

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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>1a Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE JEWISH HOME OF ROCHESTER</u></p> <p><u>2021 WINTON ROAD SOUTH</u> <u>ROCHESTER, NY 14618</u></p>	<p>1c Effective date of plan <u>01/01/1973</u></p> <p>2b Employer Identification Number (EIN) <u>16-0743058</u></p> <p>2c Plan Sponsor's telephone number <u>585-427-7760</u></p> <p>2d Business code (see instructions) <u>623000</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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2024	CARLY ZECHER
	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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor JEWISH SENIOR LIFE RETIREMENT CARLY ZECHER 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	3b Administrator's EIN 61-1993209 3c Administrator's telephone number 585-427-7760
---	---

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	444
---	----------	-----

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)	150
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

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:
 1A 1I

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) <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	9b Plan benefit arrangement (check all that apply) (1) <input checked="" 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
---	--

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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE JEWISH HOME OF ROCHESTER</u>	D Employer Identification Number (EIN) <u>16-0743058</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>14044717</u>
b Actuarial value	2b		<u>15449189</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>120</u>	<u>5341760</u>	<u>5341760</u>
b For terminated vested participants	<u>174</u>	<u>3021378</u>	<u>3021378</u>
c For active participants	<u>150</u>	<u>4850003</u>	<u>4850003</u>
d Total	<u>444</u>	<u>13213141</u>	<u>13213141</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.28 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>24000</u>
c Target normal cost	6c		<u>24000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>09/20/2024</u>	Date
	<u>ROBERT H. DANESH</u>	<u>23-06374</u>	Most recent enrollment number
	Type or print name of actuary	<u>585-319-4218</u>	Telephone number (including area code)
	<u>HARPER DANESH LLC</u>		
	Firm name		
	<u>399 ALEXANDER STREET</u> <u>ROCHESTER, NY 14607</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1485466
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1485466
10	Interest on line 9 using prior year's actual return of <u>-18.04</u> %	0	-267978
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		247641
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> %		13496
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		261137
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1217488

Part III Funding Percentages			
14	Funding target attainment percentage	14	107.70 %
15	Adjusted funding target attainment percentage	15	116.92 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	24000
b Excess assets, if applicable, but not greater than line 31a	31b	24000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
---	-----------	---

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JEWISH HOME OF ROCHESTER	D Employer Identification Number (EIN) 16-0743058	

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

(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

(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

(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)

HARPER DANESH LLC

27-3395775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	95012	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)

AGILIS PARNTERS LLC

30 TURNER STREET, BUILDING 3
SUITE 510
WALTHAM, MA 02453

(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?
70	BROKER	50000	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)

HARTER, SECRET & EMERY LLP

1600 BAUSCH AND LOMB PL
ROCHESTER, NY 14604

(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	LEGAL	33147	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)

FIDUCIANT ADVISORS LLC

265 FRANKLIN STREET
SUITE 1901
BOSTON, MA 02110

(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	INVESTMENT ADVISOR	10697	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)

(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 <input type="checkbox"/> No <input 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)

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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
(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	
A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE JEWISH HOME OF ROCHESTER</u>	D Employer Identification Number (EIN) <u>16-0743058</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.

		(a) Beginning of Year	(b) End of Year
Assets			
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)		
(3) Other	1b(3)	5686	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1789038	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8947371	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	145117	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3157505	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	14044717	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	180305	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	180305	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13864412	0

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)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(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)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	256796	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		256796
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		74240
d Total income. Add all income amounts in column (b) and enter total.....	2d		331036

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5939637	
(2) To insurance carriers for the provision of benefits.....	2e(2)	7884755	
(3) Other.....	2e(3)	319570	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14143962
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	12056	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	10697	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	28733	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		51486
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14195448

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-13864412
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FREED MAXICK CPAS, PC**

(2) EIN: **45-4051133**

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
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.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		600000
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	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 **319570**.

