

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan 403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH COMMUNITY CENTER OF SAN DIEGO COUNTY	1b Three-digit plan number (PN) ▶ 005
	1c Effective date of plan 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LAWRENCE FAMILY JEWISH COMMUNI 4126 EXECUTIVE DR LA JOLLA, CA 92037-1348	2b Employer Identification Number (EIN) 95-1985444 2c Plan Sponsor's telephone number 858-457-3030 2d Business code (see instructions) 624200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	JEROME VAN AMBURG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 294
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 177
a(2) Total number of active participants at the end of the plan year		6a(2) 222
b Retired or separated participants receiving benefits		6b 3
c Other retired or separated participants entitled to future benefits.....		6c 112
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 337
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 337
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 217
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J 2K 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH COMMUNITY CENTER OF SAN DIEGO COUNTY	B Three-digit plan number (PN) 005	
C Plan sponsor's name as shown on line 2a of Form 5500 LAWRENCE FAMILY JEWISH COMMUNI	D Employer Identification Number (EIN) 95-1985444	

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

(a) Name of insurance carrier MUTUAL OF AMERICA SEC. CORP LLC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	052750	337	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	2017

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
SAN DIEGO	750 B STREET SUITE 2220 SAN DIEGO, CA 92101-8114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2017	INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	697168
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	5707848

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

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

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

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

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

b	Balance at the end of the previous year	7b	664369
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c	Additions: (1) Contributions deposited during the year	7c(1)	36346	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	7683	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	44029
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	708398
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9075	
(2) Administration charge made by carrier.....	7e(2)	313	
(3) Transferred to separate account.....	7e(3)	1842	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions.....	7e(5)	11230
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	697168
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan 403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH COMMUNITY CENTER OF SAN DIEGO COUNTY	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 LAWRENCE FAMILY JEWISH COMMUNI	D Employer Identification Number (EIN) 95-1985444

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	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

(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

(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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	1242	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH COMMUNITY CENTER OF SAN DIEGO COUNTY	B Three-digit plan number (PN) ►	005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LAWRENCE FAMILY JEWISH COMMUNI	D Employer Identification Number (EIN) 95-1985444	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT NUMBER SA2
--	-----------------------------

b Name of sponsor of entity listed in (a):	MUTUAL OF AMERICA
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c EIN-PN 13-1614399-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5707848
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH COMMUNITY CENTER OF SAN DIEGO COUNTY</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAWRENCE FAMILY JEWISH COMMUNI</u>	D Employer Identification Number (EIN) <u>95-1985444</u>	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7467768	5707848
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	664369	697169
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8132137	6405017

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8132137	6405017
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	82761	
(B) Participants	2a(1)(B)	335853	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		418614
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1301550
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-882936
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	842897	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		842897
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1287	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1287
j Total expenses. Add all expense amounts in column (b) and enter total	2j		844184
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1727120
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

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: **HASKELL & WHITE, LLP**

(2) EIN: **33-0310569**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

**403(B) THRIFT PLAN OF LAWRENCE
FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO
COUNTY**

FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2022 AND 2021
AND FOR THE YEAR ENDED
DECEMBER 31, 2022**

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
403(b) Thrift Plan of Lawrence Family Jewish
Community Center of San Diego County

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

We have performed an audit of the accompanying financial statements of 403(b) Thrift Plan of Lawrence Family Jewish Community Center of San Diego County (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2022, and the related notes to the financial statements (the "financial statements").

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

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section –

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

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

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

Haskell & White LLP

HASKELL & WHITE LLP

Irvine, California
September 21, 2023

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Statements of Net Assets Available for Benefits

As of December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Mutual funds, at fair value (Note 3)	\$ 5,707,848	\$ 7,467,768
Guaranteed interest account, at contract value	<u>697,169</u>	<u>664,369</u>
Total assets	<u>6,405,017</u>	<u>8,132,137</u>
Net Assets Available for Benefits	<u><u>\$ 6,405,017</u></u>	<u><u>\$ 8,132,137</u></u>

See accompanying notes to the financial statements and independent auditors' report.

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Statement of Changes in Net Assets Available for Benefits

For The Year Ended December 31, 2022

Additions to net assets attributed to:

Investment loss:

Net depreciation in fair value of investments	\$ (1,301,550)
Total investment loss	<u>(1,301,550)</u>

Contributions:

Participant contributions	335,853
Employer contributions	<u>82,761</u>

Total contributions	<u>418,614</u>
---------------------	----------------

Net additions to net assets	<u>(882,936)</u>
-----------------------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	842,897
Administrative expenses	<u>1,287</u>

Total deductions from net assets	<u>844,184</u>
----------------------------------	----------------

Net decrease in assets available for benefits	(1,727,120)
---	-------------

Net assets available for benefits at beginning of year	<u>8,132,137</u>
--	------------------

Net assets available for benefits at end of year	<u><u>\$ 6,405,017</u></u>
--	----------------------------

See accompanying notes to the financial statements and independent auditors' report.

