Contributions

Employees may defer a percentage of eligible compensation as defined in the plan document as 401(k) elective deferral contributions. The total contribution to the Plan may not exceed the dollar limit for tax-deferred contributions set by the Internal Revenue Code (IRC). "Catch-up" contributions are permitted for participants who have attained age 50 before the end of the Plan year.

The Sponsor contributions are Safe Harbor contributions of 3% of the participants' eligible compensation.

The Sponsor shall contribute an additional discretionary matching and profit sharing contributions. Discretionary contributions elected by the Sponsor for the year ended December 31, 2021 were 2% of the participants' eligible compensation.

Upon enrollment in the Plan, a participant may direct contributions in a variety of investment options. Participants may change their investment options at any time.

Participant Investment Account Options

Investment account options available include various annuity contracts and pooled separate accounts. Each participant has the option of directing contributions into any of the investment account options selected by the Sponsor and may change the allocation any time.

Participant Accounts

Each participant's account is credited with the allocations of (a) the participant's contribution, (b) the Sponsor's contribution, and (c) the participant's share of plan earnings and is charged with an allocation of administrative expenses. 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.

Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Vesting

Participants are immediately 100% vested in their voluntary contributions and safe harbor contributions, plus earnings thereon. Vesting in the Sponsor's discretionary contributions is based on years of credited service. A participant is 20% vested after two years of credited service, with an increase of 20% each year for the next four years of credited service with 100% vested after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through monthly payroll deductions. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are deemed as distributions based upon the terms for the plan document. No allowance was recorded as of December 31, 2021 and 2020.

In May 2020, the Plan adopted the CARES Act provisions for loan relief to 1) delay certain required loan repayments for one year and 2) increase loan limits to the lesser of \$100,000 or 100% of the participant's vested balance for coronavirus-related loans. The CARES Act provided for the increased loan limit for coronavirus-related loans issued from March 27, 2020 through September 22, 2020. The one-year suspension of loan repayments applies to qualified participants' loan payments due between March 27, 2020 and December 31, 2020. Following the suspension period, these loans were re-amortized over the remaining period of the loans, plus the suspension period.

Payment of Benefits

On termination of service due to disability or retirement, a participant (or a designated beneficiary) may elect to receive the vested interest in his or her account in lump-sum. If the participant dies before distribution begins, the entire interest earned in the Plan will be distributed to the spouse or the named beneficiary by December 31 of the calendar year immediately following the calendar year of the participant's death. For termination of service resulting from other reasons, a participant may elect to receive the value of the vested interest in his or her account as a lump-sum distribution or maintain his or her vested interest within the Plan. If a participant terminates service and the value of the participant's account balance is not greater than \$5,000, the participant will receive a lump-sum distribution of the value of the entire account balance. In-service withdrawals are available under certain circumstances provided for in the plan document.

In May 2020, the Plan Sponsor implemented *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) provisions for coronavirus-related distributions (CRD). Through December 30, 2020, qualified participants are permitted to take a CRD of up to \$100,000 from the Plan. Participants who take a CRD have the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020.

Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$30,532 and \$17,710, respectively. These accounts will be used to reduce future employer contributions or to pay administrative expenses. In 2021, there were no employer contributions reduced from forfeited nonvested accounts.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Pooled separate accounts are valued at estimated fair value as provided by the custodian. Estimated fair value of the pooled separate accounts is their net asset value (NAV) which is based on the market value of its underlying investments adjusted for amounts receivable and payable. Since the NAV of the pooled separate accounts is determined and published daily and is the basis for current transactions, the NAV is considered a readily-determinable fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. As applicable, interest income is recorded on the accrual basis, and dividend income is accrued on the ex-dividend date. The income or loss of each investment option, including the change in market value of investments, is allocated to participant accounts based on each participant's proportionate interest in the investment option. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Excess Contributions Payable

Amounts payable to the Sponsor for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses are paid by the Plan. Fees for investment management and record-keeping services are recorded as a reduction of investment return.

Note 3: Certification of Plan Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Nationwide Financial Services, Inc. including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank and Nationwide Life Insurance Company, together, "Nationwide", qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020
- Investment income and interest income from notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2021
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2021

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 4: Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities.

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2021 and 2020:

2021				
	Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Total				
Pooled separate accounts	\$ 7,136,187	\$ -	\$ 7,136,187	\$ -
2020				
	Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Total				
Pooled separate accounts	\$ 6,276,187	\$ -	\$ 6,276,187	\$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2021 and 2020. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 5: Fixed Account with Custodian

For the years ended December 31, 2021 and 2020, the Plan entered into a fully benefit-responsive guaranteed investment contract with The Nationwide Life Insurance Company totaling \$611,732 and \$390,391, respectively. The Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified minimum interest rate guaranteed to the Plan.

