

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan RETIREMENT PLAN FOR EMPLOYEES OF UNITED JEWISH	1b Three-digit plan number (PN) ▶ 333
		1c Effective date of plan 01/01/1951
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) UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NY 130 EAST 59TH STREET NEW YORK, NY 10022-1302	2b Employer Identification Number (EIN) 51-0172429 2c Plan Sponsor's telephone number 212-836-1414 2d Business code (see instructions) 624100

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.	07/15/2025	LORI ROMAN
	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 ☐ Same as Plan Sponsor UJA-FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022-1302		3b Administrator's EIN 51-0172429 3c Administrator's telephone number 212-836-1414																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year		5 13860																						
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">5310</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">5001</td></tr> <tr><td>6b</td><td style="text-align: right;">4349</td></tr> <tr><td>6c</td><td style="text-align: right;">4039</td></tr> <tr><td>6d</td><td style="text-align: right;">13389</td></tr> <tr><td>6e</td><td style="text-align: right;">357</td></tr> <tr><td>6f</td><td style="text-align: right;">13746</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">202</td></tr> </table>			6a(1)	5310	6a(2)	5001	6b	4349	6c	4039	6d	13389	6e	357	6f	13746	6g(1)		6g(2)		6h	202
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6g(2)																								
6h	202																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																								
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																							
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																								
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☒ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																							

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF UNITED JEWISH	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NY	D Employer Identification Number (EIN) 51-0172429
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	504582759	
b	Actuarial value	2b	531713093	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	4532	388455820	388455820
b	For terminated vested participants	4034	146112000	146112000
c	For active participants	5310	143789360	147549022
d	Total	13876	678357180	682116842
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.24 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	8319869	
b	Expected plan-related expenses	6b	1775701	
c	Target normal cost	6c	10095570	

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

SIGN HERE	Signature of actuary AARON SHAPIRO Type or print name of actuary MILLIMAN, INC. Firm name ONE PENNSYLVANIA PLAZA 38TH FLOOR NEW YORK, NY 10119 Address of the firm	07/14/2025 Date 23-07290 Most recent enrollment number 646-473-3000 Telephone number (including area code)
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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	77.95 %
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 67
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☐ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☐ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	1

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	10095570
b Excess assets, if applicable, but not greater than line 31a		31b	10095570
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF UNITED JEWISH	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NY	D Employer Identification Number (EIN) 51-0172429	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

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

b

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BELLUS VENTURES II, LP
82-5049306

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BVF II GP LLC
84-2541655

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ATALAYA CAPITAL MANAGEMENT, L.P.
11-3774841

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAUPOST PARTNERS LLC
04-2878725

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

THE BAUPOST GROUP LLC

04-3402144

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

BVF PARTNERS LP

36-3924730

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

CIM GLOBAL LLC

26-1660773

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

CENTERBRIDGE ADVISORS, LLC

20-4714365

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

CENTERBRIDGE ADVISORS II, LLC

27-3060659

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

CENTERBRIDGE ADVISORS III, LLC

36-4793823

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

CENTERBRIDGE ASSOCIATES, L.P.

03-0587673

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

CENTERBRIDGE PARTNERS DCE, L.P.

20-4714819

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

CENTERBRIDGE PARTNERS DCE II, L.P.

37-1662971

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

CENTERBRIDGE PARTNERS DCE III, L.P.

38-3937998

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

CLEARLAKE CAPITAL MGMT V, L.P.

82-3099208

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

CLEARLAKE CAPITAL MANAGEMENT VI, LP

84-2816737

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

DAVIDSON KEMPNER ADVISERS, LLC

88-4315699

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

DAVIDSON KEMPNER CAPITAL MGMT, L.P.

13-3863161

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

EMPYREAN CAPITAL PARTNERS, LP

52-2403815

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

WARBURG PINCUS LLC

13-3536050

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

EDGEWATER GROWTH CAPITAL MGMT II,LP

20-2325548

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

ELLIOTT INVESTMENT MANAGEMENT L.P.

84-3339129

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

FARALLON CAPITAL INST PARTNERS, LP

94-3106323

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

FOUNDRY GROUP NEXT, L.P.

81-2277556

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

FOUNDRY VENTURE CAPITAL 2010, L.P.

27-3399336

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

FOUNDRY VENTURE CAPITAL 2013, L.P.

80-0849082

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

FOUNDRY VENTURE CAPITAL 2016, L.P.

47-4873500

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

FOUNDRY GROUP NEXT 2018, L.P.

83-0625503

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

GENESIS INVESTMENT MANAGEMENT, LLP

98-0425768

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

CASPIAN CAPITAL LP

90-0626905

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

JANCHOR PARTNERS LIMITED

1608 ONE EXCHANGE SQUARE
CENTRAL HONG KONG HK

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

KOHLBERG KRAVIS ROBERTS & CO. L.P.

26-0426107

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

ACCOLADE CAPITAL MANAGEMENT, L.L.C.

52-2227070

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

CLEARLAKE CAPITAL MANAGEMENT VII,LP

87-1378757

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

CLEARLAKE CAPITAL MGMT FLAGSHIP

85-1972815

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

METROPOLITAN WEST ASSET MGMT, LLC

95-3703295

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

ECHO STREET GOODCO SELECT II, L.P.

47-4827277

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

GREEN COURT CAPITAL MGMT. LIMITED

ONE EXCHANGE SQUARE 8 CONNAUGHT PLACE, SUITE 4007-4008
CENTRAL HONG KONG HK

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

ADVENT GLOBAL OPPORTUNITIES MGMT

47-2551587

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

ADVENT GLOBAL OPPORTUNITIES, GP L.P

98-1532738

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

REDWOOD CAPITAL MANAGEMENT, LLC

22-3732328

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

ROARK CAPITAL MANAGEMENT, LLC

06-1735341

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

MAGNA CAPITAL MANAGEMENT LLC

26-0674583

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

PRIMARY VENTURE MANAGEMENT LLC

27-3136951

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

WARBURG PINCUS CHINA-SOUTHEAST ASIA

83-3293782

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

AH CAPITAL MANAGEMENT, L.L.C.

27-0351217

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

UPWEST LABS MANAGEMENT LLC

45-3909963

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

CASPIAN CREDIT ADVISORS, L.L.C.

13-4046450

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

LONE PINE CAPITAL LLC

06-1484476

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

LYNROCK LAKE LP

2 INTERNATIONAL DRIVE
SUITE 130
RYE BROOK, NY 10573

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

RFP ADVISORS

200 SUMMIT DRIVE
2ND FLOOR
BURLINGTON, MA 01803

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

CITCO FUND ADMINISTRATION (CAYMAN)

89 NEXUS WAY P.O. BOX 31106
CAMANA BAY, GRAND CAYMAN 11205 KY

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

HEAVYBIT HOLDINGS V GP, L.L.C.

99-1018418

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

CHRISTOFFERSON, ROBB & COMPANY, LLC
720 FIFTH AVENUE
FL 13
NEW YRK, NY 10019

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

DISCERENE GROUP, L.P.

27-1433022

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

VINTAGE MANAGEMENT 2021, LTD

51-6415411

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

HAMBLEDON, INC.

98-1466693

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

FOUNDRY 2022, L.P.

88-1093493

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

HEAVYBIT, INC.

45-4988719

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

HEAVYBIT HOLDINGS IV GP, L.L.C.

86-1351433

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

OVATA CAPITAL MANAGEMENT LIMITED

7TH FLOOR HARBOUR EAST 218 ELECTRIC ROAD
NORTH POINT HK

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

PATIENT SQUARE CAPITAL, LP

85-1852901

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

PINE BROOK ROAD FUND MANAGER II

ONE GRAND CENTRAL PLACE
60 EAST 42ND STREET, SUITE 3014
NEW YORK, NY 10165

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

TA ASSOCIATES XIV GP, L.P.

98-1593154

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

WARBURG PINCUS FINANCIAL SECTOR GP,

82-1931089

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

BLUE OWL CAPITAL INC.

399 PARK AVENUE
NEW YORK, NY 10022

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

POST ROAD GROUP, L.P.

82-1158652

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

VINTAGE MANAGEMENT 2017 LTD.

51-5682862

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

VINTAGE MANAGEMENT 2022, LTD.

51-6549375

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

GRIP ENERGY TRANSITION MGMT, LLC

87-1436907

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

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

AVID VENTURES MANAGEMENT LLC

84-4613055

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

DIAKRISIS GP LP

86-2377653

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

NEXUS SPECIAL SITUATIONS IV, LP

92-3616686

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

PAYDEN & RYGEL

95-3921788

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

ROARK CAPITAL GENPAR III LLC

45-3336276

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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1128098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SELECT EQUITY GROUP, L.P.

46-3465710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	224402	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 72 19	CUSTODIAN	218806	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

SHAPIRO CAPITAL MANAGEMENT LLC

20-4196445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	167570	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLINGTON MANAGEMENT COMPANY, LLP

30-0835489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	130718	Yes ☒ No ☐	Yes ☒ No ☐	2106	Yes ☐ No ☒

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	92225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MSCI INC. (FORMERLY THE BURGESS GRO

13-4038723

(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?
15 50	NONE	62146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARDNER RUSSO & QUINN LLC

23-2673088

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	55624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UJA-FEDERATION OF NEW YORK, INC.

51-0172429

(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?
14 50	PLAN SPONSOR	41351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BLOOMBERG LP DBA BLOOMBERG FINANCE

13-3417984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	39870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION PARK CONSULTING LLC

85-2338200

(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?
16 50	NONE	19494	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIVOTALPATH, INC.

46-3167147

(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?
15 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PITCHBOOK DATA INC.

20-8625316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 15	NONE	14025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CANOE SOFTWARE, INC.

82-1936172

(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?
15 50	NONE	13375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVESTMENT ALLIANCE LLC

26-2574235

(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?
15 50	NONE	12186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BIPSYNC, LTD.

46-1398747

(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?
15 50	NONE	11232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSTITUTIONAL LIMITED PARTNERS ASSO

75-3028947

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	8000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FORTIFINANCIAL (USA), LTD.

46-4866352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70 50	NONE	6850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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
WELLINGTON MANAGEMENT COMPANY, LLP	68	2106
(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.	
WELLINGTON MANAGEMENT 30-0835489	THIRD-PARTY PROVIDED "SOFT DOLLAR" RESEARCH SERVICES.	
(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 <u>10/01/2023</u> and ending <u>09/30/2024</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF UNITED JEWISH</u>		B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NY</u>		D Employer Identification Number (EIN) <u>51-0172429</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	59077	236483
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16441262	16923161
(2) Participant contributions	1b(2)	58395	39380
(3) Other	1b(3)	4994082	4279300
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4399366	7416493
(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)	59414709	63305641
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	53030249	90551019
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	367375788	372739302

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	505772928	555490779
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	717370	412039
i Acquisition indebtedness	1i		
j Other liabilities	1j	118493	2400602
k Total liabilities (add all amounts in lines 1g through 1j)	1k	835863	2812641
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	504937065	552678138

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	26458791	
(B) Participants	2a(1)(B)	1075121	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		27533912
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	285645	
(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)	3059099	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3344744
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	936825	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2031478	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2968303
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	243825797	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	218402901	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		25422896
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	26855010	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11749537
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		97874402

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45464929	
(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)		45464929
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)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	10234	
(5) Investment advisory and investment management fees	2i(5)	2319824	
(6) Bank or trust company trustee/custodial fees	2i(6)	218806	
(7) Actuarial fees	2i(7)	1128098	
(8) Legal fees	2i(8)	92225	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	899213	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4668400
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50133329

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47741073
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **RSM US LLP**

(2) EIN: **42-0714325**

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.)	☒	☐	2044
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☒	☐	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☐	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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 540717.

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 10/01/2023 and ending 09/30/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF UNITED JEWISH		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NY		D Employer Identification Number (EIN) 51-0172429
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): _____ 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		3 358
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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
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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: 35.00 % Private Equity: 19.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 6.00 %

High-Yield Debt: 1.00 % Real Assets: 1.00 % Cash or Cash Equivalents: 1.00 % Other: 37.00 %

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF UNITED JEWISH	B Three-digit Plan number (PN) ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF UJA-FEDERATION OF NY	D Administrator's EIN 51-0172429	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK I	2b EIN 51-0172429	2c Percentage of Total Contributions for the Plan Year 9.58	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer JEWISH COMMUNAL FUND	2b EIN 23-7174183	2c Percentage of Total Contributions for the Plan Year 0.70	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIATION	13-1624229	6.75	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER INC.	11-2002556	2.91	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOARD OF JEWISH EDUCATION, INC.	13-1632519	0.02	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRONX HOUSE, INC.	13-1739935	0.40	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRONX HOUSE EMANUEL CAMPS INC.	13-1739934	0.16	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAMUEL FIELD YM-YWHA, INC.	11-3071518	6.81	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE EDUCATIONAL ALLIANCE, INC.	13-5562210	4.52	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE MARION AND AARON GURAL JCC INC.	11-2546437	1.17	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEBREW EDUCATIONAL SOCIETY OF BROOKLYN	11-1642720	0.53	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEWISH COMMUNITY CENTER ON THE HUDSON INC.	23-7229163	0.88	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEWISH ASSOC. FOR SERVICES FOR THE AGED	13-2620896	6.33	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES INC.	13-5564937	16.41	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEWISH CHILD CARE ASSOC. OF NY	13-1624060	9.13	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEWISH COMMUNITY CENTER OF SI INC.	13-5562256	4.35	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDITH AND CARL MARKS JEWISH COMMUNITY HOUSE OF BENSONHURST, INC.	11-1633484	1.09	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEWISH COMMUNITY RELATIONS COUNCIL OF NEW YORK INC.	13-2869041	1.14	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KINGS BAY YM-YWHA INC.	11-3068515	0.93	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID-ISLAND Y JEWISH COMMUNITY CENTER INC.	11-1841899	1.53	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOSHOLU MONTEFIORE COMMUNITY CENTER INC.	13-3622107	2.59	
SELFHELP COMMUNITY SERVICES, INC.	13-1624178	6.49	
SHOREFRONT YM-YWHA OF BRIGHTON-MANHATTAN BEACH INC.	11-3070228	1.08	
SID JACOBSON JEWISH COMMUNITY CENTER	11-1976051	2.13	
SUFFOLK Y JEWISH COMMUNITY CENTER INC.	11-2435521	1.04	
SURPRISE LAKE CAMP	13-1623869	0.22	
USDAN CENTER FOR THE CREATIVE AND PERFORMING ARTS INC.	13-2792668	0.41	
WESTCHESTER JEWISH COMMUNITY SERVICES INC.	13-1740071	7.00	
YOUNG MENS & YOUNG WOMENS HEBREW ASSOCIATION OF BORO PARK INC.	11-1630917	0.10	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JCC OF MID-WESTCHESTER INC.	13-3617061	1.41	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOUNG MEN'S & YOUNG WOMEN'S HEBREW ASSOC OF WASHINGTON HEIGHTS	13-1635308	1.27	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOUNG MEN'S & YOUNG WOMEN'S HEBREW ASSOCIATION OF THE BRONX	13-1740507	0.85	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FEDERATION OF EMPLOYMENT AND GUIDANCE SERVICES	13-1624000	0.08	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

