# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2023**

**This Form is Open to Public Inspection**

## 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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 08/19/1980

**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)
LOS ANGELES JEWISH HOME FOR THE AGING

7150 TAMPA AVENUE
RESEDA, CA 91335-3700

**2b** Employer Identification Number (EIN) 95-3510024

**2c** Plan Sponsor's telephone number 818-774-3000

**2d** Business code (see instructions) 623000

**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. | 04/04/2025 | ALYSSA ALDERMAN |
| | **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 [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1658 |
| **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)** | 1242 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1245 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 398 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1643 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1643 |
| **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)** | 1095 |
| **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)** | 1081 |
| **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:

2F 2G 2L 2M 2T 3D 3H

**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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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
LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES JEWISH HOME FOR THE AGING

**D** Employer Identification Number (EIN)
95-3510024

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

**1** Coverage Information:

**(a)** Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 35-0472300 | 65676 | CR06618 | 945 | 01/01/2023 | 12/31/2023 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 86623 | 0 |

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

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

LINCOLN FINANCIAL ADVISORS
PO BOX 2239,
FORT WAYNE, IN 46801-2239

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 86623 | | | 4 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 25538149 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 2229999 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 770798 | | |
| | (4) Transferred from separate account | 7c(4) | 821322 | | |
| | (5) Other (specify below) | 7c(5) | 816951 | | |
| | ▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS, AND/OR ADJUSTMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 4639070 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 30177219 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 3094018 | | |
| | (2) Administration charge made by carrier | 7e(2) | 4149 | | |
| | (3) Transferred to separate account | 7e(3) | 1441041 | | |
| | (4) Other (specify below) | 7e(4) | 1041215 | | |
| | ▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES, AND/OR ADJUSTMENTS | | | | |
| | (5) Total deductions | | | 7e(5) | 5580423 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 24596796 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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
LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES JEWISH HOME FOR THE AGING

**D** Employer Identification Number (EIN)
95-3510024

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 74-1625348 | 70238 | 51210 | 23 | 01/01/2023 | 12/31/2023 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 313 | 0 |

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

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

SEAN P RODRIGUEZ
2929 ALLEN PKWY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 313 | | | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 556422 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 645728 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 19788 | | |
| | (4) Transferred from separate account | 7c(4) | 19322 | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 39110 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 684838 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 128416 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 128416 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 556422 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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
LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES JEWISH HOME FOR THE AGING

**D** Employer Identification Number (EIN)
95-3510024

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

**1** Coverage Information:

**(a)** Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE CO

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 36-6071399 | 70688 | FA065045 | 8 | 01/01/2023 | 12/31/2023 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 111386 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 3453 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 3453 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 114839 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 30687 | | |
| | (2) Administration charge made by carrier | 7e(2) | 230 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 30917 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 83922 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**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
LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES JEWISH HOME FOR THE AGING

**D** Employer Identification Number (EIN)
95-3510024

## 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).. . . . . [X] 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

TRANSAMERICA RETIREMENT SOLUTIONS
6400 C STREET SW
MAIL STOP E1 CR
CEDAR RAPIDS, IA 52499

13-3689044

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

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

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

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

CHARLES SCHWAB BANK

211 MAIN STREET, 14TH FLOOR
SAN FRANCISCO, CA 94105-1965

94-1737782

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | SERVICE PROVIDER | 24733 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LINCOLN NATIONAL CORPORATION

35-1140070

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | SERVICE PROVIDER | 6938 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**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
LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES JEWISH HOME FOR THE AGING

**D** Employer Identification Number (EIN)
95-3510024

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 107798 | 112080 |
| **(2)** Participant contributions | 1b(2) | 43730 | 44061 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 43 | 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) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 1516034 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(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) | 20748468 | 27273189 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 26295263 | 26535807 |
| **(15)** Other | 1c(15) | 608326 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 49319662 | 53965137 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 49319662 | 53965137 |

## Part II Income and Expense Statement

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

| | | | (a) Amount | (b) Total |
|---|---|---|---|---|
| | **Income** | | | |
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 1202826 | |
| | **(B)** Participants | 2a(1)(B) | 3086587 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 416411 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 4705824 |
| **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) | 913009 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 913009 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(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) | | 4395508 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 10014341 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 5339029 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 5339029 |
| **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) | 29607 | |
| **(3)** Recordkeeping fees | 2i(3) | 230 | |
| **(4)** IQPA audit fees | 2i(4) | | |
| **(5)** Investment advisory and investment management fees | 2i(5) | | |
| **(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) | | |
| **(11)** Other expenses | 2i(11) | | |
| **(12)** Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 29837 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 5368866 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4645475 |
| **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)** [X] 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)** [X] 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: MOSS ADAMS LLP **(2)** EIN: 91-0189318

**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.) | **4a** | | 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.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 3000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**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
LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
LOS ANGELES JEWISH HOME FOR THE AGING

**D** Employer Identification Number (EIN)
95-3510024

## 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): 35-1140070 94-1737782

**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** 55

## 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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) 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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500796A .



REPORT OF INDEPENDENT AUDITORS
AND FINANCIAL STATEMENTS WITH
SUPPLEMENTAL SCHEDULE

# LA JEWISH HOME FOR THE AGING RETIREMENT PLAN

December 31, 2023 and 2022

MOSSADAMS

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MOSSADAMS

# Report of Independent Auditors

Plan Administrator
LA Jewish Home for the Aging Retirement Plan

## Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of LA Jewish Home for the Aging Retirement 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 as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 LA Jewish Home for the Aging Retirement Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 7 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 (U.S. 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 LA Jewish Home for the Aging Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### *Emphasis of Matter*

As discussed in Note 2 to the financial statements, the Plan has restated its 2023 and 2022 financial statements to correct for a misstatement. 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 LA Jewish Home for the Aging Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

### *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 U.S. 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 U.S. 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 LA Jewish Home for the Aging Retirement 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 LA Jewish Home for the Aging Retirement 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 certifications, 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 Matters***

*Supplemental Schedule Required by ERISA*

The supplemental schedule, Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) as of 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the 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 U.S. 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosures 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).



Los Angeles, California
November 6, 2023,
Except for Note 2 and the Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) for which the date is April 4, 2025.

