

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<p><b>1a</b> Name of plan <u>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u></p> <p><u>1319 LOCUST STREET</u> <u>PHILADELPHIA, PA 19107-5405</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/1994</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>23-2774706</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>215-735-5720</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/08/2025	DIONNE GARY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2498
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1951
	<b>6a(2)</b>	1920
	<b>6b</b>	182
	<b>6c</b>	
	<b>6d</b>	2102
	<b>6e</b>	
	<b>6f</b>	2102
	<b>6g(1)</b>	2498
<b>6g(2)</b>	2102	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	33

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

**INVESCO TRUST COMPANY**

**46-3793325**

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

**CORBIN CAPITAL PARTNERS, LP**

**30-0299433**

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

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

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

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

PENSION FUND FOR HOSPITAL & HEALTHC

23-2627428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	RELATED FUND	739832	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CYNTHIA BLASSINGAME

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	113567	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOYD WATTERSON ASSET MGMT., LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	95008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

ERIC BROOKS

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	81964	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHAWN BOHANNAN

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73339	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAMELA A. SMITH-STRITE

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

ADRIAN HURST

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42329	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNIE JONES

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EVELYN ALAMEDA

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37243	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

BERTA SHKODRA

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN, LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	33063	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLAIR DEVALIA

23-2774706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

O'DONOGHUE & O'DONOGHUE LLP

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COLUMBIA MANAGEMENT INVESTMENT ADV

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15761	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	15525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANA INVESTMENT ADVISORS INC

39-1512278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	12089	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEW TOWER TRUST COMPANY

20-1641876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW TOWER TRUST COMPANY	28 52	11963
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTI EMPLOYER PROPERTY TRUS  52-6218800	INVESTMENT MANAGEMENT FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BOYD WATTERSON ASSET MGMT., LLC	28 52	27776
(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.	
BOYD WATTERSON GSA FUND LP  45-2061717	INVESTMENT MANAGER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BOYD WATTERSON ASSET MGMT., LLC	28 52	67232
(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.	
BOYD WATTERSON STATE GOVERNMENT  32-0538379	INVESTMENT MANAGER FEES	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2774706</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>84-1142974-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4523444</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEW TOWER MULTI-EMPLOYER PROPERTY T</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>52-6218800-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1744809</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES SMALL/MID CAP GROWTH</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>84-6391546-016</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2849336</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECTIVE RUSSELL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>45-6138589-007</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7524006</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WEDGE QVM LARGE CAP VALUE CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST, NATIONAL ASSOCIATION</u>		
<b>c</b> EIN-PN <u>85-6492895-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6081267</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEGALL BRYANT &amp; HAMILL QUALITY HIGH</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>81-0835598-090</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7605728</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SOUTH LASALLE INTERNATIONAL EQUIT.</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>COLUMBIA MANAGEMENT INVESTMENT ADVISERS, LLC</u>		
<b>c</b> EIN-PN <u>04-3369476-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3706828</u>





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2774706</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	434118	581184
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	436836	357885
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	39207	31748
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	733385	186164
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	2401556	2818557
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	18557007	17620932
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	33924309	37295702
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	10699424	13552500
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	58265	66204

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	8814	7807
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	67292921	72518683
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	29432	54652
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	132203	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	161635	54652
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	67131286	72464031

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2898458	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2898458
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	51405	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	429274	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		480679
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	41901	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	461672	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		503573
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	14726998	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	14855821	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-128823
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	467008	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		4379863
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		-108595
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		8492163

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	2226947	
(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)		2226947
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	444089	
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	26350	
(5) Investment advisory and investment management fees .....	2i(5)	102850	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	15525	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	53241	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	3288	
(11) Other expenses .....	2i(11)	287128	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		932471
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		3159418

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		5332745
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **NOVAK FRANCELLA, LLC**

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

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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		17620932
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

**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.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

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

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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

**FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION**

**DECEMBER 31, 2024 AND 2023**

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## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited the financial statements of the Pension Plan for Nursing Home and Health Care Employees - Philadelphia and Vicinity (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

### **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Novak Francella LLC*

Bala Cynwyd, Pennsylvania  
October 6, 2025

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
<b>INVESTMENTS - at fair value</b>		
Limited partnerships - real estate	\$ 6,806,320	\$ 9,128,909
Limited partnerships - other	10,814,612	9,428,098
Common collective trusts - equity	16,454,609	14,702,695
Common collective trust - fixed income	7,605,728	6,643,104
Common collective trusts - international equity	6,967,112	6,373,573
Common collective trust - real estate	1,744,809	1,806,873
Common collective trust - stable value	4,523,444	4,398,064
Common stock	2,818,557	2,401,556
Mutual fund - fixed income	13,552,500	10,699,424
Money market mutual fund	186,164	733,385
Total investments	<u>71,473,855</u>	<u>66,315,681</u>
<b>RECEIVABLES</b>		
Employer contributions	357,885	436,836
Accrued interest and dividends	4,651	1,231
Due from related Pension Plan	27,097	-
Other receivables	-	37,976
Total receivables	<u>389,633</u>	<u>476,043</u>
<b>PREPAID EXPENSES</b>	<u>66,204</u>	<u>58,265</u>
<b>CASH</b>	<u>581,184</u>	<u>434,118</u>
<b>PROPERTY AND EQUIPMENT</b>		
Equipment	15,217	14,237
Furniture and fixtures	2,987	2,987
Leasehold improvements	1,329	1,329
	<u>19,533</u>	<u>18,553</u>
Less accumulated depreciation	<u>(11,726)</u>	<u>(9,739)</u>
Net property and equipment	<u>7,807</u>	<u>8,814</u>
Total assets	<u>72,518,683</u>	<u>67,292,921</u>

LIABILITIES AND NET ASSETS	<u>2024</u>	<u>2023</u>
<b>LIABILITIES</b>		
Due to related Benefit Plan	\$ -	\$ 21,378
Due to related Pension Plan	-	110,825
Accrued administrative expenses	<u>54,652</u>	<u>29,432</u>
Total liabilities	<u>54,652</u>	<u>161,635</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 72,464,031</u>	<u>\$ 67,131,286</u>

See accompanying notes to financial statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ADDITIONS</b>		
Investment income		
Net appreciation in fair value of investments	\$ 4,484,074	\$ 4,616,291
Interest and dividends	1,109,631	971,652
	5,593,705	5,587,943
Less investment expenses	(118,374)	(131,805)
Investment income - net	5,475,331	5,456,138
 Employer contributions	 2,898,458	 2,909,986
Total additions	8,373,789	8,366,124
 <b>DEDUCTIONS</b>		
Benefits paid to participants	2,226,947	3,156,415
Administrative expenses		
Professional fees	79,591	124,806
Allocated administrative expenses	734,506	704,021
Total administrative expenses	814,097	828,827
Total deductions	3,041,044	3,985,242
 NET INCREASE	 5,332,745	 4,380,882
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	67,131,286	62,750,404
End of year	\$ 72,464,031	\$ 67,131,286

See accompanying notes to financial statements.

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

**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024 AND 2023

**NOTE 1. DESCRIPTION OF PLAN**

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

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

Each participant's account is credited with the employer's contribution made on behalf of the participant and an allocation of (a) plan earnings, and (b) forfeitures of terminated participants' nonvested accounts are charged against administrative expenses. In accordance with the Plan Document, all amounts that have been forfeited pursuant to Section 3.05 of the Plan Document since the last day of the preceding contribution period and are remaining after the payment of current expenses of the Plan shall be credited to the retirement accounts of all participants according to the proportion that each participant's retirement account bears to the total of all participants' retirement accounts as of the preceding valuation date. Forfeitures totaled \$378,432 for the year ended December 31, 2024 and \$306,145 for December 31, 2023. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

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

### **NOTE 1. DESCRIPTION OF PLAN (continued)**

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

### **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

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

**Contributions Receivable** - Employer contributions due but not paid prior to year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded. As of December 31, 2024, the Plan recorded \$357,885 of contributions related to 2024 that were not received until 2025.