The guaranteed investment contract is fully benefit-responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by The Nationwide Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligation. The issuer's ability to meet its contractual obligation may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code (the Code) or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Premature termination of the contracts
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the plan sponsor or other plan sponsor events (*e.g.*, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

In addition, certain events allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

The Plan Administrator believes no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that would also limit the ability of the Plan to transact at contract value with the participants.

The fixed accounts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 6: Risks and Uncertainties

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

Note 7: Plan Termination

Although they have not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 8: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan's investments are products of Nationwide, the asset custodian of the Plan. The Plan paid \$46,078 of record-keeping fees to Nationwide during 2021. The Sponsor provides certain administrative services at no cost to the Plan.

Rebekah Rehab & Extended Care Center 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 9: Nonexempt Transactions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Sponsor remitted all employee contributions to the Plan, contributions of \$41,027 were not remitted within the required time period for the year ended December 31, 2021. In accordance with the Form 5500 filing requirement, there were also contributions of \$73,789 that were not remitted within the required time period for the year ended December 31, 2020. The Sponsor has agreed to absorb any costs incurred by the Plan as a result of untimely remittance of participants' contributions but has not calculated and remitted the lost earnings to the Plan for 2021 and 2020 delinquent contributions.

Note 10: Tax Status

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust/custodial document sponsored by CCH Incorporated, dba ftwilliam.com. This prototype plan document has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Note 11: Subsequent Events

Subsequent events have been evaluated through August 3, 2023, which is the date the financial statements were available to be issued.

Supplemental Schedules

Rebekah Rehab & Extended Care Center 401(k) Plan

EIN 13-1740053 PN 002

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions Year Ended December 31, 2021

Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included:		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2021	\$ 41,027	\$ 41,027	\$ -	\$ -	\$ -
2020	<u>73,789</u>	<u>73,789</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>\$ 114,816</u>	<u>\$ 114,816</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Rebekah Rehab & Extended Care Center 401(k) Plan

EIN 13-1740053 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

Identity of Issuer	Description of Investment	Cost**	Current Value
Pooled Separate Accounts			
* Alliance Bernstein	AB Gbl Bd I		\$ 29,168
* American Funds	AmFds Am Bal R6		1,602,524
* American Funds	AmFds Am Mut R6		325,552
* American Funds	AmFds Cap Inc Bldr R6		21,947
* American Funds	AmFds Inc Fd Am R6		776,820
* American Funds	AmFds New Wld R6		154,277
* Avantis	Avnts US SmCap Val Inst		8,291
* Blackrock	BlkRk Cap App K		177
* Blackrock	BlkRk Cor Bd Port Inst		177
* Blackrock	BlkRk Emrg Mkt Inst		170
* Blackrock	BlkRk Eq Divd Inst		176
* Blackrock	BlkRk Hi Yld Bd Inst		179
* Blackrock	BlkRk Hi Yld Bd Port K		37,218
* Blackrock	BlkRk LgCap Focs Gr Inst		175
* Blackrock	BlkRk LgCap Indx K		362
* Blackrock	BlkRk MdCap Gr Eq Inst		22,621
* Blackrock	BlkRk Strat Inc Oppr I		14,692
* Blackrock	BlkRk Ttl Rtn K		21,760
* Columbia Funds	Col Sel LgCap Gr Inst2		30,248
* Dimensional Fund Adv	DFA Emrg Mkt Cor Eq Inst		32,046
* Dimensional Fund Adv	DFA Gbl RealEst Sec Inst		52,957
* Dimensional Fund Adv	DFA Infl Prtct Sec Inst		72,157
* Dimensional Fund Adv	DFA US LgCap Val Inst		40,984
* Diamond Hill Funds	Diamond Hill MdCap I		23,794
* Dodge&Cox	DodgeCox Intl Stk I		47,134
* Federated	Fed Hrms Gov Oblgtns Prmr		39,829
* Fidelity Investments	Fid 500 Indx		981,308
* Fidelity Investments	Fid Extd Mkt Indx		166
* Fidelity Investments	Fid Intl Indx		250,080
* Fidelity Investments	Fid Lg Cap Gr Indx		363
* Fidelity Investments	Fid MdCap Indx		372,544
* Fidelity Investments	Fid NSDQ Cmpst Indx		355
* Fidelity Investments	Fid SmCap Indx		169
* Fidelity Investments	Fid Ttl Mkt Indx		360
* Fidelity Investments	Fid US Bd Indx		177,290
* Fidelity Investments	FidAdv Gr Oppr Inst		333
* Goldman Sachs	GdmnScs Emrg Mkt Eq Inst		168
* Goldman Sachs	GdmnScs GQGPtrIntlOppr R6		46,895
* Goldman Sachs	GdmnScs LgCap Cor Inst		361
* Goldman Sachs	GdmnScs MdCap Gr Inst		171
* Hussman Funds	Hssman Strat Ttl Rtn		5,887
* JPMorgan	JPM Emrg Mkt Eq R6		165
* JPMorgan	JPM Eq Inc R5		41,070
* JPMorgan	JPM Gr Advtg R6		177
* JPMorgan	JPM LgCap Gr R6		357
* JPMorgan	JPM LgCap Val R5		357
* JPMorgan	JPM MdCap Gr R5		340
* JPMorgan	JPM SmCap Eq R5		176
* JPMorgan	JPM SmCap Val R6		175
* JPMorgan	JPM US Eq R5		182