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 499916.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE JEWISH HOME OF ROCHESTER</u>	D Employer Identification Number (EIN) <u>16-0743058</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 16-6265706

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	208
--	---	-----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**AUDITED
FINANCIAL STATEMENTS**

**THE RETIREMENT PLAN FOR THE
EMPLOYEES OF THE JEWISH HOME
OF ROCHESTER**

DECEMBER 31, 2023

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

CONTENTS

	<u>Page</u>
Independent Auditor's Report	1 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits in Liquidation	4
Statements of Changes in Net Assets Available for Benefits in Liquidation.....	5
Notes to the Financial Statements	6 - 12
Supplemental Schedules:	
Schedule H, Line 4j - Schedule of Reportable Transactions	13

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
The Retirement Plan for the Employees
of the Jewish Home of Rochester

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

We have performed audits of the financial statements of the Retirement Plan for the Employees of the Jewish Home of Rochester (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits in liquidation as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits in liquidation for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2023 and 2022, and stating that the certified investment information, as described in Note 9 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements 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).

Basis for Opinion

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

Emphasis of Matter—Plan Termination and Liquidation Basis

As discussed in Note 4 to the financial statements, the Board of Directors of Jewish Senior Life, the Plan's Sponsor, voted on March 28, 2022 to terminate the Plan, and management determined liquidation was imminent. As a result, the Plan has presented the 2022 and 2023 financial statements on the liquidation basis of accounting and all assets have been disbursed as of December 31, 2023. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

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

Our 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 U.S. GAAP.

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 U.S. GAAP.

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of schedule h, line 4j – schedule of reportable transactions, for the year ended December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 GAAS. 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 its form and content, is presented in conformity with the DOL’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, are presented, in all material respects, in conformity with the DOL’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).

Freed Maxick CPAs, P.C.

Rochester, New York
September 19, 2024

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
December 31,**

ASSETS	2023	2022
Investments, at fair value:		
Money market fund	\$ -	\$ 1,789,038
Mutual funds	-	3,157,505
Taxable fixed income fund	-	8,947,371
Multi strategy - hedge fund	-	145,117
Total investments, at fair value	-	14,039,031
Receivables:		
Accrued interest and dividends receivable	-	5,686
Total receivables	-	5,686
Total assets	-	14,044,717
LIABILITIES		
Liquidation expenses payable	-	180,305
Net assets available for benefits	\$ -	\$ 13,864,412

See accompanying notes.

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
For the Years Ended December 31,**

	<u>2023</u>	<u>2022</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 97,750	\$ -
Interest and dividend income	<u>233,286</u>	<u>336,246</u>
Total investment income	<u>331,036</u>	<u>336,246</u>
Contributions:		
Employer contributions	<u>-</u>	<u>252,500</u>
Total contributions	<u>-</u>	<u>252,500</u>
Total additions	<u>331,036</u>	<u>588,746</u>
Deductions:		
Net depreciation in fair value of investments	-	3,266,742
Purchases of annuity contracts	7,884,755	-
Benefits paid directly to participants	5,939,637	825,380
Reversion of excess assets to plan sponsor	319,570	-
Administrative expenses	<u>51,486</u>	<u>204,054</u>
Total deductions	<u>14,195,448</u>	<u>4,296,176</u>
Net decrease in net assets available for benefits	(13,864,412)	(3,707,430)
Net assets available for benefits:		
Beginning of year	<u>13,864,412</u>	<u>17,571,842</u>
End of year	<u>\$ -</u>	<u>\$ 13,864,412</u>

See accompanying notes.

THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan covering eligible employees of the Jewish Home of Rochester, Inc. (the Home). The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA). The Retirement Plan Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Home's Board of Directors.

During 2012, the Plan was frozen, and no employee who was not a participant in the Plan as of December 31, 2012 could become eligible after December 31, 2012. These employees are not eligible to participate in the Plan, or accrue any benefits under the Plan; however they are eligible to participate in the Jewish Senior Life 401(k) plan established January 1, 2013. Additionally, all benefit accruals under the Plan ceased accruing as of December 31, 2012 and no years of service completed, compensation paid, or increases in average compensation after December 31, 2012 are taken into account for the purposes of determining a participant's accrued benefit. The assets of the Plan were maintained in an investment trust held by Wilmington Trust, the Plan's trustee.