**Payment of Benefits** - Benefits are recorded when paid.

**Property and Equipment** - An asset is capitalized if it has a useful life of more than one year and an acquisition cost that meets or exceeds the Plan's established capitalization threshold. For the fiscal year ending December 31, 2024, the Plan has an established threshold of \$1,000. Property and equipment are recorded at costs. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed as incurred. Depreciation is computed using the straight-line method over the estimated useful life of the assets. The useful lives for major classes of assets are 10 years for furniture and fixtures, 5 years for equipment and 31.5 years for leasehold improvements. Depreciation expense totaled \$1,987 and \$1,786 for the years ended December 31, 2024 and 2023, respectively.

**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

### **NOTE 3. PRIORITIES UPON TERMINATION**

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

#### **NOTE 4. TAX STATUS**

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, Plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

#### **NOTE 5. FUNDING POLICY**

Employers make contributions to fund the Plan in accordance with the terms of the applicable collective bargaining agreements between the Union and the Employers. Contribution rates range from 2% to 4% of gross payroll of current participants. Benefits are funded by employer contributions and investment income. The monthly contribution rates vary by employer.

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

#### **NOTE 6. FAIR VALUE MEASUREMENTS**

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

##### **Basis of Fair Value Measurement:**

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

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

**NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,818,557	\$ 2,818,557	\$ -	\$ -
Mutual fund	13,552,500	-	13,552,500	-
Money market mutual fund	186,164	186,164	-	-
	16,557,221	\$ 3,004,721	\$ 13,552,500	\$ -
Investments measured at NAV	54,916,634			
Total investments	\$ 71,473,855			

  

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,401,556	\$ 2,401,556	\$ -	\$ -
Mutual fund	10,699,424	-	10,699,424	-
Money market mutual fund	733,385	733,385	-	-
	13,834,365	\$ 3,134,941	\$ 10,699,424	\$ -
Investments measured at NAV	52,481,316			
Total investments	\$ 66,315,681			

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

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

**NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

The unfunded commitments and redemption information are as follows at December 31, 2024 and 2023:

	<u>2024</u> <u>Fair Value</u>	<u>2023</u> <u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice Period</u>
Limited partnership - real estate:					
Boyd Watterson State Government Fund, LP	\$ 4,829,850	\$ 6,387,302	\$ -	Quarterly	60 Days
Boyd Watterson GSA Fund, LP	1,976,470	2,741,607	-	Quarterly	60 Days
Limited partnership - other					
Arena Short Duration High Yield Fund LP	2,559,727	-	-	Monthly	30 Days
Corbin ERISA Opportunity Fund, LP	4,348,549	4,911,114	-	Quarterly	65 Days
Institutional Credit Fund, LP	3,906,336	4,516,984	-	Quarterly	60 Days
Common collective trust - equity					
Loomis Sayles Small Mid Cap Growth Trust	2,849,336	2,196,723	-	Daily	3 Days
Northern Trust Collective Russell 1000 Growth Index Fund	7,524,006	6,634,844	-	Daily	2 Days
Wedge QVM: Large Cap Value CIT	6,081,267	5,871,128	-	Daily	30 Days
Common collective trust - fixed income					
Segall Bryant & Hamill Quality High Yield Trust	7,605,728	6,643,104	-	Daily	5 Days
Common collective trust - international equity					
South Lasalle International Equities Trust	3,706,828	3,577,523	-	Daily	10 Days
William Blair International Leaders CIF	3,260,284	2,796,050	-	Daily	2 Days
Common collective trust - real estate:					
New Tower Multi-Employer Property Trust	1,744,809	1,806,873	-	Quarterly	45 Days
Common collective trust - stable value:					
Invesco Stable Value Trust	4,523,444	4,398,064	-	Daily	One Year
	<u>\$ 54,916,634</u>	<u>\$ 52,481,316</u>	<u>\$ -</u>		