# LA Jewish Home for the Aging Retirement Plan
## Statements of Net Assets Available for Benefits

| | December 31, 2023 (Restated) | December 31, 2022 (Restated) |
|---|---|---|
| ASSETS | | |
| Investments, at fair value | | |
| Registered investment companies | $ 27,273,189 | $ 22,000,697 |
| Investments, at contract value | | |
| Guaranteed annuity contracts, at contract value | 26,535,807 | 27,167,437 |
| Total investments | 53,808,996 | 49,168,134 |
| Receivables | | |
| Employee contribution receivable | 112,080 | 107,798 |
| Employer contribution receivable | 44,061 | 43,730 |
| | 156,141 | 151,528 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 53,965,137 | $ 49,319,662 |


See accompanying notes.

# LA Jewish Home for the Aging Retirement Plan
## Statement of Changes in Net Assets Available for Benefits

| | Year Ended December 31, 2023 |
|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO | |
| Investment income | |
| Net appreciation in fair value of investments | $ 4,395,508 |
| Interest and dividend income | 913,009 |
| Total investment income | 5,308,517 |
| Contributions | |
| Participant | 3,086,587 |
| Employer | 1,202,826 |
| Rollover | 416,411 |
| Total contributions | 4,705,824 |
| Total additions | 10,014,341 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO | |
| Benefits paid to participants | 5,339,029 |
| Administrative fees | 29,837 |
| Total deductions | 5,368,866 |
| CHANGE IN NET ASSETS | 4,645,475 |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| Beginning of year | 49,319,662 |
| End of year | $ 53,965,137 |

### Note 1 – Description of Plan

The following description of the LA Jewish Home for the Aging Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of Plan provisions.

**General** – The Plan is a 403(b) salary deferral plan covering substantially all employees of LA Jewish Home for the Aging and is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Los Angeles Jewish Home for the Aging (the Plan Sponsor) is the Plan's sponsor and serves as plan administrator.

**Eligibility** – All employees are eligible to participate in the employee elective deferral part of the Plan. There is no age or years of service requirement to participate. For eligibility in employer matching contributions, employees must work more than 20 hours per week and complete one eligible year of service.

**Contributions** – Participants may elect to have contributions from 1% to 100% of eligible compensation contributed to the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. For eligible participants the Plan Sponsor may match 100% of employee contributions up to 3% of the employee's compensation.

Contributions are subject to the Internal Revenue Code (the Code) regulation limitations.

Lincoln National Life Insurance Company, Transamerica Financial Life Insurance Company (Transamerica), Variable Annuity Life Insurance Company (VALIC), and Charles Schwab Trust Bank are the custodians of the Plan. The Plan ceased allowing contributions into accounts held with the VALIC and Transamerica.

**Participant accounts** – Each participant's account is credited with the participant's contribution, the Plan Sponsor's matching contribution, and an allocation of plan earnings or losses, and charged with participant's administrative expenses. Allocations are based on account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** – Participants are fully vested in all contributions plus actual earnings thereon at all times.

**Payment of benefits** – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance or annual installments over a period not to exceed the life expectancy of the participant or the joint and last survivor life expectancy of the participant and their designated beneficiary. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

**Plan loans** – Participants may borrow funds directly from Lincoln National Life Insurance Company or VALIC, subject to certain limitations. Applicants receiving a loan from either vendor are required to transfer funds equal to the amount of the loan into a group fixed annuity account for use as collateral on the loan. These funds are restricted with respect to withdrawals and transfers while the loan is outstanding. Principal and interest payments are made monthly or quarterly by the participant directly to the custodians. The loans are not reported as assets of the Plan. The total collateral for these loans included in Plan assets was $1,687,866 and $1,516,034 as of December 31, 2023 and 2022, respectively. As of December 31, 2023 and 2022, there were $166,737 and $94,586 of plan loans in default, respectively.

**Note 2 – Summary of Significant Accounting Policies**

**Correction of error –** Subsequent to the issuance of the Plan's financial statements as of and for the year ended December 31, 2023, the Plan Administrator determined that the previously reported Pooled Separate Accounts in the amount of $15,770,719 and $13,474,465 as of December 31, 2023 and 2022, respectively, were incorrectly classified. The appropriate classification of these investment funds should have been Registered Investment Companies. As a result, the Company corrected the presentation on the statement of net assets available for benefits along with the fair value leveling disclosure for the years ended December 31, 2023 and 2022 in Note 3 and the supplemental schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2023 to reflect the correction of this classification error. This error had no impact on total investments presented in the statements of net assets available for benefits as of December 31, 2023 and 2022, or the amounts presented in the statement of changes in net assets available for benefits for the year ended December 31, 2023.

**Basis of accounting** – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), using the accrual method of accounting.

**Use of estimates** – The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Investment valuation** – Investments are stated at fair value and contract value as certified by the Plan's custodians, Lincoln National Life Insurance Company, Transamerica, VALIC, and Charles Schwab Bank.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. If available, quoted market prices are used to value investments.

Contract value is the relevant measurement for assets invested in fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**Payment of benefits** – Benefits are recorded when paid.

**Income recognition** – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

**Expenses** – Any Plan expenses not paid by the Plan Sponsor are paid from Plan assets.

**Note 3 – 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).

**Basis of Fair Value Measurement**

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

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

*Registered investment companies (mutual funds)* – Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

The valuation methods used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables disclose by level the fair value hierarchy of the Plan's assets at fair value as of December 31, 2023 and 2022:

| | December 31, 2023 (Restated) | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments measured at fair value | | | | |
| Registered investment companies | $ 27,273,189 | $ - | $ - | $ 27,273,189 |

| | December 31, 2022 (Restated) | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments measured at fair value | | | | |
| Registered investment companies | $ 22,000,697 | $ - | $ - | $ 22,000,697 |

**Note 4 – Guaranteed Annuity Contracts**

The Plan's guaranteed annuity contracts are fully benefit-responsive and presented at contract value on the statements of net assets available for benefits. The guaranteed annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed under the contract. Contract value as reported to the Plan by Lincoln National Life Insurance Company and VALIC represents contributions made under the contract, plus earnings, less participant withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk or the contract issuer or otherwise. Crediting rates on the investment contracts are based on a formula agreed upon with the issuer. Interest rates are reviewed on a quarterly basis for resetting.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, may limit the Plan's ability to transact at contract value with the issuer. The plan administrator does not believe that the occurrence of such events, which would also limit the Plan's ability to transact at contract value with participants, is probable.