**Retirement Plan for Employees of
United Jewish Appeal – Federation of
Jewish Philanthropies of
New York, Inc. and Affiliated
Agencies and Institutions**

Financial Statements
September 30, 2024

Independent Auditor's Report

Plan Administrator

Retirement Plan for Employees of United Jewish Appeal – Federation of Jewish Philanthropies of New York, Inc. and Affiliated Agencies and Institutions

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

We have performed audits of the financial statements of Retirement Plan for Employees of United Jewish Appeal – Federation of Jewish Philanthropies of New York, Inc (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended September 30, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of September 30, 2024 and 2023, and for the year ended September 30, 2024, stating that the certified investment information, as described in Note 3 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of schedule H, Line 4a – Schedule of Nonexempt Transactions for Delinquent Participant Contributions for the year ended September 30, 2024, schedule H, line 4(i)—schedule of assets (held at end of year) as of September 30, 2024 and schedule H, line 4(j)—schedule of reportable transactions for the year ended September 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

RSM US LLP

New York, New York
July 11, 2025

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

Statements of Net Assets Available for Benefits

September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value (Note 6)	\$ 534,248,938	\$ 484,279,189
Accrued interest and dividends receivable	407,329	316,806
Due from brokers for securities sold	3,871,971	4,677,276
Contributions receivable from employers	903,161	2,234,598
Contributions receivable from employees	39,380	58,395
Total assets	<u>539,470,779</u>	<u>491,566,264</u>
Liabilities:		
Accrued expenses	412,039	717,370
Due to brokers for securities purchased	2,400,602	118,493
Total liabilities	<u>2,812,641</u>	<u>835,863</u>
Commitments (Note 6)		
Net assets available for benefits	<u>\$ 536,658,138</u>	<u>\$ 490,730,401</u>

See accompanying notes to the financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
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Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investment income:		
Net appreciation in fair value of investments	\$ 64,027,443	\$ 35,143,200
Interest and dividends	<u>6,313,047</u>	<u>5,528,894</u>
Total investment income	<u>70,340,490</u>	<u>40,672,094</u>
Contributions:		
Employers	24,645,455	23,262,147
Employees	<u>1,075,121</u>	<u>1,009,511</u>
Total contributions	<u>25,720,576</u>	<u>24,271,658</u>
Deductions from net assets attributable to:		
Benefits paid to retirees	45,464,929	43,051,282
Investment advisory and custodial fees	2,538,629	3,244,223
Administrative expenses	1,275,382	1,526,065
Premiums to Pension Benefit Guaranty Corporation	<u>854,389</u>	<u>1,078,209</u>
Total deductions	<u>50,133,329</u>	<u>48,899,779</u>
Increase in net assets available for benefits	45,927,737	16,043,973
Net assets available for benefits:		
Beginning of year	<u>490,730,401</u>	<u>474,686,428</u>
End of year	<u>\$ 536,658,138</u>	<u>\$ 490,730,401</u>

See accompanying notes to the financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

Notes to Financial Statements

September 30, 2024 and 2023

(1) Description of Plan

The following brief description of Retirement Plan for Employees of United Jewish Appeal – Federation of Jewish Philanthropies of New York, Inc. and Affiliated Agencies and Institutions (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined-benefit pension plan covering eligible employees of United Jewish Appeal – Federation of Jewish Philanthropies of New York, Inc. (the Organization) and affiliated agencies and institutions. The Plan is contributory for employees who are subject to a collective bargaining agreement (also referred to as “union employees”), and who elect to participate. Effective October 1, 1989, eligible employees who were not subject to a collective bargaining agreement (also referred to as “non-union employees”) began to participate automatically, after meeting the eligibility requirements, on a noncontributory basis. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is classified as a Cooperative and Small Employer Charity (CSEC). CSEC plans are subject to funding rules in effect prior to the enactment of the Pension Protection Act. The Organization, as Plan Sponsor, administers the Plan. During the plan year ended September 30, 2023, the Plan underwent a change of trustee and custodian. JPMorgan Chase Bank N.A. (the Former Trustee) was the trustee and custodian of the Plan through December 31, 2022. The Bank of New York Mellon (the Current Trustee) became the trustee and custodian of the Plan as of January 1, 2023.

(b) Pension Benefits

Non-Union Employees

All non-union employees who are eligible to participate in the Plan accrue benefits under a cash balance formula. Under the cash balance formula, employees become fully vested after three years of service and are credited with an annual pay credit equal to 3% of compensation. Non-union employees who were 50 years or older and had at least 10 years of vesting service as of October 1, 2017 also are credited with an additional annual pay credit equal to 2% of compensation. In addition, employees' cash balance accounts receive a credit on the last day of each plan year, at a rate equal to the yield on 30-year United States Treasury bonds, based on the value of the accounts as of the first day of that plan year.

Non-union employees who were hired before May 1, 2010 became vested after five years and accrued benefits under a Final Average Pay (FAP) formula through September 30, 2017 as follows: vested non-union employees are entitled to annual pension benefits beginning at normal retirement date equal to 0.90% of their average compensation for the highest five consecutive years in the ten years immediately prior to October 1, 2017 plus 0.45% of such average compensation in excess of the Average Social Security Wage Base, multiplied by the number of years of credited service up to 15 years; plus 1.17% of such average compensation multiplied by credited service over 15 years; plus 0.585% of such average compensation in excess of the Average Social Security Wage Base multiplied by credited service over 15 years (not to exceed 25 years). The minimum benefit is the accrued benefit at September 30, 2010 under the Plan's formula in effect at such date (1% of such average compensation as of September 30, 2010 plus 0.5% of such average compensation in excess of the Average Social Security Wage Base multiplied by the number of years of credited service at September 30, 2010 (up to 15 years); plus 1.3% of such average compensation multiplied by credited

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
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Notes to Financial Statements

September 30, 2024 and 2023

service over 15 years; plus 0.65% of such average compensation in excess of the Average Social Security Wage Base multiplied by credited service at September 30, 2010 (not to exceed 20 years)).

The FAP formula was discontinued and benefits were frozen and preserved for vested non-union participants as of September 30, 2017. As of October 1, 2017, such non-union employees hired prior to May 1, 2010, began to accrue benefits under the cash balance formula described above.

Union Employees

All union employees (those subject to a collective bargaining agreement) who are eligible and elect to participate in the Plan accrue benefits under a cash balance formula. Under the cash balance formula, union employees contribute 3% of compensation but have the right, at the later of October 1, 2019, or when they first begin participating in the Plan, to make a one-time election to instead contribute 2% of compensation. The election of either 2% or 3% is a one-time irrevocable election. The annual pay credit for union employees is: (i) 5% for employees who elected to contribute 2% of compensation, or (ii) 6% for all other participating union employees, in each case of the annual rate of pay on October 1 for the plan year for which the contribution is made. In both cases, the annual pay credit includes an additional 2% of compensation for employees; hired before May 1, 2010, who, as of October 1, 2019, had reached age 50 and had at least 10 years of vesting service under the FAP formula described below. In addition, employees' cash balance accounts receive a credit on the last day of each plan year, at a rate equal to the yield on 30-year United States Treasury bonds, based on the value of the accounts as of the first day of that plan year.

Union employees hired before May 1, 2010, accrued benefits under a FAP formula through September 30, 2019 as follows: vested eligible union employees are entitled to annual pension benefits beginning at normal retirement date equal to 1.305% of the first \$9,000 of their average compensation for the highest five consecutive years in the 10 years immediately prior to October 1, 2019 plus 1.665% of such average compensation in excess of \$9,000, multiplied by the number of years of credited service. The minimum benefit is the accrued benefit at September 30, 2010, under the Plan formula in effect at September 30, 2010 (1.45% of the first \$9,000 of average compensation at actual date of termination plus 1.85% of such average compensation in excess of \$9,000, multiplied by the number of years of credited service at September 30, 2010).

The FAP formula was discontinued and benefits were frozen and preserved for vested union participants as of September 30, 2019. As of October 1, 2019, such union employees hired prior to May 1, 2010, began to accrue benefits under the cash balance formula described above.

(c) Death and Disability Benefits

Employees Hired prior to May 1, 2010

Death of Married Active Participants

After completion of five or more years of service and the attainment of age 50, the surviving spouse receives a death benefit equal to 50% of the pension the participant would have received if the participant had retired on the last day of the month in which the death occurred and commenced the 50% joint and survivor option. If the participant had not reached age 50, the spouse receives the benefit described above on the first of the month following the first date the participant would have been eligible for an age 50 retirement benefit. Effective October 1, 2010, the surviving spouse of a participant not subject to a collective bargaining agreement has the option to elect an equivalent lump-sum payment. For a married participant subject to a collective bargaining agreement who does

**RETIREMENT PLAN FOR EMPLOYEES OF
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not have at least five years of vesting service, a death benefit equal to the participant's contributions with interest will be paid to the spouse of the participant.

Death of Unmarried Active Participants

For those who are not subject to a collective bargaining agreement, are employed by a participating employer on or after October 1, 2010 and have completed five or more years of vesting service, the participant's estate receives a lump-sum payment equal to 50% of the value of the vested accrued benefit earned the day before death. For an unmarried participant (or married but waived the 50% joint and survivor option), subject to a collective bargaining agreement, who does not have at least five years of service, a death benefit equal to the participant's contributions with interest will be paid to the participant's beneficiary.

Disability

Active participants who become totally disabled and have five or more years of service receive an unreduced benefit based on their final average earnings, as defined, and length of credited benefit service, as defined. If the participant becomes totally disabled before completion of five years of vesting service, a pension benefit will be received based on the participant's final average earnings and length of credited benefit service; however, the benefit will be reduced according to the participant's age when payments commence.

Employees Hired on or after May 1, 2010

Death of Married Active Participants

If a married participant dies after having completed three or more years of vesting service, the surviving spouse may elect to receive either a lump-sum distribution equal to the value of the cash balance account or an equivalent annuity. If a married participant subject to a collective bargaining agreement dies without being vested, the participant's spouse receives a refund of the employee contributions plus interest.

Death of Unmarried Active Participants

If an unmarried participant dies after having completed at least three years of vesting service, the participant's estate will be paid the equivalent of the value of the cash balance account. If an unmarried participant subject to a collective bargaining agreement dies without being vested, the participant's beneficiary receives a refund of the employee contributions with interest.

Disability

Active participants who become totally disabled receive the equivalent of the value of the cash balance account or may elect an optional equivalent annuity.

(d) Plan Termination

The provisions of the Plan govern benefit distributions in the event of termination of the Plan; these benefit distributions may be supported by the then level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency.

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
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Notes to Financial Statements

September 30, 2024 and 2023

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
4. All other vested benefits (i.e., vested benefits not insured by the PBGC).
5. All nonvested benefits.

As set forth below, certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. The PBGC does not guarantee all types of benefits under retirement plans, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during the year ended September 30, 2024, such ceiling, which is adjusted periodically, is \$7,107.95 per month. Such ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

(a) Basis of Accounting

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

(b) Investment Valuation and Income Recognition

The Plan follows the provisions of Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement. The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a fair value hierarchy that prioritizes and ranks the level of market price observability used in measuring fair value. Valuation methods based upon inputs with readily available quoted or published prices in active

**RETIREMENT PLAN FOR EMPLOYEES OF
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markets for identical assets or liabilities (Level 1 measurements) will have a higher degree of market price observability and a lesser degree of judgment used in determining fair value than the lowest priority measurements involving significant unobservable inputs (Level 3 measurements).

Investments that do not have readily determinable fair values, including private equity investments, hedge funds, real estate funds, and other funds are measured using the net asset value (NAV) per share or its equivalent practical expedient, as reported by the investment managers and reviewed by management for reasonableness.

Short-term and money market instruments are recorded at fair value which is approximated by cost. Common stock and mutual fund investments are presented at fair value based on quoted or published market prices. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of investments are recorded on the trade date.

The methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while 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 instruments could result in a different fair value measurement at the reporting date.

(c) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and judgments that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingencies, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(d) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(e) Income Taxes

The Plan follows the provisions of ASC Topic 740-10, Income Taxes—Overall, relating to uncertainty in income taxes. For the Plan, ASC Topic 740-10 is applicable to the incurrence of unrelated business income tax attributable to certain of its investments. ASC Topic 740-10 establishes a minimum threshold for financial statement recognition of the benefits of positions taken, or expected to be taken, in filing tax returns. It requires the evaluation of tax positions taken or expected to be taken in the course of preparing the Plan's income tax returns to determine whether the tax positions are "more-likely than-not" of being sustained by the applicable tax authority.

(f) Administration Expenses

Administrative expenses are paid out of the Plan's assets.

(g) Subsequent Events

The Plan evaluated events subsequent to September 30, 2024 and through July 11, 2025, the date on which the financial statements were available to be issued, and determined that no additional disclosures were required.

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(3) Information Certified by the Former Trustee and Current Trustee

The Plan's investment asset information as of September 30, 2024, and for the year ended September 30, 2024, included throughout the Plan's financial statements and supplemental schedules, was prepared by or derived from information provided by the Current Trustee and furnished to the Plan Sponsor. The Plan Sponsor has obtained a certification from the Current Trustee, as to the completeness and accuracy of \$534,248,938 of investments, at fair value at September 30, 2024, and \$64,027,443 of net appreciation in fair value of investments, and \$6,313,047 of interest and dividends for the plan year ended September 30, 2024.

The Plan's investment asset information as of September 30, 2023, and for the year ended September 30, 2023, included throughout the Plan's financial statements and supplemental schedules, was prepared by or derived from information provided by the Former Trustee and Current Trustee and furnished to the Plan Sponsor. The Plan Sponsor has obtained a certification from the Current Trustee, as to the completeness and accuracy of \$484,279,189 of investments, at fair value at September 30, 2023, and \$18,553,335 of net appreciation in fair value of investments, and \$4,626,477 of interest and dividends for the plan year ended September 30, 2023. There were adjustments of \$1,797,464 made to the certified net appreciation in fair value of investments and adjustments of \$183,647 made to the certified interest and dividends to adjust cost basis.

