

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 THE JEWISH HOME & HOSPITAL RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan) THE NEW JEWISH HOME
2b Employer Identification Number (EIN) 13-1624033
2c Plan Sponsor's telephone number 212-870-5000
2d Business code (see instructions) 622000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	928
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.....	6a(1)	106
	6a(2)	97
	6b	466
	6c	300
	6d	863
	6e	45
	6f	908
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>THE JEWISH HOME & HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE NEW JEWISH HOME</u>	D Employer Identification Number (EIN) <u>13-1624033</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>74432380</u>
	b Actuarial value	2b	<u>77871730</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>511</u>	<u>65610099</u>
	b For terminated vested participants	<u>313</u>	<u>24630703</u>
	c For active participants	<u>106</u>	<u>9251574</u>
	d Total	<u>930</u>	<u>99492376</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.06 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>900000</u>
	c Target normal cost	6c	<u>900000</u>

Statement by Enrolled Actuary

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

SIGN HERE			
	Signature of actuary	<u>10/03/2025</u>	Date
	<u>AARON SHAPIRO</u>	<u>23-07290</u>	Most recent enrollment number
	<u>MILLIMAN</u>	<u>973-278-8860</u>	Telephone number (including area code)
	<u>150 CLOVE ROAD 8TH FLOOR LITTLE FALLS, NJ 07424</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.12</u> %	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>5.17</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	78.15 %
15	Adjusted funding target attainment percentage	15	78.15 %
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	79.88 %
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		
04/12/2024	746309		09/15/2025	456911			
07/15/2024	746309						
09/13/2024	43449						
10/15/2024	704273						
01/15/2025	732297						
08/04/2025	3750000						
Totals ▶			18(b)	7179548	18(c)	0	

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	43449
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6723253

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 900000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	21763184		2354652	
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 3254652
	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 3254652
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 6723253
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 3468601
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

A Name of plan THE JEWISH HOME & HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW JEWISH HOME	D Employer Identification Number (EIN) 13-1624033	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

OFFIT CAPITAL ADVISORS LLC

26-0271563

(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 50 51	NONE	185754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

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	74634	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMINGTON TRUST COMPANY

51-0055023

(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?
21 50	NONE	62250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ONEDIGITAL INVESTMENT ADVISORS, LLC

11101 SWITZER ROAD
SUIT 200
OVERLAND, KS 66210

(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 50 51	NONE	59676	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLARKSTON CAPITAL PARTNERS

83-0473650

(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 50 51	NONE	13012	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILKINSON GLOBAL ASSET MANAGEMENT

880 3RD AVENUE
12TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	9944	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CLIFFORD CAPITAL PARTNERS

363 S. MAIN STREET
SUITE 101
ALPINE, UT 84004

(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 50 51	NONE	8166	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SPYGLASS CAPITAL MANAGEMENT

ONE LETTER DRIVE BUILDING C
SUITE 3600
SAN FRANCISCO, CA 94129

(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 50 51	NONE	6892	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE JEWISH HOME & HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW JEWISH HOME	D Employer Identification Number (EIN) 13-1624033

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1324301	4939208
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	39240	28446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7889454	6760091
(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)	6652624	7087918
(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)	34510606	38323514
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	24042179	21183862

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	74458404	78323039
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	74458404	78323039

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)	7179548	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7179548
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	96447	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1390258	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1486705
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9017197	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8388165	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		629032
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	509595	
(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)		2307611
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12112491

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7094632	
(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)		7094632
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)		
(5) Investment advisory and investment management fees	2i(5)	284921	
(6) Bank or trust company trustee/custodial fees	2i(6)	62250	
(7) Actuarial fees	2i(7)	74634	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	731419	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1153224
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8247856

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3864635
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: **COHNREZNICK LLP**

(2) EIN: **33-4144829**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 560210.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE JEWISH HOME & HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NEW JEWISH HOME</u>	D Employer Identification Number (EIN) <u>13-1624033</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 16-0538020

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	0
--	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

The Jewish Home and Hospital Retirement Plan

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2024 and 2023

The Jewish Home and Hospital Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
The Jewish Home and Hospital Retirement Plan

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

We have performed audits of the financial statements of The Jewish Home and Hospital Retirement Plan (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)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, 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.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 significant 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2024 and Schedule of Reportable Transactions (Schedule H, Line 4j) for the year ended December 31, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 Department of Labor'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 Department of Labor'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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CohnReznick LLP

New York, New York
September 30, 2025

The Jewish Home and Hospital Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 73,355,385	\$ 73,094,863
Receivables		
Employer contribution	4,939,208	1,324,301
Accrued interest	<u>28,446</u>	<u>39,240</u>
Total receivables	<u>4,967,654</u>	<u>1,363,541</u>
Net assets available for benefits	<u>\$ 78,323,039</u>	<u>\$ 74,458,404</u>

See Notes to Financial Statements.

The Jewish Home and Hospital Retirement Plan

**Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 3,446,238	\$ 5,323,044
Interest	-	24,444
Dividends	1,486,705	1,290,655
Total investment income	4,932,943	6,638,143
Contributions		
Employer	7,179,548	3,165,644
Total additions	12,112,491	9,803,787
Deductions		
Benefits paid to participants	7,094,632	7,065,993
Administrative expenses	868,303	908,626
Investment expenses	284,921	286,189
Total deductions	8,247,856	8,260,808
Increase in net assets	3,864,635	1,542,979
Net assets available for benefits		
Beginning of year	74,458,404	72,915,425
End of year	\$ 78,323,039	\$ 74,458,404

See Notes to Financial Statements.

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 1 - Description of Plan

The following description of The Jewish Home and Hospital Retirement Plan (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.

General

The Plan is a noncontributory defined benefit plan sponsored by The Jewish Home Hospital (the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan covers the eligible employees of the following controlled group of employers:

- Jewish Home Lifecare, Manhattan d/b/a The New Jewish Home, Manhattan;
- Jewish Home Lifecare, Harry and Jeanette Weinberg Campus, The Bronx d/b/a The New Jewish Home, Harry and Jeanette Weinberg Campus;
- Jewish Home Lifecare, Sarah Neuman Center, Westchester d/b/a The New Jewish Home, Sarah Neuman;
- Fund for the Aged, Inc. d/b/a Jewish Home and Hospital Foundation Jewish Home Lifecare, Spectrum Services, Inc.; and
- JHL Corporate Services, Inc. d/b/a The New Jewish Home, Corporate Services.

Participation began on January 1st or July 1st following the completion of one year of eligible service. Effective December 31, 2007, the Plan was frozen for all participants, except for employees represented by the United Federation of Teachers ("UFT"). No participants may accrue additional benefits under the Plan after December 31, 2007, except for employees represented by the UFT, hired on or before June 30, 2009, and no employees may become participants after December 31, 2007.

Funding policy

Company contributions are designed to meet the minimum funding standards of ERISA. Amounts to be funded are actuarially determined by a consulting actuary such that all benefits will be fully provided for by the time employees retire. During 2024 and 2023, \$7,179,548 and \$3,165,644 of contributions were recognized by the Plan, respectively. The Company's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company 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.

Pension benefits

Participants with at least one hour of service on or after January 1, 1989 who have been credited with five years of vesting service are 100% vested. Employees with five years (10 years in 1987 and prior) of service are entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement at age 55 with five years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, a life annuity, an automatic surviving spouse option, life with 10 years (or other length of time) guaranteed, or a full cash refund. A member whose employment is terminated after 10 years of service is entitled to his or her accrued benefit commencing at age 65. Such employee may elect to receive an actuarially reduced

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

benefit commencing on the first day of any month after age 55 and before normal retirement date, provided he or she had accrued at least 10 years of vested service. Participants with at least 20 years of vesting service as of December 31, 2007 will qualify for an unreduced early retirement if that participant terminates employment on or after attaining age 60 with at least 30 years of vesting service.