The Home's Board of Directors adopted a resolution to terminate the Plan effective July 1, 2022. See Note 4 for additional information.

Funding Policy: The Plan's funding policy is for the Home to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2023, the Home did not make any contributions to the Plan (\$252,500 - 2022). The Home's contributions for 2022 exceeded the minimum funding requirements of ERISA.

Pension Benefits: Benefits are determined based on the participant's years of benefit service and compensation as defined by the Plan agreement. The Plan provides for 100% vesting after five years of service of credited service and 0% vesting if less than five years of service have been credited. Effective July 1, 2022, any accrued benefits which were not fully vested shall become 100% vested on account of the termination of the Plan. The Plan permits early retirement at age 55 upon completion of 15 years of benefit service and termination of service, or at age 60 upon completion of 10 years of benefit service and termination of service. The early retirement benefit is the normal retirement benefit reduced by 1/15 for each of the first five years benefit commencement precedes the normal retirement date and 1/30 for each of the next five years. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity contract.

Death and Disability Benefits: A married or unmarried vested participant who dies is eligible for a death benefit. The amount of the death benefit is equal to 50% of the monthly pension the participant would have received had they retired on the day before his death with a joint and 50% survivor option in effect. Payments commence on the earliest date the participant could have begun to receive a benefit and are reduced for benefit commencement prior to normal retirement date. A participant who is unable to engage in any substantial activity due to a medical determination of indefinite duration may begin receiving his unreduced accrued benefit on or after the attainment of age 55 and the completion of 10 years of service.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: Due to the decision to terminate the Plan during 2022, management determined that liquidation of the Plan was imminent and the financial statements have been prepared using the liquidation basis of accounting.

THE RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investments Valuation and Income Recognition: There were no investments remaining at December 31, 2023. Investments at December 31, 2022 are reported at liquidation value due to the Plan termination discussed in Note 4.

Purchases and sales of securities are recorded on a settlement-date basis. Interest income and dividends are recorded on the liquidation basis, including amounts expected to be earned through the final liquidation of Plan assets. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments: Distributions pursuant to the Plan termination were paid at the participants' election by (a) purchase of a nontransferable annuity contract; (b) cash distribution of the present value of the participant's accrued benefit; or (c) rollover distribution to an eligible retirement plan. Substantially all benefit distributions were made and all plan assets distributed or rolled over to other plans by August 2023. The Plan submitted documentation of final distributions to the Pension Benefit Guarantee Corporation on August 14, 2023.

Administrative Expenses: The Plan's expenses are paid by the Plan or the Home, as provided by the plan document. Expenses that are paid directly by the Home are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events: The Plan has evaluated subsequent events through September 19, 2024, the date the financial statements were available to be issued.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial cost method was computed using the traditional unit credit method of funding. The significant actuarial assumptions used in the valuations as of December 31, 2022 were (a) life expectancy of participants (the Pri-2012 Mortality Table with separate rates for males versus females and employees versus annuitants and generational mortality improvements using MP-2021) (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rate used to discount the obligation for 2022 was 7%. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023. Had the valuations been performed as of December 31, there would be no material differences.

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

An actuary estimates the actuarial present value of accumulated plan benefits which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the date of payment.

The actuarial valuation of accumulated plan benefits at December 31, 2022, was based upon the presumption that the Plan will continue to provide benefits. Had the valuation been performed under a liquidation assumption, there would be no material differences.

The following tables set forth the actuarial value of accumulated benefits of the Plan as of December 31:

	<u>2023 (liquidation basis)</u>		<u>2022 (going concern basis)</u>	
Actuarial PV of APB:				
Vested benefits:				
Active participants	\$	-	\$	4,340,479
Retired participants and beneficiaries in pay status		-		4,614,690
Other participants		-		2,917,271
				<u>11,872,440</u>
Non-vested benefit		-		-
	\$	-	\$	<u>11,872,440</u>

The changes in the actuarial value of accumulated benefits for the year ended December 31, 2023, as follows:

	<u>2023 (liquidation basis)</u>	
Actuarial PV of APB at beginning of year	\$	11,872,440
Interest		336,032
Benefits paid		(14,143,962)
Change in actuarial assumptions		1,935,490
Actuarial PV of APB at end of year	\$	<u>-</u>

NOTE 4. PLAN TERMINATION

The Sponsor made contributions to the Plan in accordance with the minimum funding requirements established by the Internal Revenue Service (IRS) that would ensure that Plan assets were sufficient to pay Plan participants' accrued benefits. On March 28, 2022, the Sponsor's Board of Directors adopted a resolution to terminate the Plan effective July 1, 2022. As a result, management determined that liquidation was imminent.