The Plan Sponsor has obtained a certification from the Former Trustee, as to the completeness and accuracy of \$14,792,401 of net appreciation in fair value of investments, and \$718,770 of interest and dividends for the plan year ended September 30, 2023.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Sponsor has elected to follow the audit requirements under ERISA Section 103(a)(3)(C) and therefore has instructed the Plan's independent auditors not to perform auditing procedures with respect to the Plan's assets held for investment.

(4) Funding

The Plan is financed by both employer and employee contributions. Employer contributions are actuarially determined to be sufficient to fund the Plan's normal cost on a current basis and to amortize the past service costs. Employer contributions for the plan years ended September 30, 2024 and 2023, respectively, exceed the minimum required contributions.

As a condition of participation, union employees are required to make contributions to the Plan. Until September 30, 2019, union employees hired prior to May 1, 2010, were required to contribute 1% of basic compensation up to \$9,000, plus 4% of compensation in excess of \$9,000. Since October 1, 2019, such employees have been required to contribute 3% of annual rate of pay (or, if they so elected, 2%), while all union employees hired on or after May 1, 2010, have been required to contribute 3% of annual rate of pay. Accumulated employee contributions amounted to \$10,949,056, including interest of \$2,554,010 as of September 30, 2024, and \$10,905,381, including interest of \$2,382,885 as of September 30, 2023. Interest is based on 120% of the federal midterm rate.

Although it has not expressed any intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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(5) Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is the value of those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered to the valuation date and are calculated under the FAP formula and the cash balance formula described in Note 1(b).

Participating union employees hired prior to May 1, 2010, accumulate Plan benefits that are calculated under the FAP formula through September 30, 2019, and thereafter accumulate Plan benefits under the cash balance formula. Participating union employees hired on or after May 1, 2010, accumulate Plan benefits under the cash balance formula. Nonunion employees hired prior to May 1, 2010, accumulate Plan benefits that are calculated under the FAP formula through September 30, 2017, and thereafter accumulate Plan benefits under the cash balance formula. Nonunion employees hired on or after May 1, 2010, accumulate Plan benefits under the cash balance formula. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary, Milliman Inc., and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the determination of the actuarial present value of accumulated plan benefits as of September 30, 2024 and 2023, are as follows:

Rate of interest	7%
Mortality table	PRI-2012 Total Employee/Retiree Mortality Tables with mortality improvement scale MP-2021 on a generational basis
Retirement rate	Ranges from 2% to 20% for ages 55 to 79, 100% at age 80

The interest rate of 7%, utilized for discount purposes for the plan years ended September 30, 2024 and 2023, represents a reasonable long-term rate of asset return, considering the Plan's status as a CSEC at September 30, 2024 and 2023.

Accumulated plan benefits at September 30, 2024 and 2023, are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 345,078,443	\$ 335,823,275
Other participants	<u>235,713,484</u>	<u>235,683,167</u>
	580,791,927	571,506,442
Nonvested benefits	<u>3,834,704</u>	<u>2,882,619</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 584,626,631</u>	<u>\$ 574,389,061</u>

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Changes in accumulated plan benefits for the years ended September 30, 2024 and 2023, are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits		
at beginning of year	\$ 574,389,061	\$ 569,263,304
Increase in benefits accumulated and plan experience	17,059,624	9,809,918
Benefits paid directly to participants	(45,464,929)	(43,051,282)
Increase for interest due to decrease in the discount period	<u>38,642,875</u>	<u>38,367,121</u>
Actuarial present value of accumulated plan benefits		
at end of year	<u>\$ 584,626,631</u>	<u>\$ 574,389,061</u>

(6) Fair Value

The fair value hierarchy under the fair value measurement provisions of ASC Topic 820, which prioritizes the inputs to valuation techniques used to measure fair value, are as follows:

Level 1: Valuations are based on observable inputs that reflect quoted market or published prices in active markets for identical assets and liabilities at the reporting date. The types of investments and other assets included in Level 1 consist of exchange-traded equity securities and debt, short-term money market funds, and actively traded obligations issued by the U.S. government.

Level 2: Valuations are based on either (1) quoted or published prices for similar assets or liabilities in active markets, (2) quoted or published prices for identical or similar assets or liabilities in markets that are not active, or (3) pricing inputs other than quoted or published prices that are directly or indirectly observable at the reporting date.

Level 3: Fair value is determined based on pricing inputs that are unobservable and includes situations where there is little, if any, market activity for the asset or liability.

Investments measured at NAV (or its equivalent) consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. The NAV reported by each fund is used as a practical expedient to estimate the fair value of the Plan's interest therein. The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities.

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The following tables summarize the fair value of the Plan's investments at September 30, 2024 and 2023 in accordance with the ASC Topic 820 fair value hierarchy levels:

	2024		2023	
	Level 1	Total	Level 1	Total
Investments:				
Short-term and money market instruments	\$ 7,652,976	\$ 7,652,976	\$ 4,458,443	\$ 4,458,443
Common stocks	63,305,641	63,305,641	59,414,709	59,414,709
Mutual funds	90,551,019	90,551,019	53,030,249	53,030,249
	<u>\$ 161,509,636</u>	<u>161,509,636</u>	<u>\$ 116,903,401</u>	<u>116,903,401</u>
Investments measured at NAV (or its equivalent):				
Equity funds		72,459,401		76,997,559
Long/short equity hedge funds		13,459,733		10,043,225
Multi-strategy funds		157,089,272		155,023,568
Private equity		100,371,663		95,978,728
Real estate		2,870,756		3,118,007
Other		26,488,477		26,214,701
Investments measured at NAV (or its equivalent)		<u>372,739,302</u>		<u>367,375,788</u>
Total investments		<u>\$ 534,248,938</u>		<u>\$ 484,279,189</u>

The Plan's investments measured at NAV (or its equivalent) are diversified across the following investment strategies:

Equity funds and long/short equity hedge funds – Represent investments in equity funds or hedge funds that primarily invest long and/or short in global, liquid equities, attempting to realize gains through the identification of mispriced securities.

Multi-strategy funds – Represent investments in funds that invest across different markets and strategies based on opportunities. Strategies include credit, both long-only and long and short, distressed securities, merger and other arbitrage.

Private equity – Represents investments in buyout and venture capital funds. Private equity buyout funds purchase significant equity stakes in established companies with the goal of increasing value through financial, operational, and strategic changes. Venture capital funds provide capital and professional expertise to early stage businesses in exchange for equity ownership with the potential for significant growth and value creation.

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Real estate – Represents investments in funds that focus on the purchase and development, improvement, and management of residential, commercial, and industrial real estate with potential value realization through both rental income and gains from property sales.

Other – Represents investments in funds that do not fall into the aforementioned categories. Strategies include investments in funds that invest in real assets (other than real estate) and investment in funds that invest in private credit and investment in private companies. As of September 30, 2024, the other category is subject to lock-up.

Equity funds, Multi-strategy funds and long/short equity investments contain various monthly, quarterly, semiannual, and annual redemption restrictions with required written notice ranging from 30 to 180 days. In addition, certain of these investments are restricted by initial lock-up periods and may contain private investments that are not redeemable within the next year or are presently in liquidation, awaiting final redemption proceeds.

The Plan's interests in the private equity and real estate funds are generally for ten-year terms, with extensions of one to two years. As of September 30, 2024, the weighted average remaining life of these strategies approximated eight years. These investments also contain minimum subscription or capital commitments. The total unfunded capital commitments of the Plan's investments measured at NAV (or its equivalent) were \$72,983,000 at September 30, 2024, and \$73,410,000 at September 30, 2023. The Plan maintains sufficient liquidity in its investment portfolio to cover such capital commitments.

The following table summarizes the composition of investments measured at NAV (or its equivalent) by the various redemption provisions and lock-up/liquidation periods at September 30, 2024 and 2023:

	2024	2023
Monthly	\$ 31,836,721	\$ 30,603,712
Quarterly	105,337,053	94,199,147
Semiannual	69,032,246	66,145,693
Lock-up/liquidation (a)	166,533,282	176,427,236
Total	<u>\$ 372,739,302</u>	<u>\$ 367,375,788</u>

(a) The amount subject to redemption lock-up or in liquidation as of September 30, 2024 is set to expire or expected to be received as follows:

Plan year ending	Amount
2025	\$ 13,429,817
2026	1,410,239
2027 and after	151,693,226
Total	<u>\$ 166,533,282</u>

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(7) Tax Status

Internal Revenue Service (IRS) has issued a favorable determination letter dated May 7, 2021, stating that the Plan and the related UJA-Federation Retirement Trust, which holds the Plan's assets, are designed in accordance with applicable sections of the Internal Revenue Code (IRC). This favorable determination was conditioned upon the adoption of corrective retroactive amendments, which the Board of Directors adopted on June 15, 2021. The Plan Sponsor and the Plan's ERISA counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

The Plan is subjected to routine audits by taxing jurisdictions. The Organization has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

(8) Prohibited Transactions

During the years ended September 30, 2024 and 2023, certain affiliated agencies and institutions participating in the Plan failed to remit employee contributions to the Plan in a timely manner, which are considered prohibited transactions. The affiliated agencies and institutions have paid all interest and penalties associated with the late remittances (refer to supplemental schedule H, Line 4a – Schedule of Nonexempt Transactions for Delinquent Participant Contributions) for the year ended September 30, 2024).

(9) Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(10) Related-Party and Party-in-Interest Transactions

Certain Plan investments at September 30, 2024 were money market funds issued by the Current Trustee. Transactions with respect to these investments are considered to be exempt party-in-interest transactions.

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(11) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 536,658,138	\$ 490,730,401
Add additional contributions receivable	<u>16,020,000</u>	<u>14,206,664</u>
Net assets per the Form 5500	<u>\$ 552,678,138</u>	<u>\$ 504,937,065</u>

The following is a reconciliation of employer contributions per the financial statements to the Form 5500:

	<u>2024</u>
Employer contributions as reported on the financial statements	\$ 24,645,455
Add additional contributions receivable at September 30, 2024	16,020,000
Less additional contributions receivable at September 30, 2023	<u>(14,206,664)</u>
Employer contributions per the Form 5500	<u>\$ 26,458,791</u>

After September 30, 2024 and 2023, the Plan Sponsor funded additional employer contributions into the Plan. Under U.S. GAAP, these contributions are not recorded as employer contributions for the plan years ended September 30, 2024 and 2023, although they do qualify as contributions for purposes of satisfying the minimum funding requirements established by the IRS. As a result, these fundings are included as contributions and contributions receivable on Form 5500 for the plan years ended September 30, 2024 and 2023.

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Schedule H, Line 4a – Schedule of Nonexempt Transactions for Delinquent Participant Contributions
Year Ended September 30, 2024

Employee Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE**
	Contributions Not Corrected	Contributions Corrected Outside of VFCP*	Contributions Pending Correction in VFCP*	
\$ 2,044	\$ 2,044	\$ —	\$ —	\$ —

There was a one-day delay in depositing employee contributions of \$2,044 to the Plan in a timely manner during the Plan year ended September 30, 2024. The lost interest was \$6.

The delinquent contributions and lost interest were remitted to the Plan after September 30, 2024 to correct the affected participant balances.

* Voluntary Fiduciary Correction Program (VFCP).

** Prohibited Transactions Exemptions (PTE).

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Short-term and money market instruments:			
* Dreyfus Government Cash Management Fund	7,416,493	\$ 7,416,493	\$ 7,416,493
Cash	—	236,483	236,483
Total short-term and money market instruments		7,652,976	7,652,976
Investments measured at NAV (or its equivalent):			
Equity funds:			
Advent Global Opportunities Fund LP	—	16,000,000	19,369,161
Biotechnology Value Fund II L.P.	—	7,362,003	25,293,135
Diakrisis Fund, LP	—	8,025,000	8,992,657
Genesis Group Trust	5,192	4,220,449	7,040,357
Green Court Greater China Long-Only Equity Fund	2,268	3,472,193	3,983,928
Janchor Partners Opportunities Offshore Fund, L.P.	—	—	434,417
Janchor Partners Opportunities Offshore Fund II L.P.	—	1,754,770	2,089,360
Janchor Partners Opportunities Offshore Fund III, L.P.	—	3,835,000	4,108,151
Lone Cascade, LP	—	1,598,381	1,105,427
New Century Holdings XI, L.P.	—	47,272	42,808
Total equity funds		46,315,068	72,459,401
Long/short equity hedge funds:			
Janchor Partners Pan-Asian Fund	95,838	9,500,000	13,455,317
Wishbone International Partners, Ltd.	8	181,245	4,416
Total long/short equity hedge funds		9,681,245	13,459,733
Multi-strategy funds:			
Baupost Value Partners, L.P.	—	574,929	6,771,195
Bellus Ventures II LP	53,145	7,800,000	10,083,330
Cerberus International, Ltd.	—	—	12,730
CRC Bond Opportunity Trading Fund (Cayman) LP	—	16,688,102	20,812,436
Davidson Kempner Institutional Partners, L.P.	—	15,139,199	25,927,426
Elliott International Limited	15,970	20,393,676	36,967,915
Empyrean Capital Overseas Fund, Ltd.	9,036	14,978,171	20,310,505
Farallon Capital Institutional Partners, L.P.	—	—	182,647
Lynrock Lake Fund Offshore LP	—	14,567,724	17,899,755
Nokota Capital Offshore Fund, Ltd.	—	1,285,621	228,789