The Plan was amended effective September 30, 2017 to permit eligible participants and beneficiaries to elect a lump sum or an immediate annuity distribution equal to the actuarial equivalent of the participant's accrued benefit under the Plan. Eligible participants and beneficiaries elected distributions under this amendment during a window period from December 29, 2017 to March 2, 2018.

The Plan was further amended to increase the cash-out limits to \$5,000. If a vested accrued benefit of a participant is \$5,000 or less at the latest of (a) time of termination of employment, (b) September 30, 2017 or (c) any January 1 thereafter, the participant's benefit shall be paid in a cash lump sum without the participant's consent as soon as administratively possible following such termination or calculation.

Death and disability benefits

Any member in service who has completed five years (10 years in 1987 and prior) of service is eligible to receive an immediate benefit if he becomes totally and permanently disabled. The benefit will be the actuarial equivalent of his or her accrued benefit at disablement, deferred to age 65. If a member dies while in active service, there is no entitlement of the surviving spouse to benefits other than the preretirement surviving spouse's option. There are no death benefits upon the death of a retired participant who has not elected an optional form of annuity.

Note 2 - Summary of accounting policies

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

Payment of benefits

Benefits are recorded when paid.

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Expenses

All expenses, including fees for professional services such as actuaries, investment management and consultants, auditors, and Pension Benefit Guaranty Corporation ("PBGC") premiums are paid by the Plan except to the extent that such fees and costs are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Subsequent events

The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were available to be issued.

Note 3 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023, and investment income for the years then ended, that are disclosed in the accompanying financial statements and supplemental schedules were obtained or derived from the information supplied to the Plan administrator and certified as complete and accurate by Manufacturers and Traders Trust Company, the trustee of the Plan.

Note 4 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board issued Accounting Standards Codification 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds: Valued at the daily closing prices reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Limited partnerships, limited companies, segregated portfolios, limited liability companies and real estate income trusts: Valued at the NAV of shares held at year end as determined by the investment managers. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held less any liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than reported at NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2024			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 6,760,091	\$ -	\$ -	\$ 6,760,091
Mutual funds	38,323,514	-	-	38,323,514
Common stocks	7,087,918	-	-	7,087,918
Total assets in the fair value hierarchy	\$ 52,171,523	\$ -	\$ -	52,171,523
Investments measured at NAV (a)				<u>21,183,862</u>
Total investments at fair value				<u>\$ 73,355,385</u>
	2023			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 7,889,454	\$ -	\$ -	\$ 7,889,454
Mutual funds	34,510,606	-	-	34,510,606
Common stocks	6,652,624	-	-	6,652,624
Total assets in the fair value hierarchy	\$ 49,052,684	\$ -	\$ -	49,052,684
Investments measured at NAV (a)				<u>24,042,179</u>
Total investments at fair value				<u>\$ 73,094,863</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Fair value of investments in entities that use NAV

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023:

	2024		Redemption frequency (if currently eligible)	Redemption Notice period
	Fair value	Unfunded commitments		
Limited liability companies				
Private equity	\$ 3,660,111	\$ 333,157	N/A	N/A
Non-US global equity	3,753,776	-	Daily, Monthly, Quarterly	Daily
Hedge Funds	73,013	-	N/A	N/A
Private credit	3,195,674	-	Daily	N/A
	<u>10,682,574</u>	<u>333,157</u>		
Segregated portfolios				
Private equity	2,023,921	471,536	N/A	N/A
US equity	1,137,106	-	N/A	N/A
Fixed Income	125,954	-	Quarterly	60 days, 25% fund level gate
Hedge funds	2,596,154	-	Quarterly	50 days
	<u>5,883,135</u>	<u>471,536</u>		
Limited partnerships				
Private equity	399,172	898,290	N/A	N/A
Hedge funds	2,794,741	-	Quarterly, Annually	45 day, 90 days, 10% fund level gate
Private credit	1,155,649	1,466,055	N/A	N/A
Private real estate	268,591	290,532	N/A	N/A
	<u>4,618,153</u>	<u>2,654,877</u>		
Total	<u>\$ 21,183,862</u>	<u>\$ 3,459,570</u>		

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

	2023			
	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption Notice period
Limited liability companies				
Private equity	\$ 4,013,913	\$ 564,309	N/A	N/A
Non-US global equity	1,520,228	-	Daily	Daily
Private credit	1,975,460	741,092	N/A	N/A
	<u>7,509,601</u>	<u>1,305,401</u>		
Segregated portfolios				
Private equity	2,150,940	370,349	N/A	N/A
Fixed income	143,768	-	Quarterly	60 days, 25% fund level gate
Hedge funds	3,008,013	-	Quarterly	50 days
	<u>5,302,721</u>	<u>370,349</u>		
Limited companies				
US equity	4,588,629	-	Monthly	30 days
	<u>4,588,629</u>	<u>-</u>		
Limited partnerships				
Private equity	475,079	15,000	N/A	N/A
Hedge funds	4,557,250	-	Quarterly, Annually	10% fund level gate
Other	1,150,706	-	N/A	N/A
Private real estate	447,569	30,000	N/A	N/A
	<u>6,630,604</u>	<u>45,000</u>		
Real estate income trust				
Private real estate	10,624	-	Monthly	Two days
Total	<u>\$ 24,042,179</u>	<u>\$ 1,720,750</u>		

The limited partnerships, limited liability companies, real estate income trust, and segregated portfolios are multi-strategy. As such, they are designed to produce a consistent return.

Note 5 - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the dates as of which the benefit information is presented (the "valuation date"). Benefits payable under all circumstances -

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

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 is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences. The actuarial present value of accumulated plan benefits at December 31, 2023 and 2022, is as follows:

	2023	2022
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 57,928,105	\$ 57,764,283
Other participants	27,722,269	27,677,204
Total vested benefits	85,650,374	85,441,487
Total nonvested benefits	107,778	166,156
Total actuarial present value of accumulated plan benefits	\$ 85,758,152	\$ 85,607,643
Actuarial present value of accumulated plan benefits at beginning of year	\$ 85,607,643	\$ 88,215,835
Increase (decrease) during the year attributable to		
Benefits accumulated and actuarial loss	1,115,521	1,564,059
Interest due to change in discount period	5,749,408	5,830,919
Changes in actuarial assumptions	351,573	-
Benefit payments	(7,065,993)	(10,003,170)
Net increase (decrease)	150,509	(2,608,192)
Actuarial present value of accumulated plan benefits at end of year	\$ 85,758,152	\$ 85,607,643

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

A summary of significant actuarial assumptions is as follows:

- | | |
|---|---|
| 1. Discount rate | 7.00% for 2023 and 2022. |
| 2. Mortality table | 2023 and 2022: Pri-2012 Total Employee and Retiree Mortality Tables for males and females, adjusted to reflect scale MP-2021 on a generational basis. The Pri-2012 Contingent Mortality tables were reflected for current beneficiaries. |
| 3. Salary scale | Not applicable for 2023 and 2022. |
| 4. Method of funding | Normal cost and an amortization cost for the unfunded accrued liability. |
| 5. Expected return on assets | 7.00% for 2023 and 2022. |
| 6. Normal retirement age | In 2023, active participants eligible for unreduced early retirement are assumed to retire upon their earliest unreduced retirement date, or the valuation date, if later. Active participants not eligible for unreduced early retirement are assumed to retire at various rates from 2% at age 60 to 100% at age 70. Terminated vested participants are assumed to retire upon attaining age 65. In 2022, active participants are assumed to retire upon their earliest unreduced retirement date, or valuation date, if later. Terminated vested participants are assumed to retire upon attaining age 65. |
| 7. Subsidized early retirement | Participants eligible for the subsidized early retirement are assumed to retire immediately upon attaining eligibility. |
| 8. Pre-retirement death benefit eligibility | 100% of participants were assumed to have an eligible spouse; the female was assumed to be four years younger than the male in 2023 and three years younger than the male in 2022. |

Note 6 - Tax status

The Internal Revenue Service ("IRS") has determined and informed the Plan administrator by a letter dated June 18, 2014 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 7 - Plan termination

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:

- A. Benefits already being paid to participants (or their beneficiaries) who began to receive those benefits at least three years before the date of the Plan's termination, and benefits due to participants who could have retired at least three years before the date of the Plan's termination;
- B. Benefits guaranteed by the PBGC;
- C. Vested benefits not guaranteed by the PBGC; and
- D. Any other Plan benefits.

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 pensions. However, the PBGC does not guarantee all types of benefits under the Plan, 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. 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.

Note 8 - Risks and uncertainties

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

Company contributions are made and the actuarial present value of accumulated plan benefits is 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.

Note 9 - Related party transactions and party-in-interest transactions

The Plan incurred investment expenses in the amount of \$284,921 in 2024 and \$286,189 in 2023, which includes management fees to Manufacturers and Traders Trust Company, the trustee. In addition, the Plan paid \$868,303 in 2024 and \$908,626 in 2023 for professional services such as actuaries, consultants, auditors, and the PBGC. These transactions qualify as party-in-interest transactions which are deemed "exempt" from Prohibited Transactions Rules, as defined by DOL regulations.

Supplementary Information

The Jewish Home and Hospital Retirement Plan
EIN 13-1624033
Plan # 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Principal Cash	Cash and cash equivalents	\$ 8,665	\$ 8,665
*	Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	6,751,426	6,751,426
	Accenture Plc- Cl A	Common stock	90,456	164,989
	Acv Auctions Inc Cl A	Common stock	53,784	63,590
	Affiliated Managers Group	Common stock	57,795	97,083
	Affirm Holdings Inc Cl A	Common stock	57,658	104,687
	American Express Co	Common stock	28,291	45,706
	Amgen Inc Com	Common stock	108,863	160,815
	Api Group Corp	Common stock	59,523	75,177
	Apple Inc	Common stock	62,024	217,114
	Applovin Corp Cl A	Common stock	15,944	102,978
	Astera Labs Inc	Common stock	21,533	60,927
	Avantor Inc	Common stock	49,532	54,782
	Brown & Brown Inc Common	Common stock	14,961	30,606
	Cable One Inc	Common stock	58,195	43,215
	Cardinal Health Inc	Common stock	30,903	49,792
	Ch Robinson Worldwide Inc	Common stock	54,037	61,992
	Cisco System Inc	Common stock	38,344	43,986
	Clarivate Plc	Common stock	218,219	118,313
	Community Trust Bancorp Inc	Common stock	35,343	46,083
	Costar Group Incorporated	Common stock	96,972	88,342
	Cyber-ark Software	Common stock	35,476	38,978
	Deere & Co Common	Common stock	108,140	118,212
	Delek Us Holdings Inc	Common stock	48,687	46,432
	Duolingo Inc Cl A	Common stock	22,736	36,314
	Dolby Laboratories Inc Cl A	Common stock	62,450	63,573
	Doordash Inc Cl A	Common stock	50,600	92,263
	Dxc Technology Co	Common stock	57,182	39,660
	Ebay Inc Com	Common stock	36,905	48,569
	Energizer Holding Inc	Common stock	56,333	66,291
	Envista Holdings Corp	Common stock	38,025	35,686
	Exact Sciences Corp	Common stock	100,916	87,319
	Evertec Inc	Common stock	53,958	45,856
	Floor & Décor Holdongs Inc Cl	Common stock	52,872	44,466
	Fidelity Natl Information Services	Common stock	42,501	61,304
	Gfl Environmental Inc-sub Vt	Common stock	53,822	80,172
	Godaddy Inc - Class A	Common stock	20,073	53,290
	General Mills Inc	Common stock	47,490	41,833
	Green Plains Inc	Common stock	32,198	13,917
	Glacier Bancorp Inc New	Common stock	37,714	48,061
	Global-e Online Ltd	Common stock	51,209	81,850
	Henry Schein Inc Com	Common stock	85,761	81,656
	Hillenbrand Inc	Common stock	64,501	55,404
	Hni Corporation	Common stock	31,098	44,628
	Hubspot Inc	Common stock	51,483	74,554
	Illumina Inc	Common stock	77,239	72,561
	John Wiley & Sons Inc	Common stock	55,890	61,369
	Johnson & Johnson	Common stock	49,265	44,398
	Jpmorgan Chase & Co	Common stock	105,592	226,766
	Kenvue Inc	Common stock	49,159	50,706
	Keurig Dr Pepper Inc	Common stock	47,966	46,221
	Kinsale Capital Group Inc	Common stock	50,276	56,281
	Kraft Heinz Co	Common stock	53,650	42,226

The Jewish Home and Hospital Retirement Plan
EIN 13-1624033
Plan # 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description of investment	Cost	Current value	
Lamb Weston Holdings Inc	Common stock	59,924	56,806	
Linde Plc	Common stock	117,803	117,228	
Leslie's Inc	Common stock	81,167	24,753	
Liberty Energy Inc	Common stock	35,960	48,154	
Lkq Corporation	Common stock	31,508	31,327	
L'oreal	Common stock	145,459	132,745	
Lpl Financial Holdings Inc	Common stock	37,627	101,281	
Lvmh Moet Hennessy Louis Vuitton Se	Common stock	115,598	132,653	
Medpace Holdings Inc	Common stock	78,086	88,373	
Middleby Corporation	Common stock	35,523	33,862	
Microsoft Corp	Common stock	73,398	220,866	
Molson Coors Beverage Company	Common stock	58,496	77,382	
Mongoddb Inc Cl A	Common stock	73,432	58,668	
Ncr Atleos Llc	Common stock	44,702	63,532	
Neogen Corporation	Common stock	15,828	16,110	
Nestle Sa Sponsored Adr	Common stock	105,231	95,017	
Openlane Inc	Common stock	30,642	35,891	
Perdoceo Education Corp	Common stock	18,506	39,943	
Pfizer Inc	Common stock	51,557	48,789	
Pitney Bowes Inc Com	Common stock	21,695	44,381	
Post Holdings Inc	Common stock	77,723	120,183	
Procore Technologies Inc	Common stock	67,027	79,276	
Rtx Corporation	Common stock	46,321	56,471	
Schlumberger Ltd	Common stock	45,979	40,027	
Shift4 Payments Inc	Common stock	72,501	102,846	
Snowflake Inc Cl A	Common stock	82,205	90,021	
Solventum Corp	Common stock	52,201	54,830	
Spotify Technology Sa	Common stock	9,955	40,264	
Sweetgreen Inc Cl A	Common stock	41,541	74,347	
Sysco Corp Common	Common stock	46,234	51,611	
Tjx Companies Com	Common stock	110,976	240,049	
Texas Instruments Inc	Common stock	148,070	158,446	
Toyota Motor Corp Spon Adr	Common stock	100,421	143,622	
Union Pacific Corp Com	Common stock	82,400	148,910	
Us Foods Holding Corp	Common stock	37,154	80,952	
Vodafone Group Sponsored Adr	Common stock	54,649	50,702	
Veeva Systems Inc	Common stock	65,308	65,388	
Walt Disney Co	Common stock	129,241	168,361	
Walgreens Boots Alliance Inc	Common stock	41,050	24,902	
Warner Bros Discovery Inc Cl A	Common stock	38,408	48,791	
Willis Towers Watson Plc	Common stock	23,228	34,456	
Willscot Mobile Mini Holdings Cl A	Common stock	77,246	61,782	
3M Co	Common stock	39,683	52,927	
Akre Focus Fund-ins	Mutual fund	1,174,139	1,842,030	
Ariel International-ins	Mutual fund	800,670	803,160	
Edgewood Growth Fund-ins	Mutual fund	907,444	1,557,875	
Lord Abbett Inv Trust- Sh Dur Inc Fd	Mutual fund	938,510	945,861	
Vanguard 500 Index Cl Adml	Mutual fund	6,704,880	11,179,764	
Vanguard Int-trm Corp Bond Etf	Mutual fund	11,138,116	11,581,998	