## **NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

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

The Boyd Watterson GSA Fund, L.P and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 16, 2013 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed as a partnership between Boyd Watterson GSA GP, LLC (the "General Partner") and numerous limited partners (collectively, the "Partners"). The Fund is managed by the General Partner and Boyd Watterson Asset Manager, LLC (the "Advisor"). The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

The Arena Short Duration High Yield Fund, L.P. (the "Partnership") is a Delaware Series limited partnership, formed on March 6, 2014 and commences operations on May 19, 2014. The Partnership's Series A, Series B, Series C, Series D, Series E, Series F, Series G, and Series H's investment objectives are to generate superior risk adjusted returns relative to the Bank of America Merrill Lynch 1-5 year US High Yield Constrained Index through a portfolio of short duration investments consisting primarily of high yield (i.e., generally rated, at the time of investment, as BBB or lower by Standard & Poor's Corporation and/or Baa or lower by Moody's Investors Service, Inc., or, if unrated, considered by the General Partner to be of comparable quality) convertible bonds, corporate loans, preferred equities, stressed and distressed securities, and "special situation" investments. Under normal market conditions, the portfolios are expected to have a duration of approximately one to three years and an average maturity of approximately three to five years. Allocations will shift towards those investment opportunities that the General Partner believes represent the best risk/reward dynamics based on quantitative and qualitative research, market conditions and situation specific investment research. The Partnership may also invest in cash, money market debt securities and derivative contracts for defensive purposes from time to time.

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

## **NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

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

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

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

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

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

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

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

**NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

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

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

**NOTE 7. RISKS AND UNCERTAINTIES**

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

**NOTE 8. RELATED PARTIES TRANSACTIONS**

The Plan has common Trustees and a shared administrative office with the Pension Plan for Hospital and Health Care Workers - Philadelphia and Vicinity (the Pension Plan). Operating expenses of the Plan are initially paid by the Pension Plan and then reimbursed by the Plan. Shared operating expenses are allocated based on the assigned responsibilities of the applicable shared expenses. The recorded activity for shared expenses with the Pension Fund is as follows:

	<u>2024</u>	<u>2023</u>
Beginning of year due from (to) related parties and affiliates for shared administrative services	\$ (110,825)	\$ (157,865)
Expenses paid by related party on behalf of the Fund	(739,832)	(708,879)
Repayments to related parties	<u>877,754</u>	<u>755,919</u>
End of year due from (to) related parties and affiliates for shared administrative services	<u>\$ 27,097</u>	<u>\$ (110,825)</u>

The Plan has common Trustees and a shared administrative office with the Benefit Fund for Hospital and Health Care Employees - Philadelphia and Vicinity (the Benefit Plan). Salary expenses are allocated based on the employee's assigned responsibilities. The Plan owed the Benefit Plan \$0 and \$21,378 for the years ended December 31, 2024 and 2023.