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Ovata Equity Strategies Feeder Fund	— \$	10,250,000 \$	11,746,877
Redwood Drawdown Offshore Fund II, L.P.	—	—	510,774
Redwood Drawdown Offshore Fund III, L.P.	—	3,735,000	5,634,893
Total multi-strategy funds		105,412,422	157,089,272
Private equity:			
Accolade Partners Blockchain II Feeder, L.P.	—	387,000	428,047
Accolade Partners Blockchain II Select Feeder, L.P.	—	1,218,000	1,362,324
Accolade Partners Blockchain III Seed, L.P.	—	126,000	108,130
Accolade Partners Blockchain III Venture, L.P.	—	150,000	233,475
Accolade Partners Digital Evolution, L.P.	—	500,000	864,097
Avid Ventures Fund II, L.P.	—	81,000	53,100
Carlyle Asia Growth Partners IV, L.P.	—	131,634	138,022
Centerbridge Capital Partners, L.P.	—	231,197	8,245
Centerbridge Capital Partners II, L.P.	—	1,444,475	17,038
Centerbridge Capital Partners III, L.P.	—	2,964,976	4,131,349
Clearlake Capital Partners V (USTE), L.P.	—	1,504,656	3,400,387
Clearlake Capital Partners VI (USTE), L.P.	—	2,708,833	4,572,798
Clearlake Capital Partners VII (USTE), L.P.	—	2,280,289	2,802,715
CNK Fund III L.P.	—	840,600	1,143,740
Columbia Capital Equity Partners IV (QP), L.P.	—	69,121	76,965
Edgewater Growth Capital Partners II, L.P.	—	206,787	75,547
Envest Energy Institutional Fund XIV-C, L.P.	—	650,528	2,459,179
Foundry 2022, L.P.	—	1,164,142	1,103,592
Foundry Group Next, L.P.	—	3,240,511	5,613,204
Foundry Group Next 2018, L.P.	—	4,871,568	6,639,656
Foundry Venture Capital 2007, L.P.	—	340,093	26,782
Foundry Venture Capital 2010, L.P.	—	310,682	1,826,899
Foundry Venture Capital 2010 Annex, L.P.	—	54,852	286,306
Foundry Venture Capital 2013, L.P.	—	—	1,052,415
Foundry Venture Capital 2016, L.P.	—	1,047,673	842,390
Grey Rock Net Zero Opportunities Fund I, LP	—	545,751	639,027
Heavybit Holdings IV, LP	—	1,181,500	1,247,145
Heavybit Holdings V, LP	—	74,750	62,834
KKR Energy Income and Growth Fund I-TE, L.P.	—	—	109,787
Nexus Special Situations IV, L.P.	—	143,197	206,033

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September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Patient Square Equity Partners-A, LP	— \$	1,447,053	\$ 1,878,319
Pine Brook Capital Partners II, L.P.	—	2,250,996	2,833,591
Prospect Venture Partners II, L.P.	—	40,527	1,063
Prospect Venture Partners III, L.P.	—	35,057	7,393
PVP Fund III, L.P.	—	1,058,613	1,507,502
PVP Fund IV, L.P.	—	552,457	765,240
Revolution Growth II, L.P.	—	246,329	89,997
Revolution Growth III, L.P.	—	1,605,187	3,329,961
Roark Capital Partners III, L.P.	—	1,274,381	3,865,184
Roark Capital Partners IV, L.P.	—	5,308,376	9,816,182
Roark Capital Partners V (T), L.P.	—	3,358,064	5,664,867
Roark Capital Partners VI (T), L.P.	—	1,976,896	3,065,348
TA XIV-A L.P.	—	3,422,500	3,457,595
TCV VII (A), L.P.	—	36,197	14,855
Towerbrook Structured Opportunities Fund II (Onshore), L.P.	—	2,148,535	2,830,936
UpWest Labs Fund IV, LP	—	806,000	783,535
Vintage Fund of Funds V (Access), L.P.	—	1,406,908	2,239,465
Vintage Fund of Funds V (Emerging Managers), L.P.	—	2,706,325	4,077,040
Vintage Fund of Funds VI (Access), L.P.	—	1,455,007	1,528,680
Vintage Fund of Funds VI (Breakout), L.P.	—	1,301,214	1,556,231
Vintage Fund of Funds VII (Access), L.P.	—	266,604	269,659
Vintage Fund of Funds VII (Breakout), L.P.	—	299,962	290,289
Warburg Pincus China Southeast Asia II, L.P.	—	2,227,725	2,369,143
Warburg Pincus Financial Sector, L.P.	—	2,054,850	4,477,253
Warburg Pincus Financial Sector II, L.P.	—	1,378,687	2,121,107
Total private equity		67,134,265	100,371,663
Real estate:			
Magna Hotel Fund VII LP	—	2,410,643	2,389,629
Magna Hotel Fund VIII LP	—	352,018	291,977
Realty Financial Partners VI, L.P.	—	2,638,041	114,456
Sterling American Property V, L.P.	—	—	74,694
Total real estate		5,400,702	2,870,756

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Other:			
Atalaya Asset Income Fund Evergreen, L.P.	— \$	11,059,487 \$	10,989,649
Atalaya Asset Income Fund IV, L.P.	—	244,914	167,809
Atalaya Asset Income Fund V, L.P.	—	5,488,453	5,183,088
Clearlake Flagship Plus Partners (Offshore), L.P.	—	1,790,389	2,076,264
Post Road Specialty Lending Fund II LP	—	4,249,901	4,219,706
VCCIF I-B LLC	—	2,910,271	3,851,961
Total other		25,743,415	26,488,477
Total alternative investments		259,687,117	372,739,302
Common stocks:			
77 Bank Ltd	6,071	161,115	166,163
A O Smith Corp	3,671	311,874	329,766
ABC-Mart Inc	9,201	156,598	196,190
Adeka Corp	19,024	324,001	387,888
AI Holdings Corp	16,311	271,928	271,622
Alphabet Inc	6,465	787,204	1,080,883
Ametek Inc	4,585	767,821	787,290
Amphenol Corp	8,093	501,135	527,340
ARE Holdings Inc	26,134	372,964	331,608
Argo Graphics Inc	1,850	54,971	68,159
Askul Corp	19,499	249,494	294,857
Avantor Inc	8,900	189,105	230,243
Axalta Coating Systems Ltd	19,300	543,667	698,467
Bank of America Corp	26,900	643,890	1,067,392
Baxter International Inc	34,900	1,421,377	1,325,153
Berkshire Hathaway Inc	2,785	676,934	1,281,824
Bio-Techne Corp	2,174	185,438	173,768
Biprogy Inc	8,462	199,216	287,509
BML Inc	10,793	262,398	200,105
Brown & Brown Inc	6,154	236,090	637,554
Caci International Inc	223	103,171	112,517
Canadian Pacific Kansas City	4,890	414,068	418,291
Canon Marketing Japan Inc	13,324	306,090	432,769

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Carter's Inc	1,800	\$ 128,591	\$ 116,964
CDW Corp/De	3,046	364,499	689,310
Chugai Pharmaceutical Co Ltd	5,497	151,957	266,395
Clean Harbors Inc	1,710	276,961	413,324
Copart Inc	9,243	469,406	484,333
Core & Main Inc	11,826	407,581	525,074
Corning Inc	16,411	520,790	740,957
Dai-ichi Life Holdings Inc	12,904	256,475	332,163
Daiichi Sankyo Co Ltd	15,102	437,537	497,171
Daito Trust Construction Co Ltd	3,086	312,697	375,610
Dayforce Inc	10,216	696,807	625,730
Devon Energy Corp	18,228	687,298	713,079
DIP Corp	13,994	245,859	277,845
Doshisha Co Ltd	6,243	89,093	93,968
DTS Corp	7,500	166,611	212,353
Dun & Bradstreet Holdings Inc	31,300	369,099	360,263
Eiken Chemical Co Ltd	13,250	168,968	215,275
Elanco Animal Health Inc	81,000	1,005,641	1,189,890
Elecom Co Ltd	18,967	259,627	192,402
Emcor Group Inc	528	184,497	227,320
En Japan Inc	13,625	213,802	231,656
Entegris Inc	2,847	269,793	320,373
Espec Corp	10,425	173,980	187,015
Fortune Brands Innovations Inc	6,219	475,381	556,787
Fuji Corp/Aichi	18,458	300,872	294,342
Future Corp	33,428	384,654	425,328
Galilei Co Ltd	2,597	92,578	99,312
Graco Inc	2,358	193,312	206,349
Graphic Packaging Holding Co	41,300	642,214	1,222,067
Heico Corp	1,960	393,203	399,370
Hikari Tsushin Inc	1,364	218,778	303,906
Hingham Institution For Saving	1,395	333,653	339,418
Honda Motor Co Ltd	48,920	487,922	515,568
Idex Corp	950	186,753	203,775
Inaba Denki Sangyo Co Ltd	9,527	224,503	255,092

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Isuzu Motors Ltd	24,009	\$ 284,997	\$ 324,115
ITT Inc	3,228	378,181	482,618
Japan Post Holdings Co Ltd	17,534	168,657	167,446
JCU Corp	6,033	152,086	146,987
JGC Holdings Corp	21,940	247,399	192,113
Kaga Electronics Co Ltd	4,000	77,043	78,300
Kato Sangyo Co Ltd	4,725	141,901	140,059
Kinsale Capital Group Inc	625	285,297	290,981
Kokuyo Co Ltd	12,584	170,635	222,666
Kyowa Kirin Co Ltd	9,906	219,806	175,003
L3Harris Technologies Inc	5,945	1,233,141	1,414,137
Linde PLC	736	340,152	350,969
Lions Gate Entertainment Corp	126,309	1,595,749	874,058
Live Nation Entertainment Inc	7,908	673,666	865,847
Martin Marietta Materials Inc	1,210	320,086	651,283
Marui Group Co Ltd	14,368	244,217	240,120
Maruichi Steel Tube Ltd	6,600	153,234	155,172
MCJ Co Ltd	15,276	117,661	162,542
Mebuki Financial Group Inc	38,224	102,515	153,521
Meitec Group Holdings Inc	7,782	138,032	172,516
Micron Technology Inc	12,875	882,749	1,335,266
Middleby Corp	4,684	643,558	651,685
Mitsubishi Estate Co Ltd	18,953	291,735	299,254
Mitsubishi Gas Chemical Co Inc	15,032	230,322	291,045
Mitsubishi Shokuhin Co Ltd	6,388	170,202	234,905
Mitsubishi UFJ Financial Group	45,847	393,857	465,874
Mohawk Industries Inc	5,705	679,429	916,679
Morningstar Inc	1,750	399,488	558,460
MS&AD Insurance Group Holdings	13,737	145,222	319,800
Nasdaq Inc	20,230	1,224,735	1,476,992
NCR Voyix Corp	57,900	722,847	785,703
Nihon Parkerizing Co Ltd	22,966	190,022	199,251
Nikon Corp	22,691	222,081	235,651
NOF Corp	16,893	249,380	290,526
Okta Inc	3,725	282,974	276,917
Okuma Corp	4,648	100,842	99,530

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Open Up Group Inc	22,491	\$ 273,742	\$ 321,390
Optorun Co Ltd	20,780	239,095	258,297
Paltac Corp	12,470	383,138	384,457
Paramount Bed Holdings Co Ltd	15,313	250,771	277,270
Paychex Inc	2,302	217,935	308,905
Penn Entertainment Inc	52,100	993,377	982,606
Prestige International Inc	34,600	147,151	170,049
PTC Inc	756	110,902	136,579
Quanta Services Inc	863	187,768	257,303
Raito Kogyo Co Ltd	12,726	171,954	192,616
RBC Bearings Inc	1,742	500,789	521,520
Revity Inc	2,130	218,044	272,108
RLI Corp	4,545	691,355	704,384
Rohm Co Ltd	21,981	388,318	246,794
San-In Godo Bank Ltd	25,903	160,086	220,929
Sega Sammy Holdings Inc	11,288	151,915	225,697
Sensata Technologies Holding PLC	29,600	1,152,157	1,061,456
Service Corp International	6,640	437,721	524,095
Shibaura Electronics Co Ltd	9,406	198,619	228,180
Shimamura Co Ltd	3,047	145,338	166,665
Shin-Etsu Chemical Co Ltd	15,539	511,580	649,305
Shin-Etsu Polymer Co Ltd	17,227	172,361	186,674
Shionogi & Co Ltd	21,918	320,302	314,658
Signet Jewelers Ltd	4,506	352,046	464,749
Simpson Manufacturing Co Inc	1,017	175,195	194,522
Somnigroup International Inc	15,545	611,430	848,757
Square Enix Holdings Co Ltd	5,037	226,696	200,543
SS&C Technologies Holdings Inc	17,800	928,481	1,320,938
Stanley Electric Co Ltd	7,856	143,422	146,284
Star Micronics Co Ltd	9,900	127,409	133,094
Steris PLC	861	153,461	208,827
Sumitomo Mitsui Trust Group	17,702	318,853	419,655
Suzuki Motor Corp	18,131	180,853	201,857
T&D Holdings Inc	14,095	202,381	245,854
Takuma Co Ltd	13,916	148,062	155,952
Teledyne Technologies Inc	2,337	1,002,687	1,022,811

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Tocalo Co Ltd	20,774	\$ 210,325	\$ 278,265
Topgolf Callaway Brands Corp	72,600	1,102,617	797,148
Torii Pharmaceutical Co Ltd	5,130	135,686	138,973
Toro Co	3,597	287,071	311,968
Toyota Industries Corp	3,614	280,206	278,554
Tractor Supply Co	1,167	183,770	339,515
Transcosmos Inc	9,676	233,029	239,803
Trimble Inc	6,771	420,835	420,411
Union Tool Co	4,182	97,382	179,805
Ushio Inc	19,412	259,567	275,492
Vail Resorts Inc	801	176,744	139,606
Viking Holdings Ltd	11,466	378,397	400,049
W R Berkley Corp	5,390	307,014	305,775
Walt Disney CO	13,550	1,354,482	1,303,375
Westinghouse Air Brake Technologies Corp	3,672	335,071	667,459
Willscot Holdings Corp	3,779	145,397	142,090
Yamaha Corp	33,105	244,370	285,480
Yamato Kogyo Co Ltd	2,409	119,856	120,534
Yuasa Trading Co Ltd	5,520	179,544	192,181
Zimmer Biomet Holdings Inc	11,100	1,210,762	1,198,245
Total common stocks		55,063,358	63,305,641
Mutual funds:			
Metropolitan West Unconstrained Bond Fund Class I	921,934	9,947,886	9,689,529
Next Funds Topix ETF	3,480	65,657	67,318
Payden Limited Maturity Fund-SI	1,355,244	12,872,414	12,983,239
Payden Low Duration Fund-SI	1,616,385	15,646,955	15,953,724
State Street MSCI EAFE Index Non-Lending Fund	49,539	5,095,269	7,324,615
State Street Russell 1000 Index Non-Lending Fund	500,181	34,486,509	44,532,594
Total mutual funds		78,114,690	90,551,019
Total investments		\$ 400,518,141	\$ 534,248,938

* Party-in-interest as defined by ERISA.