**Note 5 – Tax Status**

The plan administrator believes the Plan meets the qualification requirements under Section 403(b) and is tax exempt under provisions of the Code. The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

In accordance with guidance on accounting for uncertainty in income taxes (Accounting Standards Codification 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 6 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

**Note 7 – Information Certified by the Custodians**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln National Life Insurance Company, Transamerica, VALIC, and Charles Schwab Bank, the custodians of the Plan, have certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2023.
- Investments reflected on the supplemental schedule of assets (held at end of year).

**Note 8 – Party-in-Interest Transactions**

Plan investments include shares of registered investment company funds and guaranteed annuity contracts, managed by Lincoln National Life Insurance Company, Transamerica, VALIC, and Charles Schwab Bank, who are the custodians of the Plan's assets, and therefore, transactions with these entities qualify as exempt party-in-interest transactions. Fees paid by the Plan amounted were not material for the year ended December 31, 2023.

**Note 9 – Plan Termination**

Although it has not expressed any intention to do so, the Plan Sponsor has the right to terminate the Plan and discontinue its contributions at any time subject to Plan provisions.

**Note 10 – Subsequent Events**

Subsequent events are events or transactions that occur after the statements of net assets available for benefits date but before the financial statements are issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statements of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize

subsequent events that provide evidence about conditions that did not exist at the date of the statements of net assets available for benefits but arose after the statements of net assets available for benefits date and before the financial statements are issued.

The Plan has evaluated subsequent events through April 4, 2025, which is the date the financial statements were available to be issued.

# Supplemental Schedule
# Required by the Department of Labor

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Alliance Bernstein Global Thematic Growth | Registered Investment Company | ** | $ 77,504 |
| | American Funds Global Growth | Registered Investment Company | ** | 496,898 |
| | American Funds Growth | Registered Investment Company | ** | 2,071,365 |
| | American Funds Growth-Income | Registered Investment Company | ** | 779,803 |
| | American Funds International | Registered Investment Company | ** | 960,403 |
| | Blackrock Global Allocation | Registered Investment Company | ** | 66,417 |
| | Delaware VIP Diversified Income | Registered Investment Company | ** | 15,862 |
| | Delaware VIP High Yield | Registered Investment Company | ** | 30,467 |
| | Delaware VIP REIT | Registered Investment Company | ** | 96,546 |
| | Delaware VIP Small Cap Value | Registered Investment Company | ** | 193,180 |
| | Delaware VIP Smid Cap Core Series | Registered Investment Company | ** | 285,214 |
| | Delaware VIP Value | Registered Investment Company | ** | 106,725 |
| | DWS Alternative Asset Allocation PLS VIP | Registered Investment Company | ** | 14,929 |
| | Fidelity VIP Contrafund | Registered Investment Company | ** | 1,401,312 |
| | Fidelity VIP Freedom Target date 2020 | Registered Investment Company | ** | 7,781 |
| | Fidelity VIP Freedom Target date 2025 | Registered Investment Company | ** | 6,287 |
| | Fidelity VIP Freedom Target date 2030 | Registered Investment Company | ** | 92,565 |
| | Fidelity VIP Freedom Target date 2035 | Registered Investment Company | ** | 2,902 |
| | Fidelity VIP Freedom Target date 2040 | Registered Investment Company | ** | 15,107 |
| | Fidelity VIP Freedom Target date 2045 | Registered Investment Company | ** | 1,815 |
| | Fidelity VIP Freedom Target date 2050 | Registered Investment Company | ** | 495 |
| | Fidelity VIP Freedom Target date 2055 | Registered Investment Company | ** | 9,475 |
| | Fidelity VIP Freedom Target date 2060 | Registered Investment Company | ** | 1,667 |
| | Fidelity VIP Growth | Registered Investment Company | ** | 1,065,029 |
| * | Lincoln Fixed Income | Guaranteed Annuity Contract | ** | 26,284,662 |
| * | Lincoln VIP Baron Growth Opportunities | Registered Investment Company | ** | 173,624 |
| * | Lincoln VIP Blackrock Dividend Value Managed Volatility | Registered Investment Company | ** | 180,035 |
| * | Lincoln VIP Blackrock Global Real Estate Fund | Registered Investment Company | ** | 153,793 |
| * | Lincoln VIP Blackrock Inflation Protection Bond | Registered Investment Company | ** | 4,473 |
| * | Lincoln VIP Blended Lrg Cap Growth Managed Volatility | Registered Investment Company | ** | 217,310 |
| * | Lincoln VIP Blended Mid Cap Managed Volatility | Registered Investment Company | ** | 33,398 |
| * | Lincoln VIP Delaware Bond | Registered Investment Company | ** | 79,694 |
| * | Lincoln VIP Delaware Diversified Floating Rate | Registered Investment Company | ** | 556 |
| * | Lincoln VIP Delaware Social Awareness | Registered Investment Company | ** | 330,024 |
| * | Lincoln VIP Delaware Special Opportunities | Registered Investment Company | ** | 1,156,439 |
| * | Lincoln VIP Delaware Wealth Builder Fund | Registered Investment Company | ** | 12,067 |
| * | Lincoln VIP Dimensional U.S. Core Equity 1 | Registered Investment Company | ** | 117,281 |
| * | Lincoln VIP Franklin Templeton Global Equity Managed Volatility | Registered Investment Company | ** | 37,203 |
| * | Lincoln VIP Global Conservative Allocation MRSK | Registered Investment Company | ** | 3,809 |
| * | Lincoln VIP Global Growth Allocation Managed Risk | Registered Investment Company | ** | 759 |
| * | Lincoln VIP Global Income | Registered Investment Company | ** | 11,186 |
| * | Lincoln VIP Global Moderate Allocation Managed Risk | Registered Investment Company | ** | 8,077 |
| * | Lincoln VIP Government Money Market | Registered Investment Company | ** | 2,061,529 |
| * | Lincoln VIP Jpmorgan Select Mid Cap Value Managed Volatility | Registered Investment Company | ** | 91,544 |
| * | Lincoln VIP Jpmorgan Retirement Income Fund | Registered Investment Company | ** | 11,891 |
| * | Lincoln VIP Mondrian International Value | Registered Investment Company | ** | 45,299 |
| * | Lincoln VIP SSGA Bond Index | Registered Investment Company | ** | 10,140 |

*(continued)*

# LA Jewish Home for the Aging Retirement Plan
## EIN: 95-3510024 – Plan #: 002
## Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
## December 31, 2023 (Restated)