The Jewish Home and Hospital Retirement Plan
EIN 13-1624033
Plan # 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b) Identity Of Issuer, Borrower, Lessor Or Similar Party	(c) Description of investment	(d) Cost	(e) Current value
	Vanguard Long-term Corp Bond	Mutual fund	4,750,025	4,762,663
	Vanguard Shrt Term Gov Bond Index Fd	Mutual fund	2,252,820	2,051,085
	Vanguard Total Bd Mkt Idx Adm	Mutual fund	2,241,208	2,002,955
	Wcm Focused Intl Growth Fd	Mutual fund	1,172,966	1,596,123
*	Oca Ako Euro Long-only Fund Class D1	Limited liability company	1,319,758	1,553,754
*	Oca Claros Mortgage Trust	Limited liability company	819,107	374,360
*	Oca Patria V LLC	Limited liability company	1,630,365	2,608,886
	Oca Braidwell Te LLC	Limited liability company	48,920	73,013
*	Oca Silver Lake V Te LLC	Limited liability company	600,490	1,051,225
*	Oca Fssa Asian Eq Leaders Fund LLC	Limited liability company	925,000	1,006,343
	Janus Henderson Eur Best Ideas Fund	Limited liability company	713,395	1,193,679
	IR&M Core Bond II LLC	Limited liability company	1,498,579	1,546,758
	Oca Ortf II	Limited liability company	1,041,096	1,274,556
*	Oca LMMI	Segregated Portfolio	1,483,484	2,023,921
*	Oca Oha Credit Tranche B	Segregated Portfolio	93,364	125,954
*	Oca Vhf Segregated Portfolio	Segregated Portfolio	1,480,000	1,749,769
*	Oca Chp (Castle Hook)	Segregated Portfolio	24,497	35,180
*	Oca Tf (theleme)	Segregated Portfolio	898,129	811,205
*	Oca Icf	Segregated Portfolio	1,100,000	1,137,106
	Arias Resource Capital Fund II	Limited partnerships	792,804	317,361
	Crossharbor Inst Partners 2014, Lp	Limited partnerships	40,997	41,731
	Davidson Kempner Distrsd Opp Intl	Limited partnerships	573,223	695,503
	Ra Capital Healthcare Int'l Fund Ltd	Limited partnerships	332,940	948,983
	Golub Capital Partners 12, Lp	Limited partnerships	682,129	1,035,000
*	Oca Brep VII Fund	Limited partnerships	138,728	226,860
*	Oca Gso Capital Solutions Fund II	Limited partnerships	206,585	120,649
*	Oca Global Private Equity	Limited partnerships	21,588	66,814
	Pan Ross Spv	Limited partnerships	14,997	14,997
	Scge Offshore Fund, Lp	Limited partnerships	641,848	1,150,255
	Total		\$ 61,568,099	\$ 73,355,385

* Denotes a party-in-interest.

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
EIN 13-1624033
Plan # 001

Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) Single trasactions exceeds 5% of the current value of Plan assets:								
* Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	\$ 4,633,424	\$ -	\$ -	\$ -	\$ 4,633,424	\$ 4,633,424	\$ -
Category (ii) Any series of transactions with or in conjunction with the same person which amount in aggregate to more than 5% of the current value of Plan assets:								
Ishares Msci All Ctry Asia Ex Jn Etf	Mutual Fund	919,898	-	-	-	919,898	919,898	-
Ishares Msci All Ctry Asia Ex Jn Etf	Mutual Fund	-	979,597	-	-	919,898	979,597	59,699
Vanguard Long-term Corp Bond	Mutual Fund	1,265,005	-	-	-	1,265,005	1,265,005	-
Vanguard Long-term Corp Bond	Mutual Fund	-	944,434	-	-	960,549	944,434	(16,115)
Vanguard Int-trm Corp Bond Etf	Mutual Fund	2,209,967	-	-	-	2,209,967	2,209,967	-
Vanguard Int-trm Corp Bond Etf	Mutual Fund	-	1,029,784	-	-	1,029,784	1,029,784	-
Echo Street Goodco Select Offshore	Limited Liability Company - Investment at NAV	-	125,857	-	-	129,749	125,857	(3,892)
Echo St Goodco Select Os Aw 11-2020b	Limited Liability Company - Investment at NAV	-	930,795	-	-	959,558	930,795	(28,763)
Echo St Goodco Select Os Aw 03-2021b	Limited Liability Company - Investment at NAV	-	504,132	-	-	519,724	504,132	(15,592)
* Oca Claros Mortgage Trust	Limited Liability Company - Investment at NAV	-	69,703	-	-	69,371	69,703	332
* Oca Fssa Asian Eq Leaders Fund Llc	Limited Liability Company - Investment at NAV	925,000	-	-	-	925,000	925,000	-
Sterling Stamos Real Assets	Limited Partnership - Investment at NAV	-	873	-	-	873	873	-
* Oca Icf Segregated Portfolio	Segregated Portfolio - Investment at NAV	100,000	-	-	-	100,000	100,000	-
IR&M Core Bond II LLC	Limited Liability Company - Investment at NAV	1,500,000	-	-	-	1,500,000	1,500,000	-
IR&M Core Bond II LLC	Limited Liability Company - Investment at NAV	-	1,478	-	-	1,421	1,478	57
Davidson Kempner Distrsd Opp Intl	Limited Partnership - Investment at NAV	-	349,860	-	-	323,765	349,860	26,095
* Oca Chp Segregated Portfolio	Segregated Portfolio - Investment at NAV	-	668,418	-	-	493,078	668,418	175,340
* Oca Oha Credit Tranche B	Segregated Portfolio - Investment at NAV	31,285	-	-	-	28,743	31,285	2,542
Blackstone Real Estate Income Trust	Limited Partnership - Investment at NAV	-	10,718	-	-	10,792	10,718	(74)
Echo Street Goodco Select Os 05-2023	Limited Liability Company - Investment at NAV	-	150,824	-	-	155,488	150,824	(4,664)
Echo St Goodco Select Os 08-2023 B	Limited Liability Company - Investment at NAV	-	209,229	-	-	215,699	209,229	(6,470)
Golub Capital Partners 12, Lp	Limited Partnership - Investment at NAV	-	33,159	-	-	33,159	33,159	-
Janus Henderson Eur Best Ideas Fund	Limited Liability Company - Investment at NAV	-	350,000	-	-	332,362	350,000	17,638
* Oca Braidwell Te Llc	Limited Liability Company - Investment at NAV	-	447,653	-	-	435,509	447,653	12,144
* Oca Brep VII Fund	Limited Partnership - Investment at NAV	16,393	-	-	-	16,393	16,393	-
* Oca Brep VII Fund	Limited Partnership - Investment at NAV	-	24,590	-	-	29,025	24,590	(4,435)
* Oca Global Private Equity	Limited Partnership - Investment at NAV	-	72,579	-	-	69,580	72,579	2,999
* Oca Lmmi	Segregated Portfolio - Investment at NAV	-	180,766	-	-	178,242.00	180,766.00	2,524
* Oca Patria V Llc	Limited Liability Company - Investment at NAV	51,475	-	-	-	51,475	51,475	-
* Oca Ortf II	Limited Liability Company - Investment at NAV	201,927	-	-	-	201,927	201,927	-
* Oca Ortf II	Limited Liability Company - Investment at NAV	-	70,412	-	-	65,509.00	70,412.00	4,903
* Oca Silver Lake V Te LLC	Limited Liability Company - Investment at NAV	-	69,808	-	-	65,146	69,808	4,662
* Oca Ssa Segregated Portfolio - Sfef	Segregated Portfolio - Investment at NAV	-	54,046	-	-	39,647	54,046	14,399
* Oca Ssa Segregated Portfolio - Sspf	Segregated Portfolio - Investment at NAV	-	54,046	-	-	50,989	54,046	3,057
Ra Capital Healthcare Intl - Retpl	Limited Partnership - Investment at NAV	-	1,244,851	-	-	1,033,740	1,244,851	211,111
Scge Offshore Fund, LP	Limited Partnership - Investment at NAV	-	350,374	-	-	314,376	350,374	35,998