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

Schedule H, Line 4j – Schedule of Reportable Transactions

Investment Transactions in Excess of Five Percent

Year Ended September 30, 2024

Identity of Party Involved	Security description	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Series of transactions:					
* Bank of New York Mellon	Dreyfus Government Cash Management Fund	\$ 145,293,818	\$ —	\$ 145,293,818	\$ —
* Bank of New York Mellon	Dreyfus Government Cash Management Fund	—	142,276,691	142,276,691	—
Payden & Rygel	Payden Limited Maturity Fund-SI	35,402,382	—	35,402,382	—
Payden & Rygel	Payden Limited Maturity Fund-SI	—	47,677,562	47,403,480	274,082
State Street	State Street Russell 1000 Index Non-Lending Fund	24,875,000	—	24,875,000	—

* Party-in-interest as defined by ERISA.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan Retirement Plan for Employees of United Jewish	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Jewish Appeal-Federation of Jewish Philanthropies of NY	D Employer Identification Number (EIN) 51-0172429
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 10 Day 1 Year 2023	
2 Assets:	
a Market value	2a 504,582,759
b Actuarial value	2b 531,713,093
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 4,532 (2) Vested Funding Target 388,455,820 (3) Total Funding Target 388,455,820
b For terminated vested participants.....	4,034 146,112,000 146,112,000
c For active participants	5,310 143,789,360 147,549,022
d Total.....	13,876 678,357,180 682,116,842
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.24 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 8,319,869
b Expected plan-related expenses	6b 1,775,701
c Target normal cost	6c 10,095,570

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

SIGN HERE	Aaron Shapiro Signature of actuary	07/14/2025 Date
Aaron Shapiro Type or print name of actuary	23-07290 Most recent enrollment number	
Milliman, Inc. Firm name	(646) 473-3000 Telephone number (including area code)	
One Pennsylvania Plaza 38th Floor New York Address of the firm	NY 10119	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	77.95%
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21	Discount rate:					
	a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used	
	b Applicable month (enter code)				21b	4
22	Weighted average retirement age				22	67
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
26	Demographic and benefit information	
	a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
	b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	10,095,570
	b Excess assets, if applicable, but not greater than line 31a	31b	10,095,570
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment		
	b Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement		0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	0
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

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

41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021
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Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions
EIN/PN: 51-0172429/333
Attachment to 2023 Form 5500
Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

Attribution Method: Aggregate Cost Method

The ultimate cost of a pension plan is the total amount needed to provide benefits for plan members and beneficiaries and to pay the expenses of administering the plan. Pension costs are met by contributions and by any investment return on plan assets.

Ultimate Cost	=	Benefits Paid	+	Expenses Incurred	-	Investment Return
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The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique adopted by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan, which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool, which helps to ensure that the pension plan will be adequately and systematically funded.

The annual costs for a pension plan can be determined using any one of several actuarial cost methods. The methods differ in how much of the ultimate cost of the plan is assigned to each prior year, the current year and to each future year. Although the ultimate cost for a pension plan will be determined not by the cost method but by the benefits and expenses which become payable and the earnings which are obtained on the investments of the plan, the pattern of annual contributions from year to year and the rate of funding for the benefits will vary with the choice of actuarial cost method. In addition, the choice of actuarial assumptions for a given actuarial cost method will affect the current level of contributions and pattern of future contributions.

The actuarial cost method used in the valuation is the Aggregate Cost Method. Under this method, the normal cost is calculated as a level percentage of payroll by taking the present value of benefits minus the plan assets and present value of employee contributions and spreading the excess which is the present value of future normal cost (PVFNC) over the present value of future payroll (PV comp) of the participants.

Under this method, gains and losses are spread out over time through the normal cost.

Asset Valuation Method:

Funding: Fair Market Value of Assets.

PPA: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of the Adjusted Market Value of Assets on the valuation date.

Data

Census Data: October 1, 2023 valuation data.

Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions
EIN/PN: 51-0172429/333
Attachment to 2023 Form 5500
Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

Valuation Pay:

October 1, 2023 rates of pay for Union Participants and actual W-2 compensation for the Plan Year ending September 30, 2023 for Non-Union Participants.

Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions
EIN/PN: 51-0172429/333
Attachment to 2023 Form 5500
Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

Assumptions

Economic Assumptions

Interest Rates:

Funding: 7.00%, compounded annually.

FASB ASC Topic 960: 7.00%, compounded annually.

Rationale: Same as the Expected Return on Assets. In developing the investment return assumption, we reviewed the Plan's historical investment performance along with forward-looking data such as projections of inflation and total return growth as provided by UJA's Chief Investment Officer. Mean returns, standard deviations and correlations between investment categories were determined and used in the investment return assumption in conjunction with the historical and projected information.

Current Liability: 5.74% compounded annually.

PPA without Stabilization: Segment Rates with four-month look-back.

Segment 1 Interest Rate:	3.03%
Segment 2 Interest Rate:	4.11%
Segment 3 Interest Rate:	4.27%

PPA with Stabilization (reflects ARPA):

Segment 1 Interest Rate:	4.75%
Segment 2 Interest Rate:	5.00%
Segment 3 Interest Rate:	5.74%

Rationale: The interest rates for Current Liability and PPA with and without Stabilization are prescribed under IRS regulations. These rates are based on the plan sponsor's interest rate election method.

PBGC: 7.00%, compounded annually.

Rationale: Effective October 1, 2019, PBGC interest rate is the same as funding per Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act).

CPI: 2.75%, compounded annually. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Rationale: This assumption reflects long-term historical information as well as the actuary's view of future inflation trends.

Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions
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Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

Salary Increases: 4.00% per year, compounded annually. This is also used for the present value of future payroll. The assumption represents an estimate of future experience.

Rationale: The salary scale assumption was developed based on the current economic environment and discussions with UJA-Federation, which included review of their business prospects, expectations of productivity, and their compensation policies. It was also selected based on the 2022 Experience Study.

Employee Contribution Interest Crediting Rate: The ultimate employee contribution crediting rate is assumed to be at 3.70%. The current rate grades into the ultimate rate by changing 25 basis points per year. The current rate as of October 1, 2023 is 5.33%. This assumption represents an estimate of future experience.

Rationale: The Year 0 interest crediting rate is based on the actual October 2023 120% Federal Mid-Term Rate of 5.33%. All subsequent interest crediting rates are assumed to change by 25 basis points per year until it reaches the ultimate rate of 3.70%. The ultimate rate is set to be 50 basis points less than the 30-year Treasury rate.

Cash Balance Account Interest Crediting Rate: The ultimate cash balance crediting rate is assumed to be at 4.20%. The current rate grades into the ultimate rate by changing 25 basis points per year. The current rate as of October 1, 2023 is 3.86%.

Rationale: The Year 0 interest crediting rate is based on the actual May 2023 30-Year Treasury Securities rate of 3.86%. All subsequent interest crediting rates are assumed to change by 25 basis points per year until it reaches the ultimate rate of 4.20%. For the ultimate rate, we utilized the average yield of the 30-year Treasury Bond in the Blue Chip Financial Forecasts report.

Maximum Benefit: The maximum benefit for funding purposes is \$265,000 in 2024.

Maximum Compensation: The maximum compensation for funding purposes is \$330,000 in 2024.

Covered Compensation: It is assumed that the Federal Social Security Taxable Wage Base will increase at the rate of 2.75% per annum.

Rationale: See CPI

Administrative Expenses: \$1,900,000 at end of year for October 1, 2023 plan year.

Rationale: General administrative expenses plus PBGC premiums for the plan year; rounded to nearest hundred thousand.

Demographic Assumptions

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Mortality:

Funding, FASB ASC Topic 960, and PBGC: PRI-2012 Total Employee/Retiree Mortality Tables with mortality improvement scale MP-2021 on a generational basis. The PRI-2012 Contingent Mortality Tables were reflected for beneficiaries.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains and losses over the measurement period.

Current Liability and PPA: The IRS 2023 Static Mortality Tables for males and females, as promulgated by the IRS for plan years beginning in 2023. (Previously, IRS 2022 Static Mortality Tables for males and females, as promulgated by the IRS for plan years beginning in 2022).

Rationale: This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430. The plan sponsor has elected the mortality assumption described above from a range of available prescribed assumptions.

Withdrawal:

Sample rates are illustrated below:

Age	Rate
<25	24.0%
25	22.0%
30	20.0%
35	17.0%
40	13.0%
45	12.0%
50	11.0%
55	10.0%
60	8.0%

Rationale: We have reviewed the plan's historical experience to develop the assumption. As per our 2022 Experience Study, this selected assumption is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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Disability: None.

Rationale: The number of covered participants is not large enough to have credible experience for disability. Since there are only a few disabled participants in the valuation data as of the valuation date, no disability rates were assumed.

Retirement: Rates are illustrated below.

Age	Rate
55-59	2.0%
60-61	3.0%
62-64	5.0%
65-72	15.0%
73-79	20.0%
80	100.0%

Rationale: We have reviewed the plan's historical experience to develop the assumption. As per our 2022 Experience Study, this selected assumption is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marriage Assumption for preretirement death benefit: 80% of participants assumed to be married with females 3 years younger than males.

Rationale: The number of covered participants is not large enough to have credible experience for preretirement deaths. As per our 2022 Experience Study, we believe the marriage assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Payment: Life Annuity for benefits earned under the Final Average Pay Plan and Lump Sum for benefits earned under the Cash Balance Plan.

Rationale: As per our 2022 Experience Study, we believe the form of payment assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Lump Sum Election Rates:

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Actives: For participants who terminate with cash balance benefits only, 60% will elect to receive their lump sum at termination and 40% will defer their lump sum until age 65.

For participants who terminate or retire with final average pay and cash balance benefits, 100% will receive their lump sum at termination or retirement.

Terminated Vested (TV): For TVs with cash balance benefits only, 10% will elect to receive their lump sum at the valuation date and 90% will defer their lump sum until age 65.

For TVs with final average pay and cash balance benefits, 100% will defer their lump sum until age 65.

Rationale: As per our 2022 Experience Study, we believe the lump sum election rates assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Terminated Vested Liability: A 50% adjustment factor has been applied to the liability for terminated vested participants ages 70 and above.

Rationale: Per Section 19.5 of the Plan document, terminated vested participants currently over age 70 may be removed from the Plan if they cannot be located after five years. Since each of these participants may be at different stages in the five year address location process, it is suggested removing 50% of their liability from the valuation liability, but not the headcount for PBGC purposes.

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Final Average Pay Plan

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document.

Basic Information

Plan Name: Retirement Plan for Employees of United Jewish Appeal – Federation of Jewish Philanthropies of New York Inc. and Affiliated Agencies and Institutions.

Effective Date of Plan: January 1, 1951.

EIN/PN: 51-0172429/333

Effective Date of Latest Amendment: January 1, 2024.

Plan Year: October 1 – September 30.

Union Eligibility: If hired before May 1, 2010, an employee is eligible on date of employment, provided the participant makes the required contributions.

If hired on or after May 1, 2010, an employee is eligible to participate in a cash balance plan on the first day of October or April coinciding with or following the date on date of employment, provided the participant makes the required contributions.

Non-Union Eligibility: If hired before May 1, 2010 all employees are eligible who are age 21 with 1 year of service.

If hired on or after May 1, 2010, all employees are eligible to participate in a cash balance plan on the first day of the October or April coinciding with the date on which they complete 1,000 Hours of Service, provided they are age 21 with 1 year of service.

Union Credited Benefit Service: A participant is credited with one month of Service for each month in which he completes at least one Hour of Service, provided he made the required contributions.

Union Credited Benefit Service is frozen as of September 30, 2019.

Non-Union Credited Benefit Service: A Plan Year during which an Eligible Employee completes 1,000 Hours of Service.

Non-Union Credited Benefit Service is frozen as of September 30, 2017.

Union Vesting Service: Each twelve month period of Service beginning on an Employee's Employment Commencement Date.

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Non-Union Vesting Service: A Plan Year during which an individual completes at least 1,000 Hours of Service.

Union Compensation: Pay rate at the beginning of the Plan Year.

For the plan year ending September 30, 2019, the Union Compensation is limited to \$275,000.

Non-Union Compensation: Total pay in the Plan Year.

For the plan year ending September 30, 2017, compensation is limited to \$265,000.

Final Average Earnings: The average of the highest 5 consecutive years of compensation out of the last 10 years of service. As of September 30, 2017, Final Average Earnings is frozen for Non-Union Participants. As of September 30, 2019, Final Average Earnings is frozen for Union Participants.

Average Social Security Wage Base: Average of the taxable wage bases in effect for each calendar year during a 35-year period that ends with the last day of the calendar year in which the employee attains Social Security Retirement Age. The taxable wage base for all calendar years beginning after the first day of the Plan Year is the base in effect as of the beginning of the Plan Year. As of September 30, 2017, Average Social Security Wage Base is frozen for Non-Union Participants.

Union Employee Contributions: Employees are required to contribute 1 percent of the first \$9,000 of their regular yearly compensation plus 4 percent of any excess for each year of participation. Union employees cease to contribute under the FAP formula effective October 1, 2019.

Non-Union Employee Contributions: Employees are not required to contribute to the plan.

Benefit Formulas and Eligibilities

Normal Retirement Eligibility: The first day of the month coincident with or next following the attainment of age 65 and the completion of 5 Years of Service.

Union Benefit Formula (Union FAP): Beginning October 1, 2010, the amount of yearly income at age 65 equals 1.305% of the first \$9,000 of Final Average Earnings plus 1.665% of any excess of the Final Average Earnings over \$9,000, times Credited Service.

However, for a participant in the Retirement Plan before October 1, 2010, the benefit will never be less than the benefit determined as of September 30, 2010 adjusted to reflect the Final Average Earnings as of the date of termination.

Under the prior formula, the amount of yearly income at age 65 equals 1.45% of the first \$9,000 of Final Average Earnings plus 1.85% of any excess of the Final Average Earnings over \$9,000, times Credited Service as of September 30, 2010.

As of September 30, 2019, the Union FAP Benefit Formula is frozen for Union participants.

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Non-Union Benefit Formula (NU FAP): Beginning October 1, 2010, the amount of yearly income at age 65 equals the sum of .90% of Final Average Earnings plus .45% of any excess of the Final Average Earnings over the Social Security Average Wage Base times Credited Benefit Service (1st 15 years), plus 1.17% of Final Average Earnings times Credited Benefit Service (in excess of 15 years), plus .585% of any excess of the Final Average Earnings over the Social Security Average Wage Base times Credited Benefit Service (in excess of 15 years, maximum 25 years applied).

However, for a participant in the Retirement Plan before October 1, 2010, the benefit will never be less than the benefit determined as of September 30, 2010 adjusted to reflect the Final Average Earnings and Average Social Security Wage Base as of the date of termination.

Under the prior formula, the amount of yearly income at age 65 equals the sum of 1.00% of Final Average Earnings plus .50% of any excess of the Final Average Earnings over the Social Security Average Wage Base times Credited Benefit Service as of September 30, 2010 (1st 15 years), plus 1.30% of Final Average Earnings times Credited Benefit Service as of September 30, 2010 (in excess of 15 years), plus .65% of any excess of the Final Average Earnings over the Social Security Average Wage Base times Credited Benefit Service as of September 30, 2010 (in excess of 15 years, maximum 20 years applied).