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4. PLAN TERMINATION (CONTINUED)

In June 2022, a Notice of Interested Parties advising that an application was to be filed was distributed to Plan participants and subsequently, the application for approval of the Plan's termination was filed with the IRS. In addition, in June 2022, a Notice of Plan Benefits was distributed to Plan participants and subsequently a Standard Termination Notice was filed with the Pension Benefit Guaranty Corporation (PBGC) in June 2022. The Notice of Plan Benefits is a statement of a participant's accrued benefit under the Plan, including an estimate of the amount of a single cash payment to which the participant would be entitled following the receipt of Plan termination approval. As a result of the resolution to terminate the Plan, each employee with an accrued benefit of \$5,000 or more under the Plan had the following choices to have the present value of his accrued benefit: (a) used to purchase an annuity under the Contract or (b) distributed in a single cash payment either (i) directly to him or (ii) as a direct rollover by the Plan's trustee into either the Home's 401(k) plan or the participant's rollover Individual Retirement Account.

Total single cash payments made in conjunction with the Plan termination during the year ended December 31, 2023, were \$5,820,988. These amounts are included in benefits paid directly to participants in the Statement of Changes in Net Assets Available for Benefits.

On May 25, 2023, a single premium paid-up group annuity contract (Contract) was purchased from Plan assets from Principal Life Insurance Company for \$7,977,856. Additional adjustments were made, resulting in a change of \$93,101 to the initial premium purchase price. The final amount of the Contract premium was \$7,884,755.

Retirees and beneficiaries receiving pension benefits when the Contract was purchased now have such benefits paid by Principal Life Insurance Company under the Contract. Benefit payments by Principal Life Insurance Company began as of July 1, 2023. The Contract provides that Principal Life Insurance Company has the obligation to pay all benefits under the Contract without the change and in accordance with the elections that were made at the time benefit payments began.

NOTE 5. LIQUIDATION OF REMAINING PLAN ASSETS

After purchasing an annuity contract with \$7,884,755 of Plan assets and making single cash payments to Plan participants from Plan assets totaling \$5,820,988 (Note 4), the Plan still held assets totaling \$319,570. These reversionary Plan assets were distributed by year-end following IRS guidelines that provide that the Plan is allowed to contribute up to 25% of reversionary assets to another qualified retirement plan sponsored by the Company with all remaining reversionary assets to be returned to the Home. During 2023 the Plan transferred all remaining assets to the Home.

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:

- 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.

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

NOTES TO THE FINANCIAL STATEMENTS

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.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2022. There are no assets remaining at December 31, 2023.

Money Market Fund: Valued at cost plus interest, which approximates fair value. These investments are classified as Level 1 investments.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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. These investments are classified as Level 1 investments.

Taxable Fixed Income Fund: Certain bond funds are listed on national markets or exchanges and are valued at the last sales price, or if there is no sale and the market is considered active, at the mean of the last bid and asked prices on such exchange. These investments are classified as Level 1 investments.

Alternative Investments (multi strategy – hedge fund): Alternative investments are valued using the NAV provided by the administrator of the fund as a practical expedient to determine fair value. The NAV is based on the value of the funds' underlying assets and liabilities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	<u>Investments at Fair Value as of December 31, 2022</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 1,789,038	\$ -	\$ -	\$ 1,789,038
Mutual funds	3,157,505	-	-	3,157,505
Taxable fixed income fund	8,947,371	-	-	8,947,371
Multi strategy – hedge fund (a)	<u>-</u>	<u>-</u>	<u>-</u>	<u>145,117</u>
Total investments, at fair value	<u>\$ 13,893,914</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$14,039,031</u>

(a) In accordance with FASB ASC 820-10, certain investments that are measured at fair value using the NAV 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 statements of net assets available for benefits.