**The Jewish Home and Hospital Retirement Plan
EIN 13-1624033
Plan # 001**

**Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2024**

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii) - A series of transactions aggregating in excess of 5% of the current value of Plan assets:								
Vanguard 500 Index Cl Adml	Mutual Fund	2,875,000	-	-	-	2,875,000	2,875,000	-
Vanguard 500 Index Cl Adml	Mutual Fund	-	1,645,000	-	-	1,560,461	1,645,000	84,539
* Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	27,592,548	-	-	-	27,592,548	27,592,548	-
* Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	-	28,695,588	-	-	28,695,588	28,695,588	-

The definition of a reportable transaction is a transaction that exceeds 5% of the current value of the Plan assets as of the beginning of the Plan year including a single transaction within the Plan year; any series of transactions with, or in conjunction with, the same person, involving property other than securities; any series of transactions involving securities of the same issue within the Plan year; any transaction within the Plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single securities transaction with that person.

* Denotes a party-in-interest.

See Independent Auditor's Report.



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The Jewish Home and Hospital Retirement Plan
EIN/PN: 13-1624033/001
Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

Date	Plan Year to Apply Contribution	Contribution Amount
9/13/2024	2024	43,449
Total		43,449

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2024
4/12/2024	2024	5.06%		\$ 746,309	\$ 736,113
7/15/2024	2024	5.06%		746,309	726,840
10/15/2024	2024	5.06%		704,273	677,442
1/15/2025	2024	5.06%		732,297	695,709
8/4/2025	2024	5.06%		3,750,000	3,467,100
9/15/2025	2024	5.06%		456,911	420,049
Total				7,136,099	6,723,253

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Line 26a – Schedule of Active Participant Data

EIN: 13-1624033 PN: 001

Number of Participants by Age and Service Groups

Age	Years of Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	1	-	-	-	-	1
45-49	-	-	-	-	3	7	2	-	-	-	-	12
50-54	-	-	-	-	5	4	4	2	1	-	-	16
55-59	-	-	-	-	5	5	5	5	2	-	-	22
60-64	-	-	-	-	2	12	5	6	5	6	6	36
65-69	-	-	-	-	2	-	1	4	3	4	4	14
70+	-	-	-	-	-	1	-	3	-	1	1	5
Total	-	-	-	-	17	29	18	20	11	11	11	106

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods EIN: 13-1624033 PN: 001

Actuarial Methods

Attribution Method: The valuation of retirement benefits is determined under the “Unit Credit Actuarial Cost Method”, as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Actuarial Value of Assets, reduced by Prefunding Balance.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administrative expense, if any.

For the Plan’s ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430. All prior shortfall amortizations were eliminated effective with the 2020 valuation as the Plan Sponsor elected to apply the provisions of Section 9705 of the American Rescue Plan Act of 2021 for the 2020 plan year.

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

Actuarial Assumptions

Economic Assumptions

Interest Rates:

PPA Funding: Segment Rates with 4 month look-back period

 Segment 1 Interest Rate: 3.62%

 Segment 2 Interest Rate: 4.46%

 Segment 3 Interest Rate: 4.52%

Stabilization Rates:

 Segment 1 Interest Rate: 4.75%

 Segment 2 Interest Rate: 4.87%

 Segment 3 Interest Rate: 5.59%

Rationale: This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430. The sponsor has elected to utilize a 4-month look-back, with rates averaged over a 24-month period, limited to applicable minimum and maximum values in accordance with funding stabilization rules. These rates are utilized for purposes of calculating the Plan’s Funding Target and Target Normal Cost for minimum funding purposes under ERISA and related tax codes.

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods EIN: 13-1624033 PN: 001

FASB ASC Topic 960: 7.00%, compounded annually.

Rationale: The interest rate for FASB ASC Topic 960 is the same as the expected return on assets.

Expected Return on Assets

Assumption: 7.00%, compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expense and including inflation.

Rationale: 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. 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.

Compensation Increases

Assumption: Not applicable.

Rationale: There are no remaining UFT employees receiving continued accruals as required under a collective bargaining agreement.

Consumer Price Index (CPI)

Assumption: 2.50%, compounded annually.

Rationale: In developing the long-term inflation assumption, we considered historical and projected rates for this component. The assumption reflects professional judgement, relevant economic data as of the measurement date, and represents our current best estimate of future experience.

Expense Provision

Assumption: \$900,000 payable as of the beginning of year.

Rationale: In developing the expense provision, we reviewed the Plan's historical administrative expenses as well as anticipated fees for the next plan year, which includes an estimate of PBGC premiums.

Change in assumption: The expense provision increased from \$875,000 to \$900,000 to better reflect anticipated experience.

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods EIN: 13-1624033 PN: 001

Demographic Assumptions

Information on demographic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 35. Unless otherwise indicated, demographic assumptions were set based on Milliman's 2023 experience study dated October 27, 2023 and input from the plan sponsor. We believe the demographic assumptions shown below are reasonable for the contingencies they are measuring and are not anticipated to produce significant cumulative gains or losses over the measurement period.

Mortality

PPA Funding: The IRS 2024 Generational Mortality Tables with 2024 Adjusted Scale MP-2021 for males and females.

Rationale: This is a prescribed assumption under PPA. 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 tables in which credible mortality experience was analyzed.

FASB ASC Topic 960: Pri-2012 Total Employee and Retiree Mortality Tables for males and females, adjusted to reflect scale MP-2021 on a generational basis. The Pri-2012 Contingent Mortality tables were reflected for current 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 tables in which credible mortality experience was analyzed.