As of September 30, 2017, the Non-Union FAP Benefit Formula is frozen for Non-Union participants.

Minimum Benefit: For employees who were participants in the plan on September 30, 1989, a minimum benefit is provided. The minimum is equal to (a) the participant's accrued benefit through September 30, 1989 under the Plan as in effect on September 30, 1989, based on Credited Benefit Service and Final Average Earnings at that time, plus (b) a benefit calculated using the current formula above, based on Credited Benefit Service Earned after October 1, 1989 and Final Average Earnings at time of retirement, or separation from employment.

****NOTE**** For Non-Union participants, Credited Benefit Service earned through September 30, 1989 will be taken into account when determining whether to use the formula that applies to the first 15 years or the formula that applies for Credited Benefit Service in excess of 15 years.

Early Retirement Eligibility: The first day of the month coincident or next following attainment of age 50 and the completion of 5 Years of Vesting Service.

Early Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on service and salary history at actual retirement date reduced for each month by which the Early Retirement Date precedes the Normal Retirement Date.

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The early retirement reduction factors are as follows:

Age at Early Retirement	Reduction Factors
60 - 64	100% less 6% per year below 65
59	63 1/3%
55 - 58	63 1/3 % less 3 1/3% per year below 59
Below age 55	Actuarial Equivalent

Disability Retirement Eligibility: Upon proof of disability all participants are eligible for a disability benefit.

Disability Retirement Benefit: A participant who becomes disabled prior to completing five years of Service will be entitled to receive a disability benefit equal to their accrued benefit actuarially reduced for commencement prior to age 65.

A participant who has completed 5 years of Service will be entitled to receive a disability benefit equal to their accrued benefit unreduced for commencement prior to age 65.

Vested Termination Eligibility: 100% after 5 Years of Vesting Service

Vested Termination Benefit: Accrued benefit payable at Normal Retirement. Employees who terminate with less than 5 years of vesting service and have made contributions will receive a refund of their contributions with interest.

Pre-Retirement Surviving Spouse Coverage Eligibility: Five Years of Vesting Service.

Pre-Retirement Surviving Spouse Coverage Benefit: If a married participant dies, the benefit payable to the spouse is the benefit that would have been payable had the participant retired just prior to his death and elected a Qualified Joint and Survivor benefit. If a member is not married, the death benefit shall be a return of employee contributions with interest.

For Non-Union participants, effective October 1, 2010, the spouse's benefit will not be less than the actuarial equivalent of 50% of the lump sum value of the accrued benefit earned the day before the participant's death and the spouse will have the option of receiving the lump sum payment in lieu of the monthly payments. If the participant dies and is not married, the estate will receive a one-time lump sum payment amount equal to 50% of the value of the accrued benefit earned the day before the participant's death.

Deferred Retirement Eligibility: Retirement after Normal Retirement Date.

Non-Union Deferred Retirement Benefit: If a Participant has attained Normal Retirement Date on or before December 31, 2012, the greater of the accrued benefit as of the termination date and the actuarial equivalent benefit as of the normal retirement date and each plan year end thereafter. If a

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Participant has not attained his Normal Retirement Date prior to January 1, 2013, the greater of the accrued benefit as of the termination date and the actuarial equivalent benefit as December 31, 2012.

Union Deferred Retirement Benefit: If a Participant has attained Normal Retirement Date on or before May 31, 2014, the greater of the accrued benefit as of the termination date and the actuarial equivalent benefit as of the normal retirement date and each plan year end thereafter. If a Participant has not attained his Normal Retirement Date prior to June 1, 2014, the greater of the accrued benefit as of the termination date and the actuarial equivalent benefit as May 31, 2013.

Normal Form of Benefit: Life Annuity with a Modified Cash Refund. A participant that is married must take the benefit in the form of an actuarial equivalent Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint and 50% Survivor benefit.

Optional Forms of Benefits:

There are various optional forms of payment including Joint and Survivor and Year Certain and Life.

The normal form of the benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

For purposes of Actuarial Equivalence, the Plan uses the 1983 Group Annuity Mortality Table projected to 1988 and set back four (4) years and an interest rate of 9.5%.

Maximum Benefit: The maximum benefit is limited as required by IRC Section 415(b). The limit for the Plan Year ending September 30, 2024 is \$265,000.

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Cash Balance Plan

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document.

Basic Information

Plan Name: Retirement Plan for Employees of United Jewish Appeal – Federation of Jewish Philanthropies of New York Inc. and Affiliated Agencies and Institutions.

Effective Date of Plan: January 1, 1951.

EIN/PN: 51-0172429/333

Effective Date of Latest Amendment: January 1, 2024.

Plan Year: October 1 – September 30.

Union Eligibility: If hired on or after May 1, 2010, an employee is eligible to participate in a cash balance plan on the first day of the October or April coinciding with or following the date on date of employment, provided the participant makes the required contributions and have one year of service.

Union Employees hired prior to May 1, 2010 are eligible to participate in the cash balance plan as of October 1, 2019.

Non-Union Eligibility: If hired on or after May 1, 2010, all employees are eligible to participate in a cash balance plan on the first day of the October or April coinciding with the date on which they complete 1,000 Hours of Service, provided they are age 21 with 1 year of service.

Non-Union Employees hired prior to May 1, 2010 are eligible to participate in a cash balance plan as of October 1, 2017.

Union Credited Benefit Service: A participant is credited with one month of Service for each month in which he completes at least one Hour of Service, provided he made the required contributions.

Non-Union Credited Benefit Service: A Plan Year during which an Eligible Employee completes 1,000 Hours of Service.

Union Vesting Service: Each twelve month period of Service beginning on an Employee's Employment Commencement Date.

Non-Union Vesting Service: A Plan Year during which an individual completes at least 1,000 Hours of Service.

Union Compensation: Pay rate at the beginning of the Plan Year.

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Non-Union Compensation: Total pay in the Plan Year.

For the plan year ending September 30, 2024, compensation is limited to \$330,000.

Union Employee Contributions: Employees are required to contribute 3 percent of their annual base pay rate on October 1st of each year. All Union Employees will have a one-time election opportunity to elect to contribute 2% or 3% of Union Compensation beginning October 1, 2019.

Non-Union Employee Contributions: Employees are not required to contribute to the plan.

Accrued Benefit: The Participant's Cash Balance Account at the time of determination.

Benefit Formulas and Eligibilities

Normal Retirement Eligibility: The first day of the month coincident with or next following the attainment of age 65 and the completion of 3 Years of Service.

Union Benefit Formula: Retirement benefit equal to the Accrued Benefit. For participants in Union FAP formula and hired prior to May 1, 2010, retirement benefit equal to frozen Union FAP benefit as of

September 30, 2019 plus the Accrued Benefit under the Union Cash Balance Plan after October 1, 2019.

Union Cash Balance Account: The initial Cash Balance Account when one becomes a participant in the Plan is equal to zero. As of the last day of each Plan Year (September 30) the Cash Balance Account will be credited with a Pay Credit for that Plan Year, that the participant made the required employee contribution. In addition, the Cash Balance Account will be credited with an Interest Credit on the last day of each plan year based on the value of the Cash Balance Account as of the first day of that plan year.

Union Pay Credit: Equal to 6% of the participant's annual rate of pay on October 1st for that Plan Year. Starting October 1, 2019, equal to 5% if contributes 2% or 6% if contributes 3% of the participant's annual rate of pay on October 1st for that Plan Year.

Union Employees hired prior to May 1, 2010 who are age 50 with at least 10 years of Vesting Service as of September 30, 2019, will receive an additional pay credit equal to 2% of the participant's annual rate of pay on October 1st for that Plan Year.

Union Interest Crediting Rate: Equal to the 30 year Treasury bond for the May preceding the beginning of each Plan Year.

Non-Union Benefit Formula: Retirement benefit equal to the Accrued Benefit. For participants in NU FAP formula and hired prior to May 1, 2010, retirement benefit equal to frozen NU FAP benefit as of September 30, 2017 plus the Accrued Benefit under the Non-Union Cash Balance Plan after October 1, 2017.

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Non-Union Cash Balance Account: The initial Cash Balance Account when one becomes a participant in the Plan is equal to zero. As of the last day of each Plan Year (September 30) the Cash Balance Account will be credited with a Pay Credit for that Plan Year, provided the participant is credited with a year of service. In addition, the Cash Balance Account will be credited with an Interest Credit on the last day of each plan year based on the value of the Cash Balance Account as of the first day of that plan year.

Non-Union Pay Credit: Equal to 3% of the participant's Compensation for that Plan Year.

Non-Union Employees hired prior to May 1, 2010 who are age 50 with at least 10 years of Vesting Service as of September 30, 2017, will receive an additional pay credit equal to 2% of the participant's Compensation for that Plan Year (5% total).

Non-Union Interest Crediting Rate: Equal to the 30 year Treasury bond for the May preceding the beginning of each Plan Year.

Early Retirement Eligibility: The first day of the month coincident or next following attainment of age 50 and the completion of 3 Years of Vesting Service.

Early Retirement Benefit: Accrued Benefit as of the Early Retirement Date.

Disability Retirement Eligibility: Upon proof of disability all participants are eligible for a disability benefit.

Disability Retirement Benefit: A participant who becomes disabled prior to completing three years of Service will become immediately 100% vested in the Cash Balance Account. The Accrued Benefit commences on the first day of the month following termination of service.

Vested Termination Eligibility: 100% after 3 Years of Vesting Service

Vested Termination Benefit: Vested Accrued Benefit as of the date of termination. Employees who terminated with less than 3 Years of Vesting Service and have made contributions will receive a refund of their contributions with interest.

Pre-Retirement Surviving Spouse Coverage Eligibility: Three Years of Vesting Service.

Pre-Retirement Surviving Spouse Coverage Benefit: A Preretirement Survivor Annuity that is Actuarial Equivalent of the Participant's vested Accrued Benefit shall be paid to the Eligible Spouse of the Participant, if the Participant dies before commencement of payment of his Retirement Benefit.

Deferred Retirement Eligibility: Retirement after Normal Retirement Date.

Deferred Retirement Benefit: Accrued Benefit as of the Participant's actual retirement date.

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Normal Form of Benefit: Life Annuity that is equal to the actuarial equivalent of the Accrued Benefit. A participant that is married must take the benefit in the form of an actuarial equivalent Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint and 50% Survivor benefit.

Optional Forms of Benefits:

There are various optional forms of payment including Joint and Survivor, Year Certain and Life, and lump sum.

The normal form of the benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

For purposes of Actuarial Equivalence, the mortality table shall be the Applicable Mortality Table, as prescribed by the Secretary of the Treasury pursuant to Section 417(e)(3)(A)(ii)(I) of the Code, and the interest rate shall be the Applicable Interest Rate, as prescribed by the Secretary of the Treasury pursuant to section 417(e)(3)(A)(ii)(II) of the Code with the stability period being the Plan Year and the look-back month being May preceding the stability period.

Maximum Benefit: The maximum benefit is limited as required by IRC Section 415(b). The limit for the Plan Year ending September 30, 2024 is \$265,000.

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Schedule B, line 6b – Description of Weighted Average Retirement Age

The assumed rates of retirement listed below indicate what percentage of the surviving lives at the specified age are assumed to retire. The Weighted Average Retirement Age is determined by calculating the average age at retirement of a 100 life population retiring in accordance with the assumed rates.

(1) Assumed Retirement Age	(2) Assumed Rate of Retirement	(3) Lives Per 100 Retiring *	(4) Weighted Retirement Age [(1) x (3)]/100
55	2%	2.0	1.10
56	2%	2.0	1.10
57	2%	1.9	1.09
58	2%	1.9	1.09
59	2%	1.8	1.09
60	3%	2.7	1.63
61	3%	2.6	1.60
62	5%	4.3	2.64
63	5%	4.0	2.55
64	5%	3.8	2.46
65	15%	10.9	7.11
66	15%	9.3	6.14
67	15%	7.9	5.29
68	15%	6.7	4.57
69	15%	5.7	3.94
70	15%	4.9	3.40
71	15%	4.1	2.93
72	15%	3.5	2.52
73	20%	4.0	2.90
74	20%	3.2	2.35
75	20%	2.5	1.91
76	20%	2.0	1.55
77	20%	1.6	1.25
78	20%	1.3	1.02
79	20%	1.0	0.82
80	100%	4.2	3.33
Weighted Average Retirement Age [sum of column (4)]:			67.37

* Column (3) = Column (2) x [number of lives not yet retired]

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Schedule B, line 8c – Schedule of Active Participant Data

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	6	173	2	-	-	-	-	-	-	-	181
25-29	28	385	63	3	-	-	-	-	-	-	479
30-34	42	354	181	12	-	-	-	-	-	-	589
35-39	27	308	197	48	-	-	-	-	-	-	580
40-44	41	257	189	66	2	-	-	-	-	-	555
45-49	39	236	179	83	24	1	-	-	-	-	562
50-54	29	210	169	72	45	7	-	-	-	-	532
55-59	53	215	196	109	44	21	15	-	-	-	653
60-64	41	180	156	97	56	29	30	3	-	-	592
65-69	28	84	94	78	37	20	16	2	3	-	362
70&Up	15	72	45	31	31	14	14	3	-	-	225
Total	349	2,474	1,471	599	239	92	75	8	3	-	5,310+

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Average Compensation by Age and Service Groups**

Age	Years of Credited Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	*	36,294	*								36,153
25-29	56,707	50,902	37,147	*							49,265
30-34	66,458	57,690	60,411	*							59,159
35-39	62,151	66,127	71,322	69,828							68,012
40-44	61,573	68,925	78,224	74,805	*						72,276
45-49	52,381	74,630	81,930	90,567	93,855	*					78,593
50-54	55,031	70,259	77,443	103,229	104,119	*					79,407
55-59	48,045	62,900	72,777	79,173	93,938	100,687	*				72,343
60-64	48,392	59,204	68,349	69,122	72,098	88,478	69,825	*			66,080
65-69	47,806	45,565	69,948	89,461	63,565	104,192	*	*	*		72,548
70&Up	*	42,815	56,078	74,801	74,367	*	*	*			60,019
Average	54,412	59,765	70,702	81,183	83,346	92,619	97,128	*	*		67,254

+ Includes 815 suspended participants as of October 1, 2023.

++ Based on W-2 compensation from October 1, 2022 to September 30, 2023 for non-union participants and October 1, 2023 base pay rates for union participants.