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Lincoln VIP SSGA Emerging Markets 100 | Registered Investment Company | ** | $ 170,581 |
| * | Lincoln VIP SSGA Global Tactical Allocation Managed Volatility | Registered Investment Company | ** | 11,149 |
| * | Lincoln VIP SSGA International Index | Registered Investment Company | ** | 13,230 |
| * | Lincoln VIP SSGA International Managed Volatility | Registered Investment Company | ** | 15,097 |
| * | Lincoln VIP SSGA S&P 500 Index | Registered Investment Company | ** | 5,405,818 |
| * | Lincoln VIP SSGA Small Cap Index | Registered Investment Company | ** | 352,537 |
| * | Lincoln VIP T Rowe Price 2020 Fund | Registered Investment Company | ** | 3,799 |
| * | Lincoln VIP T Rowe Price 2030 Fund | Registered Investment Company | ** | 159,200 |
| * | Lincoln VIP T Rowe Price 2040 Fund | Registered Investment Company | ** | 20,957 |
| * | Lincoln VIP T Rowe Price 2050 Fund | Registered Investment Company | ** | 34,711 |
| * | Lincoln Vanguard T Rowe Price 2060 Fund | Registered Investment Company | ** | 23,260 |
| * | Lincoln VIP T Rowe Price Mid-Cap Growth | Registered Investment Company | ** | 179,268 |
| * | Lincoln VIP T Rowe Price Structured Mid-Cap Growth | Registered Investment Company | ** | 102,492 |
| * | Lincoln VIP Vanguard Domestic Equity ETF | Registered Investment Company | ** | 168,574 |
| * | Lincoln Vanguard International Equity ETF | Registered Investment Company | ** | 43,130 |
| | MFS Utilities | Registered Investment Company | ** | 1,016,168 |
| | PIMCO Total Return Portfolio | Registered Investment Company | ** | 40,754 |
| * | VALIC Core Bond Fund | Registered Investment Company | ** | 962 |
| * | VALIC Emerging Economies | Registered Investment Company | ** | 31,177 |
| * | VALIC Fixed Account Plus | Registered Investment Company | ** | 382,840 |
| * | VALIC Growth Fund | Registered Investment Company | ** | 143,365 |
| * | VALIC Inflation Protected Fund | Registered Investment Company | ** | 1,275 |
| * | VALIC International Government Bond | Registered Investment Company | ** | 899 |
| * | VALIC International Value Fund | Registered Investment Company | ** | 5,202 |
| * | VALIC Large Capital Growth | Registered Investment Company | ** | 90,101 |
| * | VALIC Loan Collateral Fund | Registered Investment Company | ** | 25,785 |
| * | VALIC Loan Escrow Fund | Registered Investment Company | ** | 1,035 |
| * | VALIC Mid Cap Strategic Growth | Registered Investment Company | ** | 80,999 |
| * | VALIC Science & Technology Fund | Registered Investment Company | ** | 25,696 |
| * | VALIC Short Term Fixed Account | Guaranteed Annuity Contracts | ** | 170,511 |
| * | VALIC Small Cap Value Fund | Registered Investment Company | ** | 1,954 |
| * | VALIC Stock Index Fund | Registered Investment Company | ** | 173,582 |
| * | VALIC Systematic Core Fund | Registered Investment Company | ** | 28,386 |
| * | VALIC Windsor | Registered Investment Company | ** | 68,308 |
| * | VALIC Dividend Value | Registered Investment Company | ** | 49,904 |
| * | VALIC Vanguard Wellington Fund Inc | Registered Investment Company | ** | 6,051 |
| | American Funds 2010 Target Date Retirement Class R5 | Registered Investment Company | ** | 2,939 |
| | American Funds U.S. Government Securities Fund | Registered Investment Company | ** | 261,594 |
| | Blackrock Health Science Opportunity A | Registered Investment Company | ** | 10,807 |
| | Blackrock Health Science Opportunity CL SVC | Registered Investment Company | ** | 7,330 |
| | Blackrock Tech Opportunity Fund A | Registered Investment Company | ** | 54,495 |
| | BNY Mellon Small Cap Stock Index Fund | Registered Investment Company | ** | 28,624 |
| | Columbia Global Technology Growth Fund Advisor Class | Registered Investment Company | ** | 78,050 |
| | Columbia Small Cap Index Class A | Registered Investment Company | ** | 9,257 |
| | DFA Global Equity Portfolio Instl | Registered Investment Company | ** | 2,631 |
| | DFA International Sustainability Core 1 Portfolio | Registered Investment Company | ** | 49,711 |
| | DWS-RREEF Real Estate Securities Fund Class S | Registered Investment Company | ** | 48,805 |
| | Fidelity Adv Health Care Fund Class 1 | Registered Investment Company | ** | 2,641 |
| | Fidelity NASDAQ Composite Index Fund | Registered Investment Company | ** | 333,416 |
| | Fidelity Select Health Care | Registered Investment Company | ** | 34,765 |
| | Janus Henderson Developed World BD I | Registered Investment Company | ** | 26,024 |

*(continued)*

# LA Jewish Home for the Aging Retirement Plan
## EIN: 95-3510024 – Plan #: 002
## Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
## December 31, 2023 (Restated)

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PGIM High Yield Fund - Class Z | Registered Investment Company | ** | $ 15,338 |
| | Principal MidCap S&P 400 Index Fund - Class R5 | Registered Investment Company | ** | 63,209 |
| | Principal SmallCap S&P 600 Index Fund - Class R5 | Registered Investment Company | ** | 213,170 |
| * | Schwab International Index Fund | Registered Investment Company | ** | 262,896 |
| * | Schwab S&P 500 Index Fund | Registered Investment Company | ** | 2,653,404 |
| | TIAA-CREF Large Cap Growth | Registered Investment Company | ** | 211,445 |
| | TIAA-CREF Real Estate Securities Fund Institutional Class | Registered Investment Company | ** | 31,016 |
| | Vanguard Financials Index Fund Admiral Shares | Registered Investment Company | ** | 13,492 |
| | Vanguard Long-Term Treasury Fund Admiral Shares | Registered Investment Company | ** | 117,928 |
| | Vanguard Target Retirement 2020 Fund | Registered Investment Company | ** | 7,480 |
| | Vanguard Target Retirement 2025 Fund | Registered Investment Company | ** | 381,460 |
| | Vanguard Target Retirement 2030 Fund | Registered Investment Company | ** | 45,129 |
| | Vanguard Target Retirement 2035 Fund | Registered Investment Company | ** | 118,175 |
| | Vanguard Target Retirement 2040 Fund | Registered Investment Company | ** | 400,972 |
| | Vanguard Target Retirement 2045 Fund | Registered Investment Company | ** | 73,144 |
| | Vanguard Target Retirement 2050 Fund | Registered Investment Company | ** | 90,685 |
| | Vanguard Target Retirement 2055 Fund | Registered Investment Company | ** | 161,165 |
| | Vanguard Target Retirement 2060 Fund | Registered Investment Company | ** | 43,867 |
| * | Transamerica Financial | Guaranteed Annuity Contract | ** | 80,634 |
| | | | | $ 53,808,996 |

* Indicates party-in-interest.