Retirement

Assumption: Active participants eligible for unreduced early retirement are assumed to retire upon their earliest unreduced retirement date, or the valuation date, if later. Active participants not eligible for unreduced early retirement are assumed to retire as follows based on age:

Age	Rate	Age	Rate
Under 60	0%	65-67	30%
60-61	2%	68-69	15%
62-64	5%	70 and over	100%

Terminated vested participants are assumed to retire upon attaining age 65.

Previously, active participants were assumed to retire upon their earliest unreduced retirement date, or the valuation date, if later.

Change in Assumption: Retirement rates have been revised based on a review of plan experience and reflect changes in expectations of future experience.

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

EIN: 13-1624033 PN: 001

Withdrawal

Assumption: Rates at select ages are illustrated below:

Age	Rate	Age	Rate
25	17.22%	50	7.83%
30	15.83%	55	6.83%
35	13.70%	60	5.83%
40	11.25%	64	5.03%
45	8.83%		

Previously, withdrawal rates were applied at select ages illustrated below:

Age	Rate	Age	Rate
25	17.22%	50	5.06%
30	15.83%	55	1.73%
35	13.70%	60	0.16%
40	11.25%	62	0.02%
45	8.43%		

Change in assumption: Withdrawal rates have been revised based on a review of plan experience and reflect changes in expectations of future experience.

Disability

Assumption: Rates at select ages are illustrated below:

Age	Male Rate	Female Rate
37	0.07%	0.12%
42	0.10%	0.20%
47	0.17%	0.26%
52	0.32%	0.37%
57	0.56%	0.49%
62	0.86%	0.67%

Previously, disability rates were applied at select ages illustrated below:

Age	Male Rate	Female Rate
37	0.13%	0.24%
42	0.20%	0.40%
47	0.34%	0.51%
52	0.64%	0.74%
57	1.12%	0.97%
62	1.71%	1.33%

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods EIN: 13-1624033 PN: 001

Change in Assumption: Disability rates have been revised based on a review of plan experience and reflect changes in expectations of future experience.

Marriage and Beneficiary Age Difference

Assumption: 100% of participants are assumed to be married with beneficiaries four years younger than participants, regardless of gender.

Previously, 100% of participants were assumed to be married with female spouses three years younger than male spouses.

Change in Assumption: The beneficiary age difference assumption has been revised based on a review of plan experience and reflect changes in expectations of future experience.

Form of Payment

Assumption: Active and terminated vested participants are assumed to elect forms of payment as indicated below:

Form of Payment	Election Rates
Single Life Annuity	50%
50% Joint & Survivor Annuity	25%
100% Joint & Survivor Annuity	25%

Previously, upon retirement, participants were assumed to elect a Single Life Annuity.

Change in Assumption: The form of payment election assumption has been revised based on a review of plan experience and reflect changes in expectations of future experience.

Population Valued: All plan participants as of January 1, 2024.

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 13-1624033 PN: 001

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: The Jewish Home and Hospital Retirement Plan

EIN/PN: 13-1624033/001

Effective Date of Plan: January 1, 1970; most recently amended through December 6, 2017.

Plan Year / Fiscal Year: January 1 – December 31

Employer: Jewish Home Lifecare

Employees: Individuals employed by a Participating Employer, excluding: independent contractors, temporary employees, non-resident aliens employed outside the U.S., and leased employees within the meaning of section 414(n) of the Code.

Eligibility: Up to and including January 1, 1976 all regular full-time non-union employees were eligible on January 1st following their date of employment. After January 1, 1976 all Employees were eligible on the January 1st or July 1st following the completion of one Year of Eligibility Service. Employees hired after December 31, 2007 are not eligible to participate in the Plan.

Year of Prior Benefit Service: 1/12th of one Year of Prior Benefit Service for each month of service before January 1, 1970.

Year of Present Benefit Service: Generally credited to Participants as follows:

- (a) On or after January 1, 1970 and before January 1, 1976: 1/12th of one Year of Present Benefit Service for each month from date of hire;
- (b) On or after January 1, 1976 and before January 1, 2003: One Year of Present Benefit Service for each Plan Year with at least 1,700 Hours of Service, or for each Plan Year with at least 1,000 Hours of Service and completion of at least one Hour of Service during each month. Partial Years of Present Benefit Service equal to completed Hours of Service divided by 1,700 and rounded to nearest 1/10th of a year;
- (c) On or after January 1, 2003: One Year of Present Benefit Service for each Plan Year with at least 1,000 Hours of Service. Partial Years of Present Benefit Service equal to completed Hours of Service divided by 1,000 and rounded to nearest 1/10th of a year.

No service shall be credited after December 31, 2007 unless required by a collective bargaining agreement.

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 13-1624033 PN: 001

Year of Vesting Service: Generally, a Plan Year during which an Employee is credited with at least 1,000 Hours of Service.

Compensation: Total pay earned in a Plan Year, excluding: overtime payments, bonuses, “on call pay”, and commissions. No compensation shall be included after December 31, 2007 unless required by a collective bargaining agreement.

Average Annual Compensation: The highest average annual Compensation for any period of at least five consecutive Plan Years within the final ten Plan Years. Average Annual Compensation as of December 31, 2007 shall be fixed and unalterable unless continued accruals are required by a collective bargaining agreement.

Employee Contribution: None. Plan is funded entirely by employer contributions.

Benefit Formulas and Eligibilities

Normal Retirement Eligibility: The first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit: The annual Accrued Benefit payable at Normal Retirement shall be:

Former Jewish Home and Hospital Employees

- (a) the greater of 1.5% of Average Annual Compensation or \$66, multiplied by the number of Years of Prior Benefit Service; plus
- (b) 1.45% of Average Annual Compensation, multiplied by the number of Years of Present Benefit Service before January 1, 2000; plus
- (c) 1.8% of Average Annual Compensation, multiplied by the number of Years of Present Benefit Service on and after January 1, 2000.

Former Sarah Neuman Nursing Home Employees (SRN Employees)

- (a) \$120 per year for each year of “prior benefit service” (as defined in section 1.51 of the SRN Plan); plus
- (b) 1% of Average Annual Compensation, multiplied by the number of “years of present benefit service” (as defined in section 1.50 of the SRN Plan) earned prior to January 1, 2000; plus
- (c) 1.8% of Average Annual Compensation, multiplied by the number of “years of present benefit service” (as defined in section 1.50 of the SRN Plan) earned on and after January 1, 2000 and prior to January 1, 2003; plus
- (d) 1.8% of Average Annual Compensation, multiplied by the number of Years of Present Benefit Service earned on and after January 1, 2003.

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 13-1624033 PN: 001

Notwithstanding the above, an SRN Employee's annual Accrued Benefit shall not be less than \$120 for each Year of Prior and Present Benefit Service.

Effective December 31, 2007, except as otherwise required by a collective bargaining agreement, each Participant's Accrued Benefit shall be frozen, no new Employees shall become Participants and no additional Years of Present Benefit Service shall be granted.

Early Retirement Eligibility: Age 55 with 5 Years of Vesting Service (10 Years of Vesting Service for commencements before January 1, 2009). Age 55 with 15 Years of Vesting Service for participants in the SRN Plan who ceased employment before January 1, 2003.

Early Retirement Benefit: Vested Accrued Benefit actuarially reduced (using an interest rate of 8.25% and the GAM 1971 mortality table for males with a six-year setback) based on the number of months the Early Retirement Date precedes the Normal Retirement Date.