* If there are fewer than 20 participants in a cell, the average compensation is not reported.

Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions
EIN/PN: 51-0172429/333
Attachment to 2023 Form 5500
Schedule B, line 8c – Schedule of Active Participant Data

Average Cash Balance Account by Age and Service Groups

Age	Years of Credited Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	*	618	*								638
25-29	5,763	1,698	4,368								2,303
30-34	7,335	3,046	8,567	*							5,244
35-39	6,302	4,094	10,931	*							7,520
40-44	7,558	4,350	12,245	15,969	*						8,683
45-49	6,423	3,962	12,736	19,350	16,180	*					9,728
50-54	7,578	4,534	12,198	21,330	17,581	*					10,677
55-59	7,104	4,814	12,323	19,598	22,231	25,937	*				12,290
60-64	7,511	4,112	11,164	19,019	19,587	25,359		*			12,144
65-69	7,962	4,154	12,168	25,060	17,925	29,496	*	*	*		16,064
70&Up	*	3,209	10,137	21,076	21,240	*	*	*			12,407
Average	6,857	3,420	11,147	19,577	19,244	24,645	27,297	*	*		9,120

* If there are fewer than 20 participants in a cell, the average cash balance account is not reported.

Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions

EIN/PN: 51-0172429/333

Attachment to 2023 Form 5500

Schedule B, line 3 – Contributions made to the plan for the
plan year by employer(s) and employees

Date (M-D-YYYY)	Amount paid by employer(s)	Amount paid by employee(s)
10/31/2023		\$69,382
11/30/2023		\$100,845
12/31/2023		\$89,507
1/31/2024		\$86,281
2/28/2024		\$85,007
3/31/2024		\$85,525
4/30/2024		\$102,232
5/31/2024		\$106,471
6/25/2024	30,015	
6/28/2024	1,775,834	
6/30/2024		\$92,927
7/31/2024	2,585,834	\$72,635
8/30/2024	2,585,834	
8/31/2024		\$77,935
9/30/2024	2,585,834	\$75,664
10/31/2024	2,002,500	\$29,536
11/5/2024		\$1,406
11/29/2024	2,002,500	
12/23/2024		\$2,813
12/31/2024	2,002,500	
1/7/2025		\$1,406
1/22/2025	4,958	
1/31/2025	2,007,458	
2/4/2025		\$1,406
2/27/2025	4,958	
2/28/2025	2,002,500	
3/5/2025		\$1,406
3/24/2025	2,002,500	

Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions

EIN/PN: 51-0172429/333

Attachment to 2023 Form 5500

Schedule B, line 3 – Contributions made to the plan for the
plan year by employer(s) and employees

3/27/2025	4,958	
4/1/2025		\$1,406
4/30/2025	2,002,500	
5/1/2025	4,958	
5/30/2025	2,007,458	
6/13/2025	843,665	
Totals	26,456,764	1,083,791

Retirement Plan for Employees of UJA – Federation of Jewish Philanthropies of NY, Inc.
and Affiliated Agencies and Institutions
EIN/PN: 51-0172429/333
Attachment to 2023 Form 5500
Schedule B, line 11 – Justification for Change in Actuarial Assumptions

Changes in Actuarial Assumptions

1. The current liability and PPA mortality tables were changed to the IRS 2023 Static Mortality Tables for males and females, as promulgated by the IRS for plan years beginning in 2023.

**SCHEDULE B
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration**Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**▶ **See separate instructions.**

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OMB No. 1210-0110

~~2007~~ 2023**This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).**

Pension Benefit Guaranty Corporation

For calendar plan year ~~2007~~ or fiscal plan year beginning ~~2023~~

10/01/2023

and ending

09/30/2024

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

Retirement Plan for Employees of UJA-Federation of Jewish Philanthropies

B Three-digit

plan number ▶

333

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

United Jewish Appeal-Federation of Jewish Philanthropies

D Employer Identification Number

51-0172429

E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☒ Multiple-employer**F** ☐ 100 or fewer participants in prior plan year**Part I Basic Information** (To be completed by all plans)**1a** Enter the actuarial valuation date: Month 10 Day 1 Year 2023**b** Assets:(1) Current value of assets **b(1)** 504,937,065(2) Actuarial value of assets for funding standard account **b(2)** 504,937,065**c** (1) Accrued liability for plans using immediate gain methods **c(1)**

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases **c(2)(a)**(b) Accrued liability under entry age normal method **c(2)(b)** 571,956,398(c) Normal cost under entry age normal method **c(2)(c)** 9,156,945**Statement by Enrolled Actuary (see instructions before signing):**

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN
HERE***Aaron Shapiro*

Signature of actuary

07/14/2025

Date

Aaron Shapiro

Type or print name of actuary

G 23-07290

Most recent enrollment number

Milliman, Inc.

Firm name

(646) 473-3000

Telephone number (including area code)

One Pennsylvania Plaza, 38th Floor

New York NY 10119

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions. ☐**For Paperwork Reduction Act Notice and OMB Control Numbers,
see the instructions for Form 5500 or 5500-EZ.****Schedule B (Form 5500) 2007**

1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	649,224,523
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	8,744,204
(c) Current liability computed at highest allowable interest rate (see instructions).	d(2)(c)	649,224,523
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	50,256,296

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	504,937,065	
b "RPA '94" current liability:		(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments		4,532	370,595,865	370,595,865
(2) For terminated vested participants		4,034	138,723,776	138,723,776
(3) For active participants		5,310	136,334,933	139,904,882
(4) Total		13,876	645,654,574	649,224,523
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage			2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
10/31/2023	0	69,382	06/30/2024	1,805,849	92,927
11/30/2023	0	100,845	07/31/2024	2,585,834	72,635
12/31/2023	0	89,507	08/31/2024	2,585,834	77,935
01/31/2024	0	86,281	09/30/2024	2,585,834	75,664
02/28/2024	0	85,007	10/31/2024	2,002,500	29,536
03/31/2024	0	85,525	11/30/2024	2,002,500	1,406
04/30/2024	0	102,232	06/13/2025	12,888,413	8,438
05/31/2024	0	106,471			
3 Totals ▶ (b)				26,456,764	(c) 1,083,791

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	75.1 %
b If line 4a is less than 100%, see instructions, and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Schedule B (Form 5500) 2007-2023

Page 3

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5 Actuarial cost method used as the basis for this plan year's funding standard account computation:**a** ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit)**d** ☒ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium**g** ☐ Individual aggregate**h** ☐ Other (specify) **i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual orclass) approving the change in funding method Month Day Year **6** Checklist of certain actuarial assumptions:**a** Interest rate for "RPA '94" current liability. **6a** 5.74% ☐ N/A**b** Weighted average retirement age **6b** 67 ☐ N/A**c** Rates specified in insurance or annuity contracts ☐ N/A **6c** ☐ Yes ☒ No ☐ Yes ☒ No ☐ N/A**d** Mortality table code for valuation purposes:(1) Males **d(1)** A A(2) Females **d(2)** A A**e** Valuation liability interest rate ☐ N/A **6e** 7.00% 7.00% ☐ N/A**f** Expense loading ☐ N/A **6f** 6.9% 0.0% ☐ N/A**g** Annual withdrawal rates:(1) Age 25 **g(1)** U 22.00% U 22.00%(2) Age 40 **g(2)** U 13.00% U 13.00%(3) Age 55 **g(3)** U 10.00% U 10.00%**h** Salary scale ☐ N/A **6h** 4.00% 4.00% ☐ N/A**i** Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 8.3%**j** Estimated investment return on current value of assets for year ending on the valuation date **6j** 8.3%**7** New amortization bases established in the current plan year:

(1) Type of Base

(2) Initial Balance

(3) Amortization Charge/Credit

8 Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☒ Yes ☐ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		9a	0
b Employer's normal cost for plan year as of valuation date		9b	27,521,382
c Amortization charges as of valuation date:	Outstanding Balance		
(1) All bases except funding waivers	▶ (\$ 0)	c(1)	0
(2) Funding waivers	▶ (\$ 0)	c(2)	0
d Interest as applicable on lines 9a, 9b, and 9c		9d	1,926,497
e Additional interest charge due to late quarterly contributions, if applicable		9e	0
f Adjusted additional funding charge from Part II, line 12q, if applicable	☒ N/A	9f	0
g Total charges. Add lines 9a through 9f		9g	29,447,879

Credits to funding standard account:

h Prior year credit balance, if any		9h	38,572,360
i Employer contributions. Total from column (b) of line 3		9i	26,456,764
	Outstanding Balance		
j Amortization credits as of valuation date	▶ (\$ 0)	9j	0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k	2,777,704
l Full funding limitation (FFL) and credits			
(1) ERISA FFL (accrued liability FFL)	l(1)	123,625,749	
(2) "RPA '94" override (90% current liability FFL)	l(2)	92,216,139	
(3) FFL credit		l(3)	0
m (1) Waived funding deficiency		m(1)	0
(2) Other credits		m(2)	0
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		9n	67,806,828
o Credit balance: If line 9n is greater than line 9g, enter the difference		9o	38,358,949
p Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p	0

Reconciliation account:

q Current year's accumulated reconciliation account:			
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0	
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0	
(3) Due to waived funding deficiencies:			
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	0	
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0	
(4) Total as of valuation date	▶	q(4)	0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10** 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

Schedule B (Form 5500) 2007-2023

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Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12** Additional required funding charge (see instructions):**a** Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b.

Gateway % History: 75.1 % (2022) 92.2 % (2021) 78.3 % (2020)**12a** 77.8 %**b** "RPA '94" current liability. Enter line 1d(2)(a)**12b****c** Adjusted value of assets (see instructions)**12c****d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100**12d** %**e** Unfunded current liability. Subtract line 12c from line 12b**12e****f** Liability attributable to any unpredictable contingent event benefit**12f****g** Outstanding balance of unfunded old liability**12g****h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative**12h****i** Unfunded new liability amount (% of line 12h)**12i****j** Unfunded old liability amount**12j****k** Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)**12k****l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter

a negative number if less than zero

12l**m** Unpredictable contingent event amount:**(1)** Benefits paid during year attributable to unpredictable contingent event**m(1)****(2)** Unfunded current liability percentage. Subtract the percentage

on line 12d from 100%

m(2)

%

(3) Enter the product of lines 12m(1) and 12m(2)**m(3)****(4)** Amortization of all unpredictable contingent event liabilities**m(4)****(5)** "RPA '94" additional amount (see instructions)**m(5)****(6)** Enter the greatest of lines 12m(3), 12m(4), or 12m(5)**m(6)****n** Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest**12n****o** Contributions needed to increase current liability percentage to 100% (see instructions)**12o****p** Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o.**12p****q** Adjusted additional funding charge. (% of line 12p)**12q** 0

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Short-term and money market instruments:			
* Dreyfus Government Cash Management Fund	7,416,493	\$ 7,416,493	\$ 7,416,493
Cash	—	236,483	236,483
Total short-term and money market instruments		7,652,976	7,652,976
Investments measured at NAV (or its equivalent):			
Equity funds:			
Advent Global Opportunities Fund LP	—	16,000,000	19,369,161
Biotechnology Value Fund II L.P.	—	7,362,003	25,293,135
Diakrisis Fund, LP	—	8,025,000	8,992,657
Genesis Group Trust	5,192	4,220,449	7,040,357
Green Court Greater China Long-Only Equity Fund	2,268	3,472,193	3,983,928
Janchor Partners Opportunities Offshore Fund, L.P.	—	—	434,417
Janchor Partners Opportunities Offshore Fund II L.P.	—	1,754,770	2,089,360
Janchor Partners Opportunities Offshore Fund III, L.P.	—	3,835,000	4,108,151
Lone Cascade, LP	—	1,598,381	1,105,427
New Century Holdings XI, L.P.	—	47,272	42,808
Total equity funds		46,315,068	72,459,401
Long/short equity hedge funds:			
Janchor Partners Pan-Asian Fund	95,838	9,500,000	13,455,317
Wishbone International Partners, Ltd.	8	181,245	4,416
Total long/short equity hedge funds		9,681,245	13,459,733
Multi-strategy funds:			
Baupost Value Partners, L.P.	—	574,929	6,771,195
Bellus Ventures II LP	53,145	7,800,000	10,083,330
Cerberus International, Ltd.	—	—	12,730
CRC Bond Opportunity Trading Fund (Cayman) LP	—	16,688,102	20,812,436
Davidson Kempner Institutional Partners, L.P.	—	15,139,199	25,927,426
Elliott International Limited	15,970	20,393,676	36,967,915
Empyrean Capital Overseas Fund, Ltd.	9,036	14,978,171	20,310,505
Farallon Capital Institutional Partners, L.P.	—	—	182,647
Lynrock Lake Fund Offshore LP	—	14,567,724	17,899,755
Nokota Capital Offshore Fund, Ltd.	—	1,285,621	228,789

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Ovata Equity Strategies Feeder Fund	—	\$ 10,250,000	\$ 11,746,877
Redwood Drawdown Offshore Fund II, L.P.	—	—	510,774
Redwood Drawdown Offshore Fund III, L.P.	—	3,735,000	5,634,893
Total multi-strategy funds		105,412,422	157,089,272
Private equity:			
Accolade Partners Blockchain II Feeder, L.P.	—	387,000	428,047
Accolade Partners Blockchain II Select Feeder, L.P.	—	1,218,000	1,362,324
Accolade Partners Blockchain III Seed, L.P.	—	126,000	108,130
Accolade Partners Blockchain III Venture, L.P.	—	150,000	233,475
Accolade Partners Digital Evolution, L.P.	—	500,000	864,097
Avid Ventures Fund II, L.P.	—	81,000	53,100
Carlyle Asia Growth Partners IV, L.P.	—	131,634	138,022
Centerbridge Capital Partners, L.P.	—	231,197	8,245
Centerbridge Capital Partners II, L.P.	—	1,444,475	17,038
Centerbridge Capital Partners III, L.P.	—	2,964,976	4,131,349
Clearlake Capital Partners V (USTE), L.P.	—	1,504,656	3,400,387
Clearlake Capital Partners VI (USTE), L.P.	—	2,708,833	4,572,798
Clearlake Capital Partners VII (USTE), L.P.	—	2,280,289	2,802,715
CNK Fund III L.P.	—	840,600	1,143,740
Columbia Capital Equity Partners IV (QP), L.P.	—	69,121	76,965
Edgewater Growth Capital Partners II, L.P.	—	206,787	75,547
Enervest Energy Institutional Fund XIV-C, L.P.	—	650,528	2,459,179
Foundry 2022, L.P.	—	1,164,142	1,103,592
Foundry Group Next, L.P.	—	3,240,511	5,613,204
Foundry Group Next 2018, L.P.	—	4,871,568	6,639,656
Foundry Venture Capital 2007, L.P.	—	340,093	26,782
Foundry Venture Capital 2010, L.P.	—	310,682	1,826,899
Foundry Venture Capital 2010 Annex, L.P.	—	54,852	286,306
Foundry Venture Capital 2013, L.P.	—	—	1,052,415
Foundry Venture Capital 2016, L.P.	—	1,047,673	842,390
Grey Rock Net Zero Opportunities Fund I, LP	—	545,751	639,027
Heavybit Holdings IV, LP	—	1,181,500	1,247,145
Heavybit Holdings V, LP	—	74,750	62,834
KKR Energy Income and Growth Fund I-TE, L.P.	—	—	109,787
Nexus Special Situations IV, L.P.	—	143,197	206,033