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Notes to Financial Statements

December 31, 2022 and 2021

1. Description of Plan

The following description of the 403(b) Thrift Plan of Lawrence Family Jewish Community Center of San Diego County (the “Plan”) provides only general information. Participants should refer to the Plan agreement and the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan was established on January 1, 2009 and was subsequently amended December 1, 2017. The Plan is a qualified, defined contribution plan covering all employees of Lawrence Family Jewish Community Center of San Diego County (the “Organization”) who elect to participate in the Plan. An employee is eligible to become a participant in the Plan on their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Organization has appointed Mutual of America Life Insurance Company as the Trustee of the Plan assets with authority over management and investment of Plan assets.

Contributions

Participants may make Elective Deferral Contributions up to the maximum dollar amount established by the Internal Revenue Code (“IRC”) of pretax annual compensation (\$20,500 in 2022), as defined in the Plan. Participants age 50 and older may make catch-up contributions to a maximum dollar amount established by the IRC. During 2022, a participant’s catch-up contributions for the plan year may not exceed \$6,500. Participants may elect to designate all or any portion of their Elective Deferral Contributions as Roth Elective Deferrals. Participants may also contribute amounts representing distributions from other tax qualified plans (rollovers).

The Organization matches participant elective deferral contributions after a period of twelve (12) consecutive months in which the employee completes 1,000 hours of service. The Organization’s matching contribution is equal to the lesser of: (a) 50% of the employee elective deferral contributions or (b) 3% of compensation received during the Plan year in which the eligibility requirements are met. The Organization’s matching contributions totaled \$82,761 for the year ended December 31, 2022.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Organization’s matching contribution, and earnings and losses on investments selected by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

See accompanying independent auditors’ report.

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Notes to Financial Statements (continued)

December 31, 2022 and 2021

1. Description of Plan (continued)

Participant Accounts (continued)

Participants direct the investment of their contributions and Organization contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds and money market funds.

Forfeitures

Forfeitures are used to reduce the Organization's contribution or to pay Plan expenses. Forfeitures of \$11,035 were netted with the Organization's contributions for the year ended December 31, 2022.

Vesting

Participants are immediately 100% vested in their contributions to the Plan. The Organization matching contributions and base contributions, if applicable, vest as follows:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Administrative Expenses

Expenses of the Plan, including legal, audit, administrative, and trustee expenses, are generally paid by the Organization, with the exception of certain administrative expenses which are paid for by the Plan and charged to participants' accounts. The Plan paid \$1,287 of administrative expenses for the year ended December 31, 2022.

Payment of Benefits

On termination of service, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or payment in the form of an annuitized series of payments. Participants may withdraw any part of their vested account upon attaining age 59 1/2.

See accompanying independent auditors' report.

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Notes to Financial Statements (continued)

December 31, 2022 and 2021

1. Description of Plan (continued)

The Plan permits hardship withdrawals in certain circumstances. Following a hardship withdrawal, a participant must wait six months before making additional contributions to the Plan.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting which is in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Employee and employer contributions were recognized in the period that contributions are due.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

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

See accompanying independent auditors' report.

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Notes to Financial Statements (continued)

December 31, 2022 and 2021

3. Investments

Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy based on inputs used to measure fair value and enhance disclosure requirements for fair value measurements. The fair value hierarchy distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Level 1 or 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

- Level 1- Inputs are quoted prices in active markets for identical investments that the investment manager has the ability to access at the measurement date.
- Level 2- Inputs are inputs other than quoted prices included within Level 1 that are observable for the investment, either directly or indirectly.
- Level 3- Inputs are unobservable inputs for the investment.

The mutual funds held by the Plan are measured at fair value. Mutual funds are valued at the daily closing price as reported by the respective fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and therefore are classified within the Level 1 of the valuation hierarchy.

The Plan is a party to a fully benefit-responsive guaranteed interest account with Mutual of America. The guaranteed interest account issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because the guaranteed interest account is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits. The guaranteed interest account is presented on the face of the accompanying statements of net assets available for plan benefits at contract value. Contract value, as reported to the Plan by Mutual of America, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on

See accompanying independent auditors' report.

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Notes to Financial Statements (continued)

December 31, 2022 and 2021

3. Investments (continued)

Fair Value Measurement (continued)

competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Organization or other Organization events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

Although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the value of certain financial instruments could result in a different value measurement at the reporting date. There have been no changes in the valuation methodologies used at December 31, 2022 and 2021.