** Information is not required as investments are participant directed.

# Supplemental Schedule
# Required by the Department of Labor

# LA Jewish Home for the Aging Retirement Plan
## EIN: 95-3510024 – Plan #: 002
## Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
## December 31, 2023

| (a) | (b) Identity of issue, borrower, lessor or similar party | Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Alliance Bernstein Global Thematic Growth | Registered Investment Company | ** | $ 77,504 |
| | American Funds Global Growth | Registered Investment Company | ** | 496,898 |
| | American Funds Growth | Registered Investment Company | ** | 2,071,365 |
| | American Funds Growth-Income | Registered Investment Company | ** | 779,803 |
| | American Funds International | Registered Investment Company | ** | 960,403 |
| | Blackrock Global Allocation | Registered Investment Company | ** | 66,417 |
| | Delaware VIP Diversified Income | Variable Annuity Accounts | ** | 15,862 |
| | Delaware VIP High Yield | Variable Annuity Accounts | ** | 30,467 |
| | Delaware VIP REIT | Variable Annuity Accounts | ** | 96,546 |
| | Delaware VIP Small Cap Value | Variable Annuity Accounts | ** | 193,180 |
| | Delaware VIP Smid Cap Core Series | Variable Annuity Accounts | ** | 285,214 |
| | Delaware VIP Value | Variable Annuity Accounts | ** | 106,725 |
| | DWS Alternative Asset Allocation PLS VIP | Variable Annuity Accounts | ** | 14,929 |
| | Fidelity VIP Contrafund | Variable Annuity Accounts | ** | 1,401,312 |
| | Fidelity VIP Freedom Target date 2020 | Registered Investment Company | ** | 7,781 |
| | Fidelity VIP Freedom Target date 2025 | Registered Investment Company | ** | 6,287 |
| | Fidelity VIP Freedom Target date 2030 | Registered Investment Company | ** | 92,565 |
| | Fidelity VIP Freedom Target date 2035 | Registered Investment Company | ** | 2,902 |
| | Fidelity VIP Freedom Target date 2040 | Registered Investment Company | ** | 15,107 |
| | Fidelity VIP Freedom Target date 2045 | Registered Investment Company | ** | 1,815 |
| | Fidelity VIP Freedom Target date 2050 | Registered Investment Company | ** | 495 |
| | Fidelity VIP Freedom Target date 2055 | Registered Investment Company | ** | 9,475 |
| | Fidelity VIP Freedom Target date 2060 | Registered Investment Company | ** | 1,667 |
| | Fidelity VIP Growth | Variable Annuity Accounts | ** | 1,065,029 |
| * | Lincoln Fixed Income | Guaranteed Annuity Contract | ** | 26,284,662 |
| * | Lincoln VIP Baron Growth Opportunities | Variable Annuity Accounts | ** | 173,624 |
| * | Lincoln VIP Blackrock Dividend Value Managed Volatility | Variable Annuity Accounts | ** | 180,035 |
| * | Lincoln VIP Blackrock Global Real Estate Fund | Variable Annuity Accounts | ** | 153,793 |
| * | Lincoln VIP Blackrock Inflation Protection Bond | Variable Annuity Accounts | ** | 4,473 |
| * | Lincoln VIP Blended Lrg Cap Growth Managed Volatility | Variable Annuity Accounts | ** | 217,310 |
| * | Lincoln VIP Blended Mid Cap Managed Volatility | Variable Annuity Accounts | ** | 33,398 |
| * | Lincoln VIP Delaware Bond | Variable Annuity Accounts | ** | 79,694 |
| * | Lincoln VIP Delaware Diversified Floating Rate | Variable Annuity Accounts | ** | 556 |
| * | Lincoln VIP Delaware Social Awareness | Variable Annuity Accounts | ** | 330,024 |
| * | Lincoln VIP Delaware Special Opportunities | Variable Annuity Accounts | ** | 1,156,439 |
| * | Lincoln VIP Delaware Wealth Builder Fund | Variable Annuity Accounts | ** | 12,067 |
| * | Lincoln VIP Dimensional U.S. Core Equity 1 | Variable Annuity Accounts | ** | 117,281 |
| * | Lincoln VIP Franklin Templeton Global Equity Managed Volatility | Variable Annuity Accounts | ** | 37,203 |
| * | Lincoln VIP Global Conservative Allocation MRSK | Variable Annuity Accounts | ** | 3,809 |
| * | Lincoln VIP Global Growth Allocation Managed Risk | Variable Annuity Accounts | ** | 759 |
| * | Lincoln VIP Global Income | Variable Annuity Accounts | ** | 11,186 |
| * | Lincoln VIP Global Moderate Allocation Managed Risk | Variable Annuity Accounts | ** | 8,077 |
| * | Lincoln VIP Government Money Market | Variable Annuity Accounts | ** | 2,061,529 |
| * | Lincoln VIP Jpmorgan Select Mid Cap Value Managed Volatility | Variable Annuity Accounts | ** | 91,544 |
| * | Lincoln VIP Jpmorgan Retirement Income Fund | Variable Annuity Accounts | ** | 11,891 |
| * | Lincoln VIP Mondrian International Value | Variable Annuity Accounts | ** | 45,299 |
| * | Lincoln VIP SSGA Bond Index | Variable Annuity Accounts | ** | 10,140 |

*(continued)*

# LA Jewish Home for the Aging Retirement Plan
## EIN: 95-3510024 – Plan #: 002
## Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
## December 31, 2023