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Patient Square Equity Partners-A, LP	— \$	1,447,053	\$ 1,878,319
Pine Brook Capital Partners II, L.P.	—	2,250,996	2,833,591
Prospect Venture Partners II, L.P.	—	40,527	1,063
Prospect Venture Partners III, L.P.	—	35,057	7,393
PVP Fund III, L.P.	—	1,058,613	1,507,502
PVP Fund IV, L.P.	—	552,457	765,240
Revolution Growth II, L.P.	—	246,329	89,997
Revolution Growth III, L.P.	—	1,605,187	3,329,961
Roark Capital Partners III, L.P.	—	1,274,381	3,865,184
Roark Capital Partners IV, L.P.	—	5,308,376	9,816,182
Roark Capital Partners V (T), L.P.	—	3,358,064	5,664,867
Roark Capital Partners VI (T), L.P.	—	1,976,896	3,065,348
TA XIV-A L.P.	—	3,422,500	3,457,595
TCV VII (A), L.P.	—	36,197	14,855
Towerbrook Structured Opportunities Fund II (Onshore), L.P.	—	2,148,535	2,830,936
UpWest Labs Fund IV, LP	—	806,000	783,535
Vintage Fund of Funds V (Access), L.P.	—	1,406,908	2,239,465
Vintage Fund of Funds V (Emerging Managers), L.P.	—	2,706,325	4,077,040
Vintage Fund of Funds VI (Access), L.P.	—	1,455,007	1,528,680
Vintage Fund of Funds VI (Breakout), L.P.	—	1,301,214	1,556,231
Vintage Fund of Funds VII (Access), L.P.	—	266,604	269,659
Vintage Fund of Funds VII (Breakout), L.P.	—	299,962	290,289
Warburg Pincus China Southeast Asia II, L.P.	—	2,227,725	2,369,143
Warburg Pincus Financial Sector, L.P.	—	2,054,850	4,477,253
Warburg Pincus Financial Sector II, L.P.	—	1,378,687	2,121,107
Total private equity		67,134,265	100,371,663
Real estate:			
Magna Hotel Fund VII LP	—	2,410,643	2,389,629
Magna Hotel Fund VIII LP	—	352,018	291,977
Realty Financial Partners VI, L.P.	—	2,638,041	114,456
Sterling American Property V, L.P.	—	—	74,694
Total real estate		5,400,702	2,870,756

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
AFFILIATED AGENCIES AND INSTITUTIONS**

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

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Other:			
Atalaya Asset Income Fund Evergreen, L.P.	— \$	11,059,487 \$	10,989,649
Atalaya Asset Income Fund IV, L.P.	—	244,914	167,809
Atalaya Asset Income Fund V, L.P.	—	5,488,453	5,183,088
Clearlake Flagship Plus Partners (Offshore), L.P.	—	1,790,389	2,076,264
Post Road Specialty Lending Fund II LP	—	4,249,901	4,219,706
VCCIF I-B LLC	—	2,910,271	3,851,961
Total other		25,743,415	26,488,477
Total alternative investments		259,687,117	372,739,302
Common stocks:			
77 Bank Ltd	6,071	161,115	166,163
A O Smith Corp	3,671	311,874	329,766
ABC-Mart Inc	9,201	156,598	196,190
Adeka Corp	19,024	324,001	387,888
AI Holdings Corp	16,311	271,928	271,622
Alphabet Inc	6,465	787,204	1,080,883
Ametek Inc	4,585	767,821	787,290
Amphenol Corp	8,093	501,135	527,340
ARE Holdings Inc	26,134	372,964	331,608
Argo Graphics Inc	1,850	54,971	68,159
Askul Corp	19,499	249,494	294,857
Avantor Inc	8,900	189,105	230,243
Axalta Coating Systems Ltd	19,300	543,667	698,467
Bank of America Corp	26,900	643,890	1,067,392
Baxter International Inc	34,900	1,421,377	1,325,153
Berkshire Hathaway Inc	2,785	676,934	1,281,824
Bio-Techne Corp	2,174	185,438	173,768
Biprogy Inc	8,462	199,216	287,509
BML Inc	10,793	262,398	200,105
Brown & Brown Inc	6,154	236,090	637,554
Caci International Inc	223	103,171	112,517
Canadian Pacific Kansas City	4,890	414,068	418,291
Canon Marketing Japan Inc	13,324	306,090	432,769

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Carter's Inc	1,800	\$ 128,591	\$ 116,964
CDW Corp/De	3,046	364,499	689,310
Chugai Pharmaceutical Co Ltd	5,497	151,957	266,395
Clean Harbors Inc	1,710	276,961	413,324
Copart Inc	9,243	469,406	484,333
Core & Main Inc	11,826	407,581	525,074
Corning Inc	16,411	520,790	740,957
Dai-ichi Life Holdings Inc	12,904	256,475	332,163
Daiichi Sankyo Co Ltd	15,102	437,537	497,171
Daito Trust Construction Co Ltd	3,086	312,697	375,610
Dayforce Inc	10,216	696,807	625,730
Devon Energy Corp	18,228	687,298	713,079
DIP Corp	13,994	245,859	277,845
Doshisha Co Ltd	6,243	89,093	93,968
DTS Corp	7,500	166,611	212,353
Dun & Bradstreet Holdings Inc	31,300	369,099	360,263
Eiken Chemical Co Ltd	13,250	168,968	215,275
Elanco Animal Health Inc	81,000	1,005,641	1,189,890
Elecom Co Ltd	18,967	259,627	192,402
Emcor Group Inc	528	184,497	227,320
En Japan Inc	13,625	213,802	231,656
Entegris Inc	2,847	269,793	320,373
Espec Corp	10,425	173,980	187,015
Fortune Brands Innovations Inc	6,219	475,381	556,787
Fuji Corp/Aichi	18,458	300,872	294,342
Future Corp	33,428	384,654	425,328
Galilei Co Ltd	2,597	92,578	99,312
Graco Inc	2,358	193,312	206,349
Graphic Packaging Holding Co	41,300	642,214	1,222,067
Heico Corp	1,960	393,203	399,370
Hikari Tsushin Inc	1,364	218,778	303,906
Hingham Institution For Saving	1,395	333,653	339,418
Honda Motor Co Ltd	48,920	487,922	515,568
Idex Corp	950	186,753	203,775
Inaba Denki Sangyo Co Ltd	9,527	224,503	255,092

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Isuzu Motors Ltd	24,009	\$ 284,997	\$ 324,115
ITT Inc	3,228	378,181	482,618
Japan Post Holdings Co Ltd	17,534	168,657	167,446
JCU Corp	6,033	152,086	146,987
JGC Holdings Corp	21,940	247,399	192,113
Kaga Electronics Co Ltd	4,000	77,043	78,300
Kato Sangyo Co Ltd	4,725	141,901	140,059
Kinsale Capital Group Inc	625	285,297	290,981
Kokuyo Co Ltd	12,584	170,635	222,666
Kyowa Kirin Co Ltd	9,906	219,806	175,003
L3Harris Technologies Inc	5,945	1,233,141	1,414,137
Linde PLC	736	340,152	350,969
Lions Gate Entertainment Corp	126,309	1,595,749	874,058
Live Nation Entertainment Inc	7,908	673,666	865,847
Martin Marietta Materials Inc	1,210	320,086	651,283
Marui Group Co Ltd	14,368	244,217	240,120
Maruichi Steel Tube Ltd	6,600	153,234	155,172
MCJ Co Ltd	15,276	117,661	162,542
Mebuki Financial Group Inc	38,224	102,515	153,521
Meitec Group Holdings Inc	7,782	138,032	172,516
Micron Technology Inc	12,875	882,749	1,335,266
Middleby Corp	4,684	643,558	651,685
Mitsubishi Estate Co Ltd	18,953	291,735	299,254
Mitsubishi Gas Chemical Co Inc	15,032	230,322	291,045
Mitsubishi Shokuhin Co Ltd	6,388	170,202	234,905
Mitsubishi UFJ Financial Group	45,847	393,857	465,874
Mohawk Industries Inc	5,705	679,429	916,679
Morningstar Inc	1,750	399,488	558,460
MS&AD Insurance Group Holdings	13,737	145,222	319,800
Nasdaq Inc	20,230	1,224,735	1,476,992
NCR Voyix Corp	57,900	722,847	785,703
Nihon Parkerizing Co Ltd	22,966	190,022	199,251
Nikon Corp	22,691	222,081	235,651
NOF Corp	16,893	249,380	290,526
Okta Inc	3,725	282,974	276,917
Okuma Corp	4,648	100,842	99,530

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
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PHILANTHROPIES OF NEW YORK, INC. AND
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Open Up Group Inc	22,491	\$ 273,742	\$ 321,390
Optorun Co Ltd	20,780	239,095	258,297
Paltac Corp	12,470	383,138	384,457
Paramount Bed Holdings Co Ltd	15,313	250,771	277,270
Paychex Inc	2,302	217,935	308,905
Penn Entertainment Inc	52,100	993,377	982,606
Prestige International Inc	34,600	147,151	170,049
PTC Inc	756	110,902	136,579
Quanta Services Inc	863	187,768	257,303
Raito Kogyo Co Ltd	12,726	171,954	192,616
RBC Bearings Inc	1,742	500,789	521,520
Revity Inc	2,130	218,044	272,108
RLI Corp	4,545	691,355	704,384
Rohm Co Ltd	21,981	388,318	246,794
San-In Godo Bank Ltd	25,903	160,086	220,929
Sega Sammy Holdings Inc	11,288	151,915	225,697
Sensata Technologies Holding PLC	29,600	1,152,157	1,061,456
Service Corp International	6,640	437,721	524,095
Shibaura Electronics Co Ltd	9,406	198,619	228,180
Shimamura Co Ltd	3,047	145,338	166,665
Shin-Etsu Chemical Co Ltd	15,539	511,580	649,305
Shin-Etsu Polymer Co Ltd	17,227	172,361	186,674
Shionogi & Co Ltd	21,918	320,302	314,658
Signet Jewelers Ltd	4,506	352,046	464,749
Simpson Manufacturing Co Inc	1,017	175,195	194,522
Somnigroup International Inc	15,545	611,430	848,757
Square Enix Holdings Co Ltd	5,037	226,696	200,543
SS&C Technologies Holdings Inc	17,800	928,481	1,320,938
Stanley Electric Co Ltd	7,856	143,422	146,284
Star Micronics Co Ltd	9,900	127,409	133,094
Steris PLC	861	153,461	208,827
Sumitomo Mitsui Trust Group	17,702	318,853	419,655
Suzuki Motor Corp	18,131	180,853	201,857
T&D Holdings Inc	14,095	202,381	245,854
Takuma Co Ltd	13,916	148,062	155,952
Teledyne Technologies Inc	2,337	1,002,687	1,022,811

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

September 30, 2024

Company	Par Value/ Shares Held	Cost	Fair Value
Tocalo Co Ltd	20,774	\$ 210,325	\$ 278,265
Topgolf Callaway Brands Corp	72,600	1,102,617	797,148
Torii Pharmaceutical Co Ltd	5,130	135,686	138,973
Toro Co	3,597	287,071	311,968
Toyota Industries Corp	3,614	280,206	278,554
Tractor Supply Co	1,167	183,770	339,515
Transcosmos Inc	9,676	233,029	239,803
Trimble Inc	6,771	420,835	420,411
Union Tool Co	4,182	97,382	179,805
Ushio Inc	19,412	259,567	275,492
Vail Resorts Inc	801	176,744	139,606
Viking Holdings Ltd	11,466	378,397	400,049
W R Berkley Corp	5,390	307,014	305,775
Walt Disney CO	13,550	1,354,482	1,303,375
Westinghouse Air Brake Technologies Corp	3,672	335,071	667,459
Willscot Holdings Corp	3,779	145,397	142,090
Yamaha Corp	33,105	244,370	285,480
Yamato Kogyo Co Ltd	2,409	119,856	120,534
Yuasa Trading Co Ltd	5,520	179,544	192,181
Zimmer Biomet Holdings Inc	11,100	1,210,762	1,198,245
Total common stocks		55,063,358	63,305,641
Mutual funds:			
Metropolitan West Unconstrained Bond Fund Class I	921,934	9,947,886	9,689,529
Next Funds Topix ETF	3,480	65,657	67,318
Payden Limited Maturity Fund-SI	1,355,244	12,872,414	12,983,239
Payden Low Duration Fund-SI	1,616,385	15,646,955	15,953,724
State Street MSCI EAFE Index Non-Lending Fund	49,539	5,095,269	7,324,615
State Street Russell 1000 Index Non-Lending Fund	500,181	34,486,509	44,532,594
Total mutual funds		78,114,690	90,551,019
Total investments		\$ 400,518,141	\$ 534,248,938

* Party-in-interest as defined by ERISA.

**RETIREMENT PLAN FOR EMPLOYEES OF
UNITED JEWISH APPEAL – FEDERATION OF JEWISH
PHILANTHROPIES OF NEW YORK, INC. AND
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Schedule H, Line 4j – Schedule of Reportable Transactions

Investment Transactions in Excess of Five Percent

Year Ended September 30, 2024

Identity of Party Involved	Security description	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Series of transactions:					
* Bank of New York Mellon	Dreyfus Government Cash Management Fund	\$ 145,293,818	\$ —	\$ 145,293,818	\$ —
* Bank of New York Mellon	Dreyfus Government Cash Management Fund	—	142,276,691	142,276,691	—
Payden & Rygel	Payden Limited Maturity Fund-SI	35,402,382	—	35,402,382	—
Payden & Rygel	Payden Limited Maturity Fund-SI	—	47,677,562	47,403,480	274,082
State Street	State Street Russell 1000 Index Non-Lending Fund	24,875,000	—	24,875,000	—

* Party-in-interest as defined by ERISA.