4. Information certified by the Trustee

The following information regarding the Plan is included in the financial statements and supplementary information as of December 31, 2022 and 2021, and for the year ended December 31, 2022, and was obtained from data that has been prepared and certified as complete and accurate by the trustee:

- a. The total value of mutual funds and the guaranteed interest account as of December 31, 2022 and 2021, as indicated on the statements of net assets available for benefits;
- b. All mutual funds and the guaranteed interest account information, as indicated in the statement of changes in net assets available for benefits; and
- c. All information on the supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

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

5. Party-In-Interest Transactions

Certain Plan investments are managed by Mutual of America Life Insurance, the trustee, and therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services are included in net appreciation or depreciation in fair values of investments.

See accompanying independent auditors' report.

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

Notes to Financial Statements (continued)

December 31, 2022 and 2021

6. Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. Tax Status

On January 1, 2009, the Organization adopted the Mutual of America 403(b) Basic Plan. The Plan was amended and restated on October 1, 2009 and subsequently on January 1, 2018. The Organization believes that the Plan currently is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan believes that it has appropriate support for any tax position taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Plan is subject to routine audits by taxing authorities, however, there are currently no audits for any tax periods in progress.

8. Subsequent Events

In preparing these financial statements, the Plan management has evaluated events and transactions for potential recognition or disclosure through September 21, 2023, the date the financial statements were available to be issued.

See accompanying independent auditors' report.

SUPPLEMENTAL SCHEDULE

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

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

E.I.N.: 95-1985444; Plan Number: 005

December 31, 2022

a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Dates	Cost	Current Value
*	Mutual of America	Mutual of America Interest Accumulation Account	**	\$ 697,169
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	612,284
	Vanguard	Vanguard VIF Diversified Value Portfolio	**	498,016
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	468,053
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	373,874
*	Mutual of America	Mutual of America Equity Index Fund	**	327,846
*	Mutual of America	Mutual of America 2015 Retirement Fund	**	315,545
	Fidelity	Fidelity® VIP Contrafund® Portfolio	**	313,264
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	242,125
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	227,467
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	220,884
*	Mutual of America	Mutual of America Small Cap Value Fund	**	213,049
	Vanguard	Vanguard VIF International Portfolio	**	209,318
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	176,489
*	Mutual of America	Mutual of America Bond Fund	**	150,356
	American Century Investments	American Century Investments® VP Capital Appreciation Fund	**	144,506
	Fidelity	Fidelity® VIP Mid Cap Portfolio	**	130,529
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	121,200
	Deutsche	DWS Capital Growth VIP	**	113,810
	T.Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	109,270
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	89,479
*	Mutual of America	Mutual of America Composite Fund	**	81,787
*	Mutual of America	Mutual of America Conservative Allocation Fund	**	78,759
	Fidelity	Fidelity® VIP Equity-Income Portfolio	**	76,843
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	66,863
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	46,518
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	46,115
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	39,135
*	Mutual of America	Mutual of America International Fund	**	37,699
*	Mutual of America	Mutual of America Mid Cap Value Fund	**	31,774
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund	**	31,714
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	18,464
	Calvert	Calvert VP SRI Balanced Portfolio	**	15,762

* Represents a party-in interest

** Column (d) is not required to present cost information as all investments are participant-directed

See accompanying notes to the financial statements and independent auditors' report

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

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

E.I.N.: 95-1985444; Plan Number: 005

December 31, 2022

a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Dates	Cost	Current Value
*	Mutual of America	Mutual of America Retirement Income Fund		\$ 17,530
*	Mutual of America	Mutual of America Money Market Fund	**	15,144
	Fidelity	Fidelity® VIP Asset Manager Portfolio	**	11,900
	Vanguard	Vanguard VIF Real Estate Index Portfolio	**	7,971
*	Mutual of America	Mutual of America 2065 Retirement Fund		7,954
	Massachusetts Financial Services	MFS® VIT III Mid Cap Value Portfolio	**	7,929
*	Mutual of America	Mutual of America All America Fund	**	4,963
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	2,970
	Delaware	Delaware VIP® Small Cap Value Series	**	1,936
	Vanguard	Vanguard Variable Insurance Fund Total Bond Market Index Portfolio	**	753
	American Funds Insurance	American Funds Insurance Series® New World Fund®	**	1
				<u>\$ 6,405,017</u>

* Represents a party-in interest

** Column (d) is not required to present cost information as all investments are participant-directed

See accompanying notes to the financial statements and independent auditors' report