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Lincoln VIP SSGA Emerging Markets 100 | Variable Annuity Accounts | ** | $ 170,581 |
| * | Lincoln VIP SSGA Global Tactical Allocation Managed Volatility | Variable Annuity Accounts | ** | 11,149 |
| * | Lincoln VIP SSGA International Index | Variable Annuity Accounts | ** | 13,230 |
| * | Lincoln VIP SSGA International Managed Volatility | Variable Annuity Accounts | ** | 15,097 |
| * | Lincoln VIP SSGA S&P 500 Index | Variable Annuity Accounts | ** | 5,405,818 |
| * | Lincoln VIP SSGA Small Cap Index | Variable Annuity Accounts | ** | 352,537 |
| * | Lincoln VIP T Rowe Price 2020 Fund | Variable Annuity Accounts | ** | 3,799 |
| * | Lincoln VIP T Rowe Price 2030 Fund | Variable Annuity Accounts | ** | 159,200 |
| * | Lincoln VIP T Rowe Price 2040 Fund | Variable Annuity Accounts | ** | 20,957 |
| * | Lincoln VIP T Rowe Price 2050 Fund | Variable Annuity Accounts | ** | 34,711 |
| * | Lincoln Vanguard T Rowe Price 2060 Fund | Variable Annuity Accounts | ** | 23,260 |
| * | Lincoln VIP T Rowe Price Mid-Cap Growth | Variable Annuity Accounts | ** | 179,268 |
| * | Lincoln VIP T Rowe Price Structured Mid-Cap Growth | Variable Annuity Accounts | ** | 102,492 |
| * | Lincoln VIP Vanguard Domestic Equity ETF | Variable Annuity Accounts | ** | 168,574 |
| * | Lincoln Vanguard International Equity ETF | Variable Annuity Accounts | ** | 43,130 |
| | MFS Utilities | Registered Investment Company | ** | 1,016,168 |
| | PIMCO Total Return Portfolio | Registered Investment Company | ** | 40,754 |
| * | VALIC Core Bond Fund | Pooled Separate Accounts | ** | 962 |
| * | VALIC Emerging Economies | Pooled Separate Accounts | ** | 31,177 |
| * | VALIC Fixed Account Plus | Pooled Separate Accounts | ** | 382,840 |
| * | VALIC Growth Fund | Pooled Separate Accounts | ** | 143,365 |
| * | VALIC Inflation Protected Fund | Pooled Separate Accounts | ** | 1,275 |
| * | VALIC International Government Bond | Pooled Separate Accounts | ** | 899 |
| * | VALIC International Value Fund | Pooled Separate Accounts | ** | 5,202 |
| * | VALIC Large Capital Growth | Pooled Separate Accounts | ** | 90,101 |
| * | VALIC Loan Collateral Fund | Pooled Separate Accounts | ** | 25,785 |
| * | VALIC Loan Escrow Fund | Pooled Separate Accounts | ** | 1,035 |
| * | VALIC Mid Cap Strategic Growth | Pooled Separate Accounts | ** | 80,999 |
| * | VALIC Science & Technology Fund | Pooled Separate Accounts | ** | 25,696 |
| * | VALIC Short Term Fixed Account | Pooled Separate Accounts | ** | 173,582 |
| * | VALIC Small Cap Value Fund | Pooled Separate Accounts | ** | 1,954 |
| * | VALIC Stock Index Fund | Guaranteed Interest Contracts | ** | 170,511 |
| * | VALIC Systematic Core Fund | Pooled Separate Accounts | ** | 28,386 |
| * | VALIC Windsor | Pooled Separate Accounts | ** | 68,308 |
| * | VALIC Dividend Value | Pooled Separate Accounts | ** | 49,904 |
| * | VALIC Vanguard Wellington Fund Inc | Pooled Separate Accounts | ** | 6,051 |
| | American Funds 2010 Target Date Retirement Class R5 | Registered Investment Company | ** | 2,939 |
| | American Funds U.S. Government Securities Fund | Registered Investment Company | ** | 261,594 |
| | Blackrock Health Science Opportunity A | Registered Investment Company | ** | 10,807 |
| | Blackrock Health Science Opportunity CL SVC | Registered Investment Company | ** | 7330 |
| | Blackrock Tech Opportunity Fund A | Registered Investment Company | ** | 54,495 |
| | BNY Mellon Small Cap Stock Index Fund | Registered Investment Company | ** | 28,624 |
| | Columbia Global Technology Growth Fund Advisor Class | Registered Investment Company | ** | 78,050 |
| | Columbia Small Cap Index Class A | Registered Investment Company | ** | 9,257 |
| | DFA Global Equity Portfolio Instl | Registered Investment Company | ** | 2,631 |
| | DFA International Sustainability Core 1 Portfolio | Registered Investment Company | ** | 49,711 |
| | DWS-RREEF Real Estate Securities Fund Class S | Registered Investment Company | ** | 48,805 |
| | Fidelity Adv Health Care Fund Class 1 | Registered Investment Company | ** | 2,641 |
| | Fidelity NASDAQ Composite Index Fund | Registered Investment Company | ** | 333,416 |
| | Fidelity Select Health Care | Registered Investment Company | ** | 34,765 |
| | Janus Henderson Developed World BD I | Registered Investment Company | ** | 26,024 |

*(continued)*

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PGIM High Yield Fund - Class Z | Registered Investment Company | ** | $ 15,338 |
| | Principal MidCap S&P 400 Index Fund - Class R5 | Registered Investment Company | ** | 63,209 |
| | Principal SmallCap S&P 600 Index Fund - Class R5 | Registered Investment Company | ** | 213,170 |
| * | Schwab International Index Fund | Registered Investment Company | ** | 262,896 |
| * | Schwab S&P 500 Index Fund | Registered Investment Company | ** | 2,653,404 |
| | TIAA-CREF Large Cap Growth | Registered Investment Company | ** | 211,445 |
| | TIAA-CREF Real Estate Securities Fund Institutional Class | Registered Investment Company | ** | 31,016 |
| | Vanguard Financials Index Fund Admiral Shares | Registered Investment Company | ** | 13,492 |
| | Vanguard Long-Term Treasury Fund Admiral Shares | Registered Investment Company | ** | 117,928 |
| | Vanguard Target Retirement 2020 Fund | Registered Investment Company | ** | 7,480 |
| | Vanguard Target Retirement 2025 Fund | Registered Investment Company | ** | 381,460 |
| | Vanguard Target Retirement 2030 Fund | Registered Investment Company | ** | 45,129 |
| | Vanguard Target Retirement 2035 Fund | Registered Investment Company | ** | 118,175 |
| | Vanguard Target Retirement 2040 Fund | Registered Investment Company | ** | 400,972 |
| | Vanguard Target Retirement 2045 Fund | Registered Investment Company | ** | 73,144 |
| | Vanguard Target Retirement 2050 Fund | Registered Investment Company | ** | 90,685 |
| | Vanguard Target Retirement 2055 Fund | Registered Investment Company | ** | 161,165 |
| | Vanguard Target Retirement 2060 Fund | Registered Investment Company | ** | 43,867 |
| | Transamerica Financial | Guaranteed Annuity Contract | ** | 80,634 |
| | | | | $ 53,808,996 |

* Indicates party-in-interest.