**NOTE 8. RELATED PARTIES TRANSACTIONS (continued)**

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

**NOTE 9. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 6, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

## **SUPPLEMENTAL INFORMATION**

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

**SCHEDULE OF ASSETS HELD AT END OF YEAR**

DECEMBER 31, 2024

Schedule H, Line 4i

EIN: 23-2774706

Plan No.: 001

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Shares/ Type	Principal	Interest Rate	Maturity Date		
	<u>Common stock:</u>					
Advanced Energy Inds Inc	156				\$ 17,003	\$ 18,038
AECOM	226				15,069	24,141
Air Lease Corp	506				22,233	24,394
AMC Networks Inc	1,702				17,863	16,850
Ameren Corporation	92				7,777	8,201
American Axle & Mfg Hldgs Inc	2,871				24,050	16,738
Amerisafe Inc	220				13,213	11,339
Anywhere Real Estate Inc	1,954				22,110	6,448
Ares Commercial Real Estate Co	1,220				17,223	7,186
Arrow Electrs Inc	148				16,907	16,742
AutoNation Inc	151				15,410	25,646
B&G Foods Inc	2,007				31,891	13,828
Banc of California Inc	961				16,517	14,857
Bandwidth Inc	1,175				14,691	19,999
Belden Inc	196				8,877	22,072
Brightview Holdings Inc	1,408				11,304	22,514
Builders Firstsource Inc	200				8,658	28,586
Capital One Financial Corp	112				16,729	19,972
CarGurus Inc	622				10,916	22,728
Cathay Bancorp Inc	282				11,460	13,426
CBRE Group Inc	204				17,360	26,783
CenterPoint Energy Inc	546				13,371	17,325
Cirrus Logic Inc	188				13,825	18,721
Clearfield Inc	320				7,789	9,920
Columbia Banking System Inc	322				13,573	8,697
Comstock Resources, Inc	1,482				12,363	27,002
Concentra Group Holdings Parent Inc.	600				12,364	11,868
Copt Defense Properties	616				16,682	19,065
Cross Ctry Healthcare Inc	1,451				25,832	26,350
Deckers Outdoor Corp	152				8,604	30,870
Designer Brands Inc	2,822				24,975	15,070
Diamondback Energy Inc	145				11,014	23,755
DiamondRock Hospitality Co	1,838				18,122	16,597
Dicks Sporting Goods Inc	150				12,277	34,326
Discover Financial Services	137				15,642	23,733
Dycom Inds Inc Com	147				13,929	25,587
East West Bancorp Inc	185				14,135	17,716
Elanco Animal Health Inc	1,984				23,677	24,026
Elevance Health Inc	29				10,972	10,698
Encore Cap Group Inc	382				15,545	18,248

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Shares/ Type	Interest Principal	Maturity Rate Date			
	<u>Common stock (continued):</u>					
Enersys	145			\$ 13,130	\$ 13,402	
EQT Corporation	450			14,253	20,750	
Fifth Third Bancorp	388			15,755	16,405	
First American Financial Corporation	236			15,094	14,736	
Five9 Inc	500			15,101	20,320	
Flushing Finl Corp Com	1,110			17,027	15,851	
Foot Locker Inc	871			24,436	18,953	
Fulton Fin Corp	1,015			16,895	19,569	
GATX Corp	126			12,344	19,525	
Genesco Inc	240			12,097	10,260	
Gentex Corp	440			15,474	12,641	
Green Dot Corp	1,195			27,597	12,715	
Griffon Corp Com	400			8,391	28,508	
Group 1 Automotive Inc	82			13,677	34,561	
Heritage Financial Corp/ WA	540			11,090	13,230	
Hewlett Packard Enterprise Co	1,004			16,010	21,435	
HF Sinclair Corp	280			9,683	9,814	
Hope Bancorp Inc	1,173			17,456	14,416	
Host Hotels & Resorts, Inc	926			16,418	16,224	
Humana Inc	42			18,626	10,656	
Huntington Bancshares Inc	770			11,728	12,528	
Ingredion Inc	140			15,045	19,258	
Integer Holdings Corp	191			17,836	25,311	
Jabil Inc	199			10,450	28,636	
JetBlue Awys Corp	1,418			22,016	11,145	
Jones Lang LaSalle Inc	99			18,578	25,061	
Juniper Networks Inc	498			12,650	18,650	
Keycorp New	677			14,780	11,604	
Kohl's Corp	1,610			28,720	22,604	
Koppers Hldgs Inc	592			19,408	19,181	
Kulicke & Soffa Inds Inc	348			17,526	16,238	
Laboratory Crp of Amer Hldgs	54			12,228	12,383	
LA-Z-BOY Inc	484			19,776	21,088	
Lear Corp	95			16,415	8,997	
Ligand Pharmaceuticals Inc	197			14,930	21,109	
Lithia Motors Inc	80			29,865	28,594	
Lumentum Holdings Inc	436			31,347	36,602	
M&T Bank Corporation	83			13,085	15,605	
Macy's Inc	1,547			23,134	26,191	
Mastec Inc	257			22,915	34,986	
Midland States Bancorp Inc	150			3,688	3,660	
NMI Holdings	466			9,510	17,130	
Northwest Natural Holding Company	454			22,360	17,960	
OGE Energy	420			14,869	17,325	
O-I Glass Inc	1,802			31,775	19,534	
Omniab Inc	88			970	-	
Owens & Minor Inc Com	1,408			33,917	18,403	
Patterson Cos Inc	493			14,343	15,214	
Pediatrix Medical Group Inc	2,185			24,730	28,667	
PennyMac Mortgage Investment Trust	1,300			21,579	16,367	
Permian Resources Corp CL A	1,479			14,402	21,268	
Phibro Animal Health Corp	1,080			19,892	22,680	
Plexus Corp	175			16,127	27,384	