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Fund	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Multi strategy – hedge fund	\$145,117	\$ -	Existence of extended lock-up or redemption periods	2-year lock-up with a 3% incentive allocation on returns in excess of an annual hurdle of 5% per year and annual withdrawals after lock-up period	95 days, after initial lock-up period

NOTE 7. INCOME TAX STATUS

The Internal Revenue Service issued a final determination letter dated April 18, 2023, stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and stating that the termination of the Plan does not adversely affect its qualification for federal tax purposes.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

**THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9. FINANCIAL CERTIFICATION

The following unaudited financial information relating to the Plan's assets as of December 31, 2023 and 2022, has been derived from information provided by the trustee, Wilmington Trust. The incorporation of this financial information in the accompanying financial statements is based solely on their certifications and has not been audited by independent accountants.

	<u>2023</u>	<u>2022</u>
Investments, at fair value:		
Money market fund	\$ -	\$ 1,789,038
Mutual funds	\$ -	\$ 3,157,505
Taxable fixed income fund	\$ -	\$ 8,947,371
Multi strategy - hedge fund	\$ -	\$ 145,117
Receivables:		
Accrued interest and dividends receivable	\$ -	\$ 5,686
Transactions for the years ended:		
Net appreciation (depreciation) in fair value of investments	\$ 97,750	\$ (3,266,742)
Interest and dividend income	\$ 233,286	\$ 336,246

THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 16-0743058, PLAN ID #001
For the Year Ended December 31, 2023

(a) Identity of Issuer	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
Category I - Single Transactions in Excess of 5% of Plan Assets						
Baird	Ultra Short Term Bond Fund - Institutional Premium Class	\$ -	\$ 1,175,000	\$ 1,170,326	\$ 1,175,000	\$ 4,674
Vanguard	Ultra-Short-Term Bond Fund	\$ -	\$ 1,170,000	\$ 1,167,052	\$ 1,170,000	\$ 2,948
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 960,000	\$ 933,927	\$ 960,000	\$ 26,073
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 3,214,053	\$ 3,216,196	\$ 3,214,053	\$ (2,143)
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 1,210,000	\$ 1,200,039	\$ 1,210,000	\$ 9,961
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 2,721,787	\$ 2,690,338	\$ 2,721,787	\$ 31,449
Vanguard	Short-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 1,227,673	\$ 1,220,261	\$ 1,227,673	\$ 7,412
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 3,960,000	\$ -	\$ 3,960,000	\$ 3,960,000	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ -	\$ 4,009,000	\$ 4,009,000	\$ 4,009,000	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 8,011,014	\$ -	\$ 8,011,014	\$ 8,011,014	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ -	\$ 8,011,014	\$ 8,011,014	\$ 8,011,014	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 4,009,000	\$ -	\$ 4,009,000	\$ 4,009,000	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ -	\$ 5,547,483	\$ 5,547,483	\$ 5,547,483	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 8,011,014	\$ -	\$ 8,011,014	\$ 8,011,014	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ -	\$ 8,035,771	\$ 8,035,771	\$ 8,035,771	\$ -
Category III - Series of Transactions in the Same Security in Excess of 5% of Plan Assets						
Baird	Ultra Short Bond Fund - Institutional Premium Class	\$ 11,073	\$ -	\$ 11,073	\$ 11,073	\$ -
Baird	Ultra Short Bond Fund - Institutional Premium Class	\$ -	\$ 1,597,717	\$ 1,590,115	\$ 1,597,717	\$ 7,602
Vanguard	Ultra-Short-Term Bond Fund - Admiral Shares	\$ 10,817	\$ -	\$ 10,817	\$ 10,817	\$ -
Vanguard	Ultra-Short-Term Bond Fund - Admiral Shares	\$ -	\$ 1,594,784	\$ 1,589,282	\$ 1,594,784	\$ 5,502
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	\$ 61,740	\$ -	\$ 61,740	\$ 61,740	\$ -
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 4,339,053	\$ 4,309,875	\$ 4,339,053	\$ 29,178
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	\$ 43,541	\$ -	\$ 43,541	\$ 43,541	\$ -
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 4,081,787	\$ 4,036,715	\$ 4,081,787	\$ 45,072
Vanguard	Short-Term Investment Grade Fund - Admiral Shares	\$ 563,650	\$ -	\$ 563,650	\$ 563,650	\$ -
Vanguard	Short-Term Investment Grade Fund - Admiral Shares	\$ -	\$ 1,277,673	\$ 1,269,711	\$ 1,277,673	\$ 7,962
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 25,358,757	\$ -	\$ 25,358,757	\$ 25,358,757	\$ -
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ -	\$ 27,147,790	\$ 27,147,790	\$ 27,147,790	\$ -