Rebekah Rehab & Extended Care Center 401(k) Plan

EIN 13-1740053 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost**	Current Value
Pooled Separate Accounts			
* MFS	MFS Gr R4		\$ 299,366
* Nationwide	NW Loomis AllCap Gr R6		31,767
* PGIM Funds	PGIM Hi Yld R6		59,950
* PGIM Funds	PGIM Ttl Rtn Bd R6		30,116
* PIMCO	PIMCO Real Rtn Inst		22,202
* PIMCO	PIMCOComdyRealRtnStratInst		15,065
* Principal	Prncpl Gbl RealEst R6		15,620
* TIAA Cref	TIAACRF Cor Pls Bd Inst		310,905
* TIAA Cref	TIAACRF LfCycInd 2020 Inst		52,887
* TIAA Cref	TIAACRF LfCycInd 2025 Inst		17,452
* TIAA Cref	TIAACRF LfCycInd 2030 Inst		41,924
* TIAA Cref	TIAACRF LfCycInd 2035 Inst		26,717
* TIAA Cref	TIAACRF LfCycInd 2040 Inst		5,567
* TIAA Cref	TIAACRF LfCycInd 2045 Inst		14,299
* TIAA Cref	TIAACRF LfCycInd 2050 Inst		41,918
* TIAA Cref	TIAACRF LfCycInd 2055 Inst		11,939
* TIAA Cref	TIAACRF LfCycInd 2060 Inst		5,345
* TIAA Cref	TIAACRF LfCycInd 2065 Inst		562
* TIAA Cref	TIAACRF LfCycIndRtInc Inst		138,912
* Vanguard	Vngrd 500 Index Fd AS		3,085
* Vanguard	Vngrd Devl Mkt Indx Adml		175
* Vanguard	Vngrd Divd Gr Inv		371
* Vanguard	Vngrd Eq Inc Adml		182
* Vanguard	Vngrd Explr Adml		8,258
* Vanguard	Vngrd Extnd Mkt Indx Adml		166
* Vanguard	Vngrd HiDivd Yld Indx Adml		367
* Vanguard	Vngrd Info Tech Indx Adml		372
* Vanguard	Vngrd Intl Gr Adml		90,142
* Vanguard	Vngrd LgCap Indx Adml		363
* Vanguard	Vngrd MdCap Val Indx Adml		363
* Vanguard	Vngrd Mid-Cap Idx Fd AS		356
* Vanguard	Vngrd Mtrls Indx Adml		187
* Vanguard	Vngrd Sm Cap Indx Fd AS		171
* Vanguard	Vngrd SmCap Gr Indx Adml		313,973
* Vanguard	Vngrd SmCap Val Indx Adml		21,965
* Vanguard	Vngrd TaxMgd SmCap Adml		177
* Vanguard	Vngrd Ttl StMkt Indx Fd AS		360
* Vanguard	Vngrd US Gr Adml		168
* Vanguard	Vngrd Wlsly Inc Adml		317,014
* Nationwide	NW FXD SEL OPTN		575
Total pooled separate accounts			7,136,187
Fixed Account with Custodian			
* Nationwide Life Insurance Company	Nationwide Fixed Select Contract		611,732
* Notes Receivable from Participants	Interest rates ranging from 4.25% - 6.50%, varying maturity dates through 2050		380,071
Total assets held for investment purposes at end of year - Form 5500, Schedule H			<u>\$ 8,127,990</u>