# Supplemental Schedule
# Required by the Department of Labor

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Alliance Bernstein Global Thematic Growth | Registered Investment Company | ** | $ 77,504 |
| | American Funds Global Growth | Registered Investment Company | ** | 496,898 |
| | American Funds Growth | Registered Investment Company | ** | 2,071,365 |
| | American Funds Growth-Income | Registered Investment Company | ** | 779,803 |
| | American Funds International | Registered Investment Company | ** | 960,403 |
| | Blackrock Global Allocation | Registered Investment Company | ** | 66,417 |
| | Delaware VIP Diversified Income | Registered Investment Company | ** | 15,862 |
| | Delaware VIP High Yield | Registered Investment Company | ** | 30,467 |
| | Delaware VIP REIT | Registered Investment Company | ** | 96,546 |
| | Delaware VIP Small Cap Value | Registered Investment Company | ** | 193,180 |
| | Delaware VIP Smid Cap Core Series | Registered Investment Company | ** | 285,214 |
| | Delaware VIP Value | Registered Investment Company | ** | 106,725 |
| | DWS Alternative Asset Allocation PLS VIP | Registered Investment Company | ** | 14,929 |
| | Fidelity VIP Contrafund | Registered Investment Company | ** | 1,401,312 |
| | Fidelity VIP Freedom Target date 2020 | Registered Investment Company | ** | 7,781 |
| | Fidelity VIP Freedom Target date 2025 | Registered Investment Company | ** | 6,287 |
| | Fidelity VIP Freedom Target date 2030 | Registered Investment Company | ** | 92,565 |
| | Fidelity VIP Freedom Target date 2035 | Registered Investment Company | ** | 2,902 |
| | Fidelity VIP Freedom Target date 2040 | Registered Investment Company | ** | 15,107 |
| | Fidelity VIP Freedom Target date 2045 | Registered Investment Company | ** | 1,815 |
| | Fidelity VIP Freedom Target date 2050 | Registered Investment Company | ** | 495 |
| | Fidelity VIP Freedom Target date 2055 | Registered Investment Company | ** | 9,475 |
| | Fidelity VIP Freedom Target date 2060 | Registered Investment Company | ** | 1,667 |
| | Fidelity VIP Growth | Registered Investment Company | ** | 1,065,029 |
| * | Lincoln Fixed Income | Guaranteed Annuity Contract | ** | 26,284,662 |
| * | Lincoln VIP Baron Growth Opportunities | Registered Investment Company | ** | 173,624 |
| * | Lincoln VIP Blackrock Dividend Value Managed Volatility | Registered Investment Company | ** | 180,035 |
| * | Lincoln VIP Blackrock Global Real Estate Fund | Registered Investment Company | ** | 153,793 |
| * | Lincoln VIP Blackrock Inflation Protection Bond | Registered Investment Company | ** | 4,473 |
| * | Lincoln VIP Blended Lrg Cap Growth Managed Volatility | Registered Investment Company | ** | 217,310 |
| * | Lincoln VIP Blended Mid Cap Managed Volatility | Registered Investment Company | ** | 33,398 |
| * | Lincoln VIP Delaware Bond | Registered Investment Company | ** | 79,694 |
| * | Lincoln VIP Delaware Diversified Floating Rate | Registered Investment Company | ** | 556 |
| * | Lincoln VIP Delaware Social Awareness | Registered Investment Company | ** | 330,024 |
| * | Lincoln VIP Delaware Special Opportunities | Registered Investment Company | ** | 1,156,439 |
| * | Lincoln VIP Delaware Wealth Builder Fund | Registered Investment Company | ** | 12,067 |
| * | Lincoln VIP Dimensional U.S. Core Equity 1 | Registered Investment Company | ** | 117,281 |
| * | Lincoln VIP Franklin Templeton Global Equity Managed Volatility | Registered Investment Company | ** | 37,203 |
| * | Lincoln VIP Global Conservative Allocation MRSK | Registered Investment Company | ** | 3,809 |
| * | Lincoln VIP Global Growth Allocation Managed Risk | Registered Investment Company | ** | 759 |
| * | Lincoln VIP Global Income | Registered Investment Company | ** | 11,186 |
| * | Lincoln VIP Global Moderate Allocation Managed Risk | Registered Investment Company | ** | 8,077 |
| * | Lincoln VIP Government Money Market | Registered Investment Company | ** | 2,061,529 |
| * | Lincoln VIP Jpmorgan Select Mid Cap Value Managed Volatility | Registered Investment Company | ** | 91,544 |
| * | Lincoln VIP Jpmorgan Retirement Income Fund | Registered Investment Company | ** | 11,891 |
| * | Lincoln VIP Mondrian International Value | Registered Investment Company | ** | 45,299 |
| * | Lincoln VIP SSGA Bond Index | Registered Investment Company | ** | 10,140 |

*(continued)*

# LA Jewish Home for the Aging Retirement Plan
## EIN: 95-3510024 – Plan #: 002
## Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
## December 31, 2023 (Restated)