This schedule was prepared solely from information certified by Wilmington Trust as complete and accurate.

Attachment to 2023 Form 5500 Schedule SB
 Plan: Retirement Plan for the Employees of the Jewish Home of Rochester
 EIN/PN: 16-0743058/001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service as of January 1, 2023										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25											0
25 to 29											0
30 to 34				2							2
35 to 39		1	3	3	1						8
40 to 44			4	9	5						18
45 to 49			2	6	7	3	1				19
50 to 54			2	4	5	12	3	1			27
55 to 59		2	1	7	8	7	4	3			32
60 to 64			3	6	4	6	3	5		2	29
65 to 69			1	3	1	1		1	2	2	11
70 & up		1			2	1					4
Total	0	4	16	40	33	30	11	10	2	4	150

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Discount rate elections	Segment rates with four-month lookback					
			<u>ARPA</u>			<u>PPA</u>
	1 st segment rate		4.75%			1.41%
	2 nd segment rate		5.00%			3.09%
	3 rd segment rate		5.74%			3.58%
Mortality elections	2023 PPA static annuitant and nonannuitant mortality tables					
Disability	1985 Disability – Class 2 Table					
	See table of sample rates:					
	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
	20	.064%	.055%	40	.314%	.357%
	25	.093%	.096%	45	.505%	.522%
	30	.134%	.165%	50	.830%	.854%
	35	.199%	.252%	55	1.502%	1.490%
Withdrawal	See table of sample rates (150% of the 2003 Plan Turnover Study Basic Service Table published by the Society of Actuaries):					
		<u>Service</u>				<u>Rate</u>
		0				25.7%
		5				12.5%
		10				7.4%
		15				5.5%
		20				4.2%
		25				3.2%
Expenses	Expenses are added to current year normal cost based on prior year actual administrative expenses rounded to nearest \$1,000					

Attachment to 2023 Form 5500 Schedule SB
 Plan: Retirement Plan for the Employees of the Jewish Home of Rochester
 EIN/PN: 16-0743058/001

Retirement age	<u>Age</u>	<u>Rate</u>
	55	4%
	56 – 57	1%
	58	2%
	59	3%
	60 – 61	4%
	62	10%
	63 – 64	5%
	65	70%
	66	35%
	67 – 69	30%
	70+	100%

For future and current terminated vested participants, age 65.
 For future disabilities, immediately if eligible for early retirement at time of decrement. Otherwise, age 65.

Percentage married	<ul style="list-style-type: none"> • Males – 65% • Females – 65%
Age difference	A male is assumed to be three years older than his spouse

Form of payment	<u>Form of payment</u>	<u>Hired pre-1997</u>	<u>Hired post-1997</u>
	Life annuity	20%	40%
	5-year certain and life	0%	10%
	50% joint & survivor	5%	10%
	75% joint & survivor	0%	5%
	100% joint & survivor	0%	20%
	5-year installments	0%	5%
	10-year installments	0%	10%
	Lump sum	75%	N/A

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Asset valuation method

We used financial data submitted by the trustee as of January 1, 2023 without further audit. Customarily, this data would not be verified by a plan's actuary. We have reviewed the information for internal consistency and reasonableness and have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value for each of the immediately preceding two years. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in Section 430. A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participants included in the valuation

Participant data was supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Only those employees who have met the eligibility requirements of the plan are included in the valuation of liabilities.