SUPPLEMENTAL SCHEDULE

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

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

E.I.N.: 95-1985444; Plan Number: 005

December 31, 2022

a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Dates	Cost	Current Value
*	Mutual of America	Mutual of America Interest Accumulation Account	**	\$ 697,169
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	612,284
	Vanguard	Vanguard VIF Diversified Value Portfolio	**	498,016
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	468,053
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	373,874
*	Mutual of America	Mutual of America Equity Index Fund	**	327,846
*	Mutual of America	Mutual of America 2015 Retirement Fund	**	315,545
	Fidelity	Fidelity® VIP Contrafund® Portfolio	**	313,264
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	242,125
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	227,467
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	220,884
*	Mutual of America	Mutual of America Small Cap Value Fund	**	213,049
	Vanguard	Vanguard VIF International Portfolio	**	209,318
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	176,489
*	Mutual of America	Mutual of America Bond Fund	**	150,356
	American Century Investments	American Century Investments® VP Capital Appreciation Fund	**	144,506
	Fidelity	Fidelity® VIP Mid Cap Portfolio	**	130,529
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	121,200
	Deutsche	DWS Capital Growth VIP	**	113,810
	T.Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	109,270
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	89,479
*	Mutual of America	Mutual of America Composite Fund	**	81,787
*	Mutual of America	Mutual of America Conservative Allocation Fund	**	78,759
	Fidelity	Fidelity® VIP Equity-Income Portfolio	**	76,843
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	66,863
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	46,518
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	46,115
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	39,135
*	Mutual of America	Mutual of America International Fund	**	37,699
*	Mutual of America	Mutual of America Mid Cap Value Fund	**	31,774
	Goldman Sachs	Goldman Sachs VIT Small Cap Equity Insights Fund	**	31,714
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	18,464
	Calvert	Calvert VP SRI Balanced Portfolio	**	15,762

* Represents a party-in interest

** Column (d) is not required to present cost information as all investments are participant-directed

See accompanying notes to the financial statements and independent auditors' report

**403(B) THRIFT PLAN OF LAWRENCE FAMILY JEWISH
COMMUNITY CENTER OF SAN DIEGO COUNTY**

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

E.I.N.: 95-1985444; Plan Number: 005

December 31, 2022

a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Dates	(d) Cost	(e) Current Value
*	Mutual of America	Mutual of America Retirement Income Fund		\$ 17,530
*	Mutual of America	Mutual of America Money Market Fund	**	15,144
	Fidelity	Fidelity® VIP Asset Manager Portfolio	**	11,900
	Vanguard	Vanguard VIF Real Estate Index Portfolio	**	7,971
*	Mutual of America	Mutual of America 2065 Retirement Fund		7,954
	Massachusetts Financial Services	MFS® VIT III Mid Cap Value Portfolio	**	7,929
*	Mutual of America	Mutual of America All America Fund	**	4,963
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	2,970
	Delaware	Delaware VIP® Small Cap Value Series	**	1,936
	Vanguard	Vanguard Variable Insurance Fund Total Bond Market Index Portfolio	**	753
	American Funds Insurance	American Funds Insurance Series® New World Fund®	**	1
				\$ 6,405,017

* Represents a party-in interest

** Column (d) is not required to present cost information as all investments are participant-directed

See accompanying notes to the financial statements and independent auditors' report

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of Lawrence Family Jewish Community Center
of San Diego County

EIN: 95-1985444
PN: 005

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		144,506
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		1
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		15,762
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		113,811
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value Series		1,936
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		11,900
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		313,265
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		76,843
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		130,529
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		31,714
*	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		7,929
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2015 Retirement Fund		315,545
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2020 Retirement Fund		89,479
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2025 Retirement Fund		227,467
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2030 Retirement Fund		468,053
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2035 Retirement Fund		373,874
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2040 Retirement Fund		612,284
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2045 Retirement Fund		220,884

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of Lawrence Family Jewish Community Center
of San Diego County

EIN: 95-1985444
PN: 005

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2050 Retirement Fund		46,115
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2055 Retirement Fund		121,200
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2060 Retirement Fund		46,518
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2065 Retirement Fund		7,954
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Aggressive Allocation Fund		31,575
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America All America Fund		4,963
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Bond Fund		36,272
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Composite Fund		81,787
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Conservative Allocation Fund		78,759
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Equity Index Fund		310,794
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		470,658
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America International Fund		37,699
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Cap Value Fund		9,734
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid-Cap Equity Index Fund		139,609
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid-Term Bond Fund		674
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Moderate Allocation Fund		11,944
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Money Market Fund		13,033
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Retirement Income Fund		17,530
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Equity Index Fund		66,863

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(b) Thrift Plan for Employees of Lawrence Family Jewish Community Center
of San Diego County

EIN: 95-1985444
PN: 005

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Growth Fund		223,190
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Value Fund		167,344
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		109,270
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		498,016
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		209,319
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		7,971
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		753