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Lincoln VIP SSGA Emerging Markets 100 | Registered Investment Company | ** | $ 170,581 |
| * | Lincoln VIP SSGA Global Tactical Allocation Managed Volatility | Registered Investment Company | ** | 11,149 |
| * | Lincoln VIP SSGA International Index | Registered Investment Company | ** | 13,230 |
| * | Lincoln VIP SSGA International Managed Volatility | Registered Investment Company | ** | 15,097 |
| * | Lincoln VIP SSGA S&P 500 Index | Registered Investment Company | ** | 5,405,818 |
| * | Lincoln VIP SSGA Small Cap Index | Registered Investment Company | ** | 352,537 |
| * | Lincoln VIP T Rowe Price 2020 Fund | Registered Investment Company | ** | 3,799 |
| * | Lincoln VIP T Rowe Price 2030 Fund | Registered Investment Company | ** | 159,200 |
| * | Lincoln VIP T Rowe Price 2040 Fund | Registered Investment Company | ** | 20,957 |
| * | Lincoln VIP T Rowe Price 2050 Fund | Registered Investment Company | ** | 34,711 |
| * | Lincoln Vanguard T Rowe Price 2060 Fund | Registered Investment Company | ** | 23,260 |
| * | Lincoln VIP T Rowe Price Mid-Cap Growth | Registered Investment Company | ** | 179,268 |
| * | Lincoln VIP T Rowe Price Structured Mid-Cap Growth | Registered Investment Company | ** | 102,492 |
| * | Lincoln VIP Vanguard Domestic Equity ETF | Registered Investment Company | ** | 168,574 |
| * | Lincoln Vanguard International Equity ETF | Registered Investment Company | ** | 43,130 |
| | MFS Utilities | Registered Investment Company | ** | 1,016,168 |
| | PIMCO Total Return Portfolio | Registered Investment Company | ** | 40,754 |
| * | VALIC Core Bond Fund | Registered Investment Company | ** | 962 |
| * | VALIC Emerging Economies | Registered Investment Company | ** | 31,177 |
| * | VALIC Fixed Account Plus | Registered Investment Company | ** | 382,840 |
| * | VALIC Growth Fund | Registered Investment Company | ** | 143,365 |
| * | VALIC Inflation Protected Fund | Registered Investment Company | ** | 1,275 |
| * | VALIC International Government Bond | Registered Investment Company | ** | 899 |
| * | VALIC International Value Fund | Registered Investment Company | ** | 5,202 |
| * | VALIC Large Capital Growth | Registered Investment Company | ** | 90,101 |
| * | VALIC Loan Collateral Fund | Registered Investment Company | ** | 25,785 |
| * | VALIC Loan Escrow Fund | Registered Investment Company | ** | 1,035 |
| * | VALIC Mid Cap Strategic Growth | Registered Investment Company | ** | 80,999 |
| * | VALIC Science & Technology Fund | Registered Investment Company | ** | 25,696 |
| * | VALIC Short Term Fixed Account | Guaranteed Annuity Contracts | ** | 170,511 |
| * | VALIC Small Cap Value Fund | Registered Investment Company | ** | 1,954 |
| * | VALIC Stock Index Fund | Registered Investment Company | ** | 173,582 |
| * | VALIC Systematic Core Fund | Registered Investment Company | ** | 28,386 |
| * | VALIC Windsor | Registered Investment Company | ** | 68,308 |
| * | VALIC Dividend Value | Registered Investment Company | ** | 49,904 |
| * | VALIC Vanguard Wellington Fund Inc | Registered Investment Company | ** | 6,051 |
| | American Funds 2010 Target Date Retirement Class R5 | Registered Investment Company | ** | 2,939 |
| | American Funds U.S. Government Securities Fund | Registered Investment Company | ** | 261,594 |
| | Blackrock Health Science Opportunity A | Registered Investment Company | ** | 10,807 |
| | Blackrock Health Science Opportunity CL SVC | Registered Investment Company | ** | 7,330 |
| | Blackrock Tech Opportunity Fund A | Registered Investment Company | ** | 54,495 |
| | BNY Mellon Small Cap Stock Index Fund | Registered Investment Company | ** | 28,624 |
| | Columbia Global Technology Growth Fund Advisor Class | Registered Investment Company | ** | 78,050 |
| | Columbia Small Cap Index Class A | Registered Investment Company | ** | 9,257 |
| | DFA Global Equity Portfolio Instl | Registered Investment Company | ** | 2,631 |
| | DFA International Sustainability Core 1 Portfolio | Registered Investment Company | ** | 49,711 |
| | DWS-RREEF Real Estate Securities Fund Class S | Registered Investment Company | ** | 48,805 |
| | Fidelity Adv Health Care Fund Class 1 | Registered Investment Company | ** | 2,641 |
| | Fidelity NASDAQ Composite Index Fund | Registered Investment Company | ** | 333,416 |
| | Fidelity Select Health Care | Registered Investment Company | ** | 34,765 |
| | Janus Henderson Developed World BD I | Registered Investment Company | ** | 26,024 |

*(continued)*

# LA Jewish Home for the Aging Retirement Plan
## EIN: 95-3510024 – Plan #: 002
## Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
## December 31, 2023 (Restated)

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PGIM High Yield Fund - Class Z | Registered Investment Company | ** | $ 15,338 |
| | Principal MidCap S&P 400 Index Fund - Class R5 | Registered Investment Company | ** | 63,209 |
| | Principal SmallCap S&P 600 Index Fund - Class R5 | Registered Investment Company | ** | 213,170 |
| * | Schwab International Index Fund | Registered Investment Company | ** | 262,896 |
| * | Schwab S&P 500 Index Fund | Registered Investment Company | ** | 2,653,404 |
| | TIAA-CREF Large Cap Growth | Registered Investment Company | ** | 211,445 |
| | TIAA-CREF Real Estate Securities Fund Institutional Class | Registered Investment Company | ** | 31,016 |
| | Vanguard Financials Index Fund Admiral Shares | Registered Investment Company | ** | 13,492 |
| | Vanguard Long-Term Treasury Fund Admiral Shares | Registered Investment Company | ** | 117,928 |
| | Vanguard Target Retirement 2020 Fund | Registered Investment Company | ** | 7,480 |
| | Vanguard Target Retirement 2025 Fund | Registered Investment Company | ** | 381,460 |
| | Vanguard Target Retirement 2030 Fund | Registered Investment Company | ** | 45,129 |
| | Vanguard Target Retirement 2035 Fund | Registered Investment Company | ** | 118,175 |
| | Vanguard Target Retirement 2040 Fund | Registered Investment Company | ** | 400,972 |
| | Vanguard Target Retirement 2045 Fund | Registered Investment Company | ** | 73,144 |
| | Vanguard Target Retirement 2050 Fund | Registered Investment Company | ** | 90,685 |
| | Vanguard Target Retirement 2055 Fund | Registered Investment Company | ** | 161,165 |
| | Vanguard Target Retirement 2060 Fund | Registered Investment Company | ** | 43,867 |
| * | Transamerica Financial | Guaranteed Annuity Contract | ** | 80,634 |
| | | | | $ 53,808,996 |

* Indicates party-in-interest.

** Information is not required as investments are participant directed.