Effective December 31, 2007, each Participant who is active with at least 20 Years of Vesting Service as of December 31, 2007 shall be entitled to an unreduced early retirement benefit provided such Participant ceases employment after attaining age 60 with at least 30 Years of Vesting Service.

Deferred Retirement Eligibility: Actual retirement date after Normal Retirement Date.

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on compensation and service at actual retirement date, or accrual freeze date if earlier, but no less than the Normal Retirement Benefit actuarially adjusted (using an interest rate of 8.25% and the GAM 1971 mortality table for males with a six-year setback) for late commencement.

Disability Retirement Eligibility: A Participant who becomes totally and permanently disabled while in active employment.

Disability Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on compensation and service at disability, or accrual freeze date if earlier. Payment shall begin as of the first day of the month following the Committee's determination that the Participant has incurred a Total and Permanent Disability.

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

Vested Termination Benefit: Accrued Benefit payable at Early or Normal Retirement Date.

Preretirement Death Benefit: If a married vested participant dies, the spouse shall receive a Life Annuity equal to 50% of the benefit that the participant would have received under the Qualified Joint and Survivor Annuity form on the date of death, or his Early Retirement Date, whichever is later. If the participant was eligible for Early Retirement, benefits will commence immediately. Otherwise, benefits will commence on the earliest date the participant would have been eligible to retire.

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 13-1624033 PN: 001

If an unmarried vested participant dies (or a married vested participant whose spouse has waived rights to a preretirement death benefit), a designated beneficiary shall receive a preretirement death benefit, provided such beneficiary was properly designated prior to the Participant's death.

Normal Form of Payment

Married Participants: 50% Joint and Survivor Annuity.

Single Participants: Single Life Annuity.

Optional Forms of Payment: Actuarially equivalent 50%, 66-2/3%, 75% or 100% Joint and Survivor Annuity, 10-year or 15-year Certain and Life Annuity, Full Cash Refund Annuity, and Social Security Equalization Annuity. Benefits are distributed as lump sums without participant consent if the present value is \$5,000 or less.

Actuarial Equivalence: Optional forms of payment (except for lump sums) are determined using an 8.25% interest rate and the GAM 1971 mortality table for males with a six-year setback for all persons other than contingent annuitants, for whom no setback is used.

Lump Sum Window: From the period December 29, 2017 through March 2, 2018, a lump sum window was offered to participants who terminated employment by September 30, 2017 with non-forfeitable accrued benefits having a present value not greater than \$150,000. Distributions occurred during March 2018.

Statutory Compensation Limit: The maximum salary used to determine benefits is limited by Internal Revenue Code Section 401(a)(17). The limit for 2024 is \$345,000.

Statutory Benefit Limit: The valuation applied the 2024 maximum defined benefit limit of \$275,000 under IRC Section 415(b).

The Jewish Home & Hospital Retirement Plan
EIN/PN: 13-1624033/001
Attachment to 2024 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Number of Lives Remaining</u>	<u>Retirement Rate</u>	<u>Number of Retirees</u>	<u>Age multiplied by Number of Retirees</u>
60	1,000.000	2.00%	20.000	1,200.000
61	980.000	2.00%	19.600	1,195.600
62	960.400	5.00%	48.020	2,977.240
63	912.380	5.00%	45.619	2,873.997
64	866.761	5.00%	43.338	2,773.632
65	823.423	30.00%	247.027	16,056.755
66	576.396	30.00%	172.919	11,412.654
67	403.477	30.00%	121.043	8,109.881
68	282.434	15.00%	42.365	2,880.820
69	240.069	15.00%	36.010	2,484.690
70	204.059	100.00%	204.059	14,284.130
		TOTALS	1,000.000	66,249.399
Weighted Average Retirement Age				66

The Jewish Home & Hospital Retirement Plan

**Attachment to 2024 Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions
EIN: 13-1624033 PN: 001**

1. The expense provision increased from \$875,000 to \$900,000 to better reflect anticipated experience.
2. The active retirement assumption was updated from being based on the earliest unreduced retirement date to being based on the chart below. Those eligible for unreduced early retirement are assumed to do so on the earliest unreduced retirement date. This assumption was updated based on recent experience and reflects changes in expectation of future experience.

Age	Rate	Age	Rate
Under 60	0%	65-67	30%
60-61	2%	68-69	15%
62-64	5%	70 and over	100%

3. The withdrawal assumption was updated as indicated in the charts below, based on recent plan experience and reflects changes in expectations of future experience.

Age	Rate	Age	Rate
25	17.22%	50	7.83%
30	15.83%	55	6.83%
35	13.70%	60	5.83%
40	11.25%	64	5.03%
45	8.83%		

Previously, withdrawal rates were applied at select ages illustrated below:

Age	Rate	Age	Rate
25	17.22%	50	5.06%
30	15.83%	55	1.73%
35	13.70%	60	0.16%
40	11.25%	62	0.02%
45	8.43%		

4. The disability assumption was updated as indicated in the charts below, based on recent plan experience and reflects changes in expectations of future experience.

Age	Male Rate	Female Rate
37	0.07%	0.12%
42	0.10%	0.20%
47	0.17%	0.26%
52	0.32%	0.37%
57	0.56%	0.49%
62	0.86%	0.67%

The Jewish Home & Hospital Retirement Plan

**Attachment to 2024 Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions
EIN: 13-1624033 PN: 001**

Previously, disability rates were applied at select ages illustrated below:

Age	Male Rate	Female Rate
37	0.13%	0.24%
42	0.20%	0.40%
47	0.34%	0.51%
52	0.64%	0.74%
57	1.12%	0.97%
62	1.71%	1.33%

5. The beneficiary age difference was changed from female spouses being three years younger than male spouses to beneficiaries being four years younger than participants, regardless of gender. This update was made based on a review of recent plan experience and reflects changes in expectations of future experience.
6. The form of payment assumption for active and terminated vested participants was changed from all assumed to elect a Single Life Annuity to election rates indicated below. This update was based on recent plan experience and reflects changes in expectations of future experience.

Form of Payment	Election Rates
Single Life Annuity	50%
50% Joint & Survivor Annuity	25%
100% Joint & Survivor Annuity	25%

The Jewish Home & Hospital Retirement Plan

Attachment to 2024 Schedule SB, Line 32– Schedule of Amortization Bases

EIN: 13-1624033 PN: 001

<u>Date Established</u>	<u>Description</u>	<u>Amortization Amount</u>	<u>Remaining Years</u>	<u>Outstanding Balance</u>
1/1/2020	Shortfall Amortization	2,045,720	11.0	17,962,796
1/1/2021	Shortfall Amortization	(180,326)	12.0	(1,690,263)
1/1/2022	Shortfall Amortization	(443,205)	13.0	(4,404,815)
1/1/2023	Shortfall Amortization	688,047	14.0	7,209,000
1/1/2024	Shortfall Amortization	244,416	15.0	2,686,466
Total		2,354,652		21,763,184

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 The Jewish Home & Hospital Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The New Jewish Home	D Employer Identification Number (EIN) 13-1624033	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		74,432,380
b Actuarial value	2b		77,871,730
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	511	65,610,099	65,610,099
b For terminated vested participants	313	24,630,703	24,630,703
c For active participants	106	9,251,574	9,394,112
d Total	930	99,492,376	99,634,914
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.06 %
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		900,000
c Target normal cost	6c		900,000