* Party-in-interest

** Cost data is not required for participant-directed funds.

Rebekah Rehab & Extended Care Center 401(k) Plan

EIN 13-1740053 PN 002

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions Year Ended December 31, 2021

Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included:		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2021	\$ 41,027	\$ 41,027	\$ -	\$ -	\$ -
2020	73,789	73,789	-	-	-
	<u>\$ 114,816</u>	<u>\$ 114,816</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Rebekah Rehab & Extended Care Center 401(k) Plan

EIN 13-1740053 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

Identity of Issuer	Description of Investment	Cost**	Current Value
Pooled Separate Accounts			
* Alliance Bernstein	AB Gbl Bd I		\$ 29,168
* American Funds	AmFds Am Bal R6		1,602,524
* American Funds	AmFds Am Mut R6		325,552
* American Funds	AmFds Cap Inc Bldr R6		21,947
* American Funds	AmFds Inc Fd Am R6		776,820
* American Funds	AmFds New Wld R6		154,277
* Avantis	Avnts US SmCap Val Inst		8,291
* Blackrock	BlkRk Cap App K		177
* Blackrock	BlkRk Cor Bd Port Inst		177
* Blackrock	BlkRk Emrg Mkt Inst		170
* Blackrock	BlkRk Eq Divd Inst		176
* Blackrock	BlkRk Hi Yld Bd Inst		179
* Blackrock	BlkRk Hi Yld Bd Port K		37,218
* Blackrock	BlkRk LgCap Focs Gr Inst		175
* Blackrock	BlkRk LgCap Indx K		362
* Blackrock	BlkRk MdCap Gr Eq Inst		22,621
* Blackrock	BlkRk Strat Inc Oppr I		14,692
* Blackrock	BlkRk Ttl Rtn K		21,760
* Columbia Funds	Col Sel LgCap Gr Inst2		30,248
* Dimensional Fund Adv	DFA Emrg Mkt Cor Eq Inst		32,046
* Dimensional Fund Adv	DFA Gbl RealEst Sec Inst		52,957
* Dimensional Fund Adv	DFA Infl Prtct Sec Inst		72,157
* Dimensional Fund Adv	DFA US LgCap Val Inst		40,984
* Diamond Hill Funds	Diamond Hill MdCap I		23,794
* Dodge&Cox	DodgeCox Intl Stk I		47,134
* Federated	Fed Hrms Gov Oblgtns Prmr		39,829
* Fidelity Investments	Fid 500 Indx		981,308
* Fidelity Investments	Fid Extd Mkt Indx		166
* Fidelity Investments	Fid Intl Indx		250,080
* Fidelity Investments	Fid Lg Cap Gr Indx		363
* Fidelity Investments	Fid MdCap Indx		372,544
* Fidelity Investments	Fid NSDQ Cmpst Indx		355
* Fidelity Investments	Fid SmCap Indx		169
* Fidelity Investments	Fid Ttl Mkt Indx		360
* Fidelity Investments	Fid US Bd Indx		177,290
* Fidelity Investments	FidAdv Gr Oppr Inst		333
* Goldman Sachs	GdmnScs Emrg Mkt Eq Inst		168
* Goldman Sachs	GdmnScs GQGPtrIntlOppr R6		46,895
* Goldman Sachs	GdmnScs LgCap Cor Inst		361
* Goldman Sachs	GdmnScs MdCap Gr Inst		171
* Hussman Funds	Hssman Strat Ttl Rtn		5,887
* JPMorgan	JPM Emrg Mkt Eq R6		165
* JPMorgan	JPM Eq Inc R5		41,070
* JPMorgan	JPM Gr Advtg R6		177
* JPMorgan	JPM LgCap Gr R6		357
* JPMorgan	JPM LgCap Val R5		357
* JPMorgan	JPM MdCap Gr R5		340
* JPMorgan	JPM SmCap Eq R5		176
* JPMorgan	JPM SmCap Val R6		175
* JPMorgan	JPM US Eq R5		182

Rebekah Rehab & Extended Care Center 401(k) Plan

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* Vanguard	Vngrd Intl Gr Adml		90,142
* Vanguard	Vngrd LgCap Indx Adml		363
* Vanguard	Vngrd MdCap Val Indx Adml		363
* Vanguard	Vngrd Mid-Cap Idx Fd AS		356
* Vanguard	Vngrd Mtrls Indx Adml		187
* Vanguard	Vngrd Sm Cap Indx Fd AS		171
* Vanguard	Vngrd SmCap Gr Indx Adml		313,973
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