No liability is included for nonvested participants who terminate prior to the valuation date. Participants with a break in service on the valuation date are treated as terminated vested participants.

Benefits included or excluded in the valuation

Unless noted below, all benefits provided by the plan are included in the valuation:

- Plan amendments – Amendments adopted after the valuation date are excluded from the valuation.
- Scheduled benefit increases – Scheduled benefit increases (such as cost-of-living increases) effective after the end of the current plan year are excluded from minimum funding requirements.
- Late retirement increases – Accrued benefits are actuarially increased for retirements beginning after normal retirement age.
- Shutdown benefits – We are not aware of any actions that would create shutdown benefits; therefore, they are excluded.
- IRC Section 415(b) – The limitations of IRC Section 415(b) have been incorporated into our calculations.
- Benefit restrictions – Benefit restrictions (if applicable) are ignored in this valuation.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan sponsor elections

Funding interest rate

- Segment rates with four-month lookback
- ARPA – the plan sponsor has elected to apply the ARPA interest rate provisions beginning with the 2021 plan year

Shortfall amortizations

- ARPA – the plan sponsor has elected to apply the ARPA shortfall amortization provisions beginning with the 2021 plan year

Mortality

- PPA static table for annuitants and nonannuitants

Asset method

- Average value
- 2-year averaging period
- Annual frequency

Valuation of lump sums based on 417(e) assumptions

- Rates used for funding target, without adjustment

Actuarial cost method

The actuarial cost method used for minimum funding calculations is known as the traditional unit credit method. The objective under this method is to fund each participant's benefits as they are earned under the plan.

A participant's **accrued liability** is the present value of these benefits based on Credited Service and average pay as of the beginning of the plan year. A participant's **normal cost** is the present value of the benefit earned in the current plan year. The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

THE RETIREMENT PLAN FOR THE EMPLOYEES
OF THE JEWISH HOME OF ROCHESTER
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 16-0743058, PLAN ID #001
For the Year Ended December 31, 2023

(a) Identity of Issuer	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
Category I - Single Transactions in Excess of 5% of Plan Assets						
Baird	Ultra Short-Term Bond Fund - Institutional Premium Class	\$ -	\$ 1,175,000	\$ 1,170,326	\$ 1,175,000	\$ 4,674
Vanguard	Ultra-Short-Term Bond Fund	-	1,170,000	1,167,052	1,170,000	2,948
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	\$ -	960,000	933,927	960,000	26,073
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	-	3,214,053	3,216,196	3,214,053	(2,143)
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	\$ -	1,210,000	1,200,039	1,210,000	9,961
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	-	2,721,787	2,690,338	2,721,787	31,449
Vanguard	Short-Term Investment Grade Fund - Admiral Shares	-	1,227,673	1,220,261	1,227,673	7,412
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 3,960,000	-	3,960,000	3,960,000	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	-	4,009,000	4,009,000	4,009,000	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 8,011,014	-	8,011,014	8,011,014	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	-	8,011,014	8,011,014	8,011,014	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 4,009,000	-	4,009,000	4,009,000	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	-	5,547,483	5,547,483	5,547,483	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 8,011,014	-	8,011,014	8,011,014	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	-	8,035,771	8,035,771	8,035,771	-
Category III - Series of Transactions in the Same Security in Excess of 5% of Plan Assets						
Baird	Ultra Short Bond Fund - Institutional Premium Class	\$ 11,073	-	11,073	11,073	-
Baird	Ultra Short Bond Fund - Institutional Premium Class	\$ -	1,597,717	1,590,115	1,597,717	7,602
Vanguard	Ultra-Short-Term Bond Fund - Admiral Shares	\$ 10,817	-	10,817	10,817	-
Vanguard	Ultra-Short-Term Bond Fund - Admiral Shares	-	1,594,784	1,589,282	1,594,784	5,502
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	\$ 61,740	-	61,740	61,740	-
Vanguard	Long-Term Investment Grade Fund - Admiral Shares	-	4,339,053	4,309,875	4,339,053	29,178
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	\$ 43,541	-	43,541	43,541	-
Vanguard	Intermediate-Term Investment Grade Fund - Admiral Shares	-	4,081,787	4,036,715	4,081,787	45,072
Vanguard	Short-Term Investment Grade Fund - Admiral Shares	\$ 563,650	-	563,650	563,650	-
Vanguard	Short-Term Investment Grade Fund - Admiral Shares	-	1,277,673	1,269,711	1,277,673	7,962
Wilmington	US Government Money Market Fund - Institutional Premium Class	\$ 25,358,757	-	25,358,757	25,358,757	-
Wilmington	US Government Money Market Fund - Institutional Premium Class	-	27,147,790	27,147,790	27,147,790	-