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Shares/ Type	Interest Principal Rate	Maturity Date			
	<u>Common stock (continued):</u>					
Preferred Bank/Los Angeles Ca	190			\$ 14,464	\$ 16,412	
Prestige Consumer Healthcare Inc	260			11,501	20,303	
Primoris Services Corporation	460			9,011	35,144	
Proassurance Corporation	1,069			19,992	17,008	
Propetro Holdings Corp	2,090			17,809	19,500	
Public SVC Enterprise Group Inc	171			10,759	14,448	
Quanta SVCS Inc	127			12,324	40,138	
Radian Group Inc	606			11,265	19,222	
Ralph Lauren Corporation	103			13,684	23,791	
Raymond James Finl Inc	168			14,607	26,095	
Regions Finl Corp New	727			15,810	17,099	
Reliance Stl & Alum Co	84			13,513	22,618	
Resideo Technologies Inc	956			18,409	22,036	
ScanSource Inc	582			17,689	27,616	
Science Applications Internati	209			20,571	23,362	
Select Medical Holdings Corporation	744			14,683	14,024	
Selective Ins Group Inc	249			19,279	23,286	
Silgan Hldgs Inc	435			18,338	22,642	
Skyworks Solutions Inc	152			26,148	13,479	
Southwest Airlines Co	414			21,163	13,919	
SpartanNash Co	898			19,169	16,451	
Sprouts Farmers Markets LLC	265			6,786	33,674	
Steel Dynamics Inc	174			9,491	19,848	
Stifel Financial Corp	225			15,280	23,868	
Sun Country Airlines Holdings	1,800			22,833	26,244	
Synaptics Inc	115			16,029	8,777	
Tapestry Inc	483			21,948	31,554	
Taylor Morrison Home Corp	443			10,734	27,116	
Tetra Tech Inc New	570			14,585	22,709	
Textron Inc	323			21,350	24,706	
The Cigna Group	52			12,937	14,359	
The Greenbrier Companies, Inc	381			17,199	23,237	
Titan Machinery Inc	966			23,654	13,650	
Triumph Group Inc New	883			12,868	16,477	
TTM Technologies Inc	1,188			17,282	29,403	
Ultra Clean Hldgs Inc	504			24,279	18,119	
United Bankshares Inc	208			7,957	7,810	
United STS STL Corp New	765			19,605	26,002	
Valero Energy Corp	122			9,102	14,956	
Verint Sys Inc	520			11,413	14,274	
Veritex Holdings Inc	587			15,280	15,943	
Vishay Intertechnology Inc	952			21,474	16,127	
Vital Energy Inc	552			25,289	17,068	
WAFD Inc	436			14,062	14,057	
Webster Finl Corp Waterbury Conn	445			23,868	24,573	
Western Digital Corp	311			20,591	18,545	
Westlake Corp	135			12,753	15,478	
Wex Inc	66			13,547	11,571	
Williams Sonoma Inc	192			16,394	35,555	
Yelp Inc	530			17,699	20,511	
Zoom Video Communications	470			29,927	38,357	
	Total common stock			2,379,504	2,818,557	