This schedule was prepared solely from information certified by Wilmington Trust as complete and accurate.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

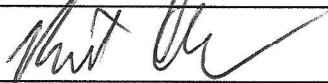
A Name of plan RETIREMENT PLAN FOR THE EMPLOYEES OF THE JEWISH HOME OF ROCHESTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE JEWISH HOME OF ROCHESTER	D Employer Identification Number (EIN) 16-0743058	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	14,044,717	
b Actuarial value.....	2b	15,449,189	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	120	5,341,760	5,341,760
b For terminated vested participants.....	174	3,021,378	3,021,378
c For active participants.....	150	4,850,003	4,850,003
d Total.....	444	13,213,141	13,213,141
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			5 5.28%
6 Target normal cost			
a Present value of current plan year accruals.....			6a 0
b Expected plan-related expenses.....			6b 24,000
c Target normal cost.....			6c 24,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>9/20/2023</u> Date
	ROBERT H. DANESH Type or print name of actuary	2306374 Most recent enrollment number
	HARPER DANESH LLC Firm name	585-319-4218 Telephone number (including area code)
	399 ALEXANDER STREET ROCHESTER NY 14607 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years..... **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 24,000

b Excess assets, if applicable, but not greater than line 31a **31b** 24,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Part V – Summary of Plan Provisions

Effective date and plan year	January 1, 1973 Plan Year: January 1 through December 31
Most recent amendment	The plan was most recently amended and restated on June 9, 2022, to terminate the Plan effective July 1, 2022. Previously, the plan was amended to freeze the plan for future participation and benefit accruals effective December 31, 2012.
Eligibility	All employees are eligible upon the attainment of age 21 and the completion of one year of service. Participation was frozen effective December 31, 2012.
Credited service	Each plan year during which the participant completes at least 975 hours of service. Credited service was frozen effective December 31, 2012.
Normal retirement	Eligibility – Age 65 and five years of plan participation Amount of benefit – Greater of i) accrued benefit as of December 31, 2009 plus 1% of average annual compensation for service after December 31, 2009 and ii) \$30 per month multiplied by years of service after December 31, 2005 (maximum of 25 years)
Normal Form of Annuity	Life annuity for unmarried participants and 50% joint & survivor annuity for married participants
Optional Forms of Payment	Five and ten-year certain and continuous annuities, contingent annuitant options and a lump sum option
Early retirement	Eligibility – Age 55 and the completion of 10 years of service Amount of benefit – Accrued benefit reduced by 1/180 th for each of the first 60 months plus 1/360 th for each of the next 60 months that retirement precedes benefit commencement
Deferred vested benefit	Eligibility – Completion of five years of service Amount of benefit – Same as normal or early retirement

Attachment to 2023 Form 5500 Schedule SB

Plan: Retirement Plan for the Employees of the Jewish Home of Rochester

EIN/PN: 16-0743058/001

Disability benefit

Eligibility – Participant who is unable to engage in any substantial activity due to a medical determination of indefinite duration and who has reached Early Retirement date

Amount of benefit – Accrued benefit unreduced for early retirement

Death benefit

Eligibility – A life annuity is payable to the surviving spouse of a Participant whose death occurs after five years of service, but prior to retirement

Amount of benefit – Amount payable to the surviving spouse assumes participant survived to earliest retirement date, elected the 50% joint and survivor annuity, and then died