(a)	(b)	(c)	(d)	(e)	
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of interest, Collateral, Par or Maturity Value			Cost	Current Value
	Shares/ Type	Principal Rate	Maturity Date		
	<u>Limited partnerships - real estate:</u>				
Boyd Watterson GSA Fund LP	2,004			\$ 2,434,837	\$ 1,976,470
Boyd Watterson State Government Fund LP	4,856			5,796,283	4,829,850
	Total limited partnerships - real estate			<u>8,231,120</u>	<u>6,806,320</u>
	<u>Limited partnerships - other:</u>				
Arena Short Duration High Yield Fund LP	2,500,000			2,500,000	2,559,727
Corbin ERISA Opportunity Fund LP	3,650,000			3,650,000	4,348,549
Institutional Credit Fund LP	3,150,000			3,150,000	3,906,336
	Total limited partnerships - other			<u>9,300,000</u>	<u>10,814,612</u>
	<u>Common collective trusts - equity:</u>				
Loomis Sayles Small/Mid Cap Growth Trust	108,878			2,811,410	2,849,336
Northern Trust Collective Russell 1000 Growth Index Fd	3,415			4,525,787	7,524,006
Wedge QVM: Large Cap Value CIT	401,934			4,234,378	6,081,267
	Total common collective trusts - equity			<u>11,571,575</u>	<u>16,454,609</u>
	<u>Common collective trust - fixed income:</u>				
Segall Bryant & Hamill Quality High Yield Trust Fund	682,740			6,765,021	7,605,728
	<u>Common collective trusts - international equity:</u>				
South LaSalle International Equities Trust Fund	68,016			3,150,000	3,706,828
William Blair International Leaders CIF	203,055			3,650,000	3,260,284
	Total common collective trusts - International equity			<u>6,800,000</u>	<u>6,967,112</u>
	<u>Common collective trust - real estate:</u>				
Multi-Employer Property Trust	136			732,393	1,744,809
	<u>Common collective trust - stable value:</u>				
Invesco Stable Value Trust	4,523,444			4,523,444	4,523,444
	<u>Mutual fund - fixed income:</u>				
Baird Intermediate Bond Fund	1,319,620			14,114,327	13,552,500
	<u>Money market mutual fund:</u>				
Allspring Government Money Market	186,164			186,164	186,164
	Total investments			<u>\$ 64,603,548</u>	<u>\$ 71,473,855</u>

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

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4j

EIN: 23-2774706

Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction	
Allspring Government Money Market	\$ 10,878,579	N/A	\$ 10,878,579	\$ 10,878,579	N/A	
Allspring Government Money Market	N/A	\$ 11,425,800	11,425,800	11,425,800	\$ -	

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

**Form 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

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>2a</b> 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) <b>PENSION FUND FOR NURSING AND HEALTH CARE EMPLOYEES</b>  <b>1319 LOCUST STREET</b>  <b>PHILADELPHIA PA 19107-5405</b>	<b>1c</b> Effective date of plan <b>07/01/1994</b>  <b>2b</b> Employer Identification Number (EIN) <b>23-2774706</b>  <b>2c</b> Plan Sponsor's telephone number <b>215-735-5720</b>  <b>2d</b> Business code (see instructions) <b>622000</b>

**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.

<b>SIGN HERE</b>		<b>X</b> <b>10/8/2025</b>	<b>DIONNE GARY</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)**  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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:	<b>4b</b> EIN
<b>a</b> Sponsor's name	<b>4d</b> PN
<b>c</b> Plan Name	

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2,498
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	1,951
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	0
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	2,498
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	32

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF FIVE PERCENT TRANSACTIONS