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

SIGN HERE	Signature of actuary	<u>10/03/2025</u> Date
	<u>Aaron Shapiro</u> Type or print name of actuary	<u>23-07290</u> Most recent enrollment number
	<u>Milliman</u> Firm name	<u>(973) 278-8860</u> Telephone number (including area code)
	<u>150 Clove Road</u> <u>8th Floor</u> <u>Little Falls NJ 07424</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.12%</u>	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>5.17%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	78.15%
15	Adjusted funding target attainment percentage	15	78.15%
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	79.88%
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	
	04/12/2024	746,309		09/15/2025	456,911		
	07/15/2024	746,309					
	09/13/2024	43,449					
	10/15/2024	704,273					
	01/15/2025	732,297					
	08/04/2025	3,750,000					
	Totals ▶			18(b)	7,179,548	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	43,449	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	6,723,253	
20	Quarterly contributions and liquidity shortfalls:			
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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
	0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	900,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	21,763,184	2,354,652
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	3,254,652
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	3,254,652
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6,723,253

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

a Total (excess, if any, of line 37 over line 36)	38a	3,468,601
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

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

The Jewish Home and Hospital Retirement Plan
EIN 13-1624033
Plan # 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Principal Cash	Cash and cash equivalents	\$ 8,665	\$ 8,665
*	Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	6,751,426	6,751,426
	Accenture Plc- Cl A	Common stock	90,456	164,989
	Acv Auctions Inc Cl A	Common stock	53,784	63,590
	Affiliated Managers Group	Common stock	57,795	97,083
	Affirm Holdings Inc Cl A	Common stock	57,658	104,687
	American Express Co	Common stock	28,291	45,706
	Amgen Inc Com	Common stock	108,863	160,815
	Api Group Corp	Common stock	59,523	75,177
	Apple Inc	Common stock	62,024	217,114
	Applovin Corp Cl A	Common stock	15,944	102,978
	Astera Labs Inc	Common stock	21,533	60,927
	Avantor Inc	Common stock	49,532	54,782
	Brown & Brown Inc Common	Common stock	14,961	30,606
	Cable One Inc	Common stock	58,195	43,215
	Cardinal Health Inc	Common stock	30,903	49,792
	Ch Robinson Worldwide Inc	Common stock	54,037	61,992
	Cisco System Inc	Common stock	38,344	43,986
	Clarivate Plc	Common stock	218,219	118,313
	Community Trust Bancorp Inc	Common stock	35,343	46,083
	Costar Group Incorporated	Common stock	96,972	88,342
	Cyber-ark Software	Common stock	35,476	38,978
	Deere & Co Common	Common stock	108,140	118,212
	Delek Us Holdings Inc	Common stock	48,687	46,432
	Duolingo Inc Cl A	Common stock	22,736	36,314
	Dolby Laboratories Inc Cl A	Common stock	62,450	63,573
	Doordash Inc Cl A	Common stock	50,600	92,263
	Dxc Technology Co	Common stock	57,182	39,660
	Ebay Inc Com	Common stock	36,905	48,569
	Energizer Holding Inc	Common stock	56,333	66,291
	Envista Holdings Corp	Common stock	38,025	35,686
	Exact Sciences Corp	Common stock	100,916	87,319
	Evertec Inc	Common stock	53,958	45,856
	Floor & Décor Holdongs Inc Cl	Common stock	52,872	44,466
	Fidelity Natl Information Services	Common stock	42,501	61,304
	Gfl Environmental Inc-sub Vt	Common stock	53,822	80,172
	Godaddy Inc - Class A	Common stock	20,073	53,290
	General Mills Inc	Common stock	47,490	41,833
	Green Plains Inc	Common stock	32,198	13,917
	Glacier Bancorp Inc New	Common stock	37,714	48,061
	Global-e Online Ltd	Common stock	51,209	81,850
	Henry Schein Inc Com	Common stock	85,761	81,656
	Hillenbrand Inc	Common stock	64,501	55,404
	Hni Corporation	Common stock	31,098	44,628
	Hubspot Inc	Common stock	51,483	74,554
	Illumina Inc	Common stock	77,239	72,561
	John Wiley & Sons Inc	Common stock	55,890	61,369
	Johnson & Johnson	Common stock	49,265	44,398
	Jpmorgan Chase & Co	Common stock	105,592	226,766
	Kenvue Inc	Common stock	49,159	50,706
	Keurig Dr Pepper Inc	Common stock	47,966	46,221
	Kinsale Capital Group Inc	Common stock	50,276	56,281
	Kraft Heinz Co	Common stock	53,650	42,226

The Jewish Home and Hospital Retirement Plan
EIN 13-1624033
Plan # 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description of investment	Cost	Current value	
Lamb Weston Holdings Inc	Common stock	59,924	56,806	
Linde Plc	Common stock	117,803	117,228	
Leslie's Inc	Common stock	81,167	24,753	
Liberty Energy Inc	Common stock	35,960	48,154	
Lkq Corporation	Common stock	31,508	31,327	
L'oreal	Common stock	145,459	132,745	
Lpl Financial Holdings Inc	Common stock	37,627	101,281	
Lvmh Moet Hennessy Louis Vuitton Se	Common stock	115,598	132,653	
Medpace Holdings Inc	Common stock	78,086	88,373	
Middleby Corporation	Common stock	35,523	33,862	
Microsoft Corp	Common stock	73,398	220,866	
Molson Coors Beverage Company	Common stock	58,496	77,382	
Mongoddb Inc Cl A	Common stock	73,432	58,668	
Ncr Atleos Llc	Common stock	44,702	63,532	
Neogen Corporation	Common stock	15,828	16,110	
Nestle Sa Sponsored Adr	Common stock	105,231	95,017	
Openlane Inc	Common stock	30,642	35,891	
Perdoceo Education Corp	Common stock	18,506	39,943	
Pfizer Inc	Common stock	51,557	48,789	
Pitney Bowes Inc Com	Common stock	21,695	44,381	
Post Holdings Inc	Common stock	77,723	120,183	
Procure Technologies Inc	Common stock	67,027	79,276	
Rtx Corporation	Common stock	46,321	56,471	
Schlumberger Ltd	Common stock	45,979	40,027	
Shift4 Payments Inc	Common stock	72,501	102,846	
Snowflake Inc Cl A	Common stock	82,205	90,021	
Solventum Corp	Common stock	52,201	54,830	
Spotify Technology Sa	Common stock	9,955	40,264	
Sweetgreen Inc Cl A	Common stock	41,541	74,347	
Sysco Corp Common	Common stock	46,234	51,611	
Tjx Companies Com	Common stock	110,976	240,049	
Texas Instruments Inc	Common stock	148,070	158,446	
Toyota Motor Corp Spon Adr	Common stock	100,421	143,622	
Union Pacific Corp Com	Common stock	82,400	148,910	
Us Foods Holding Corp	Common stock	37,154	80,952	
Vodafone Group Sponsored Adr	Common stock	54,649	50,702	
Veeva Systems Inc	Common stock	65,308	65,388	
Walt Disney Co	Common stock	129,241	168,361	
Walgreens Boots Alliance Inc	Common stock	41,050	24,902	
Warner Bros Discovery Inc Cl A	Common stock	38,408	48,791	
Willis Towers Watson Plc	Common stock	23,228	34,456	
Willscot Mobile Mini Holdings Cl A	Common stock	77,246	61,782	
3M Co	Common stock	39,683	52,927	
Akre Focus Fund-ins	Mutual fund	1,174,139	1,842,030	
Ariel International-ins	Mutual fund	800,670	803,160	
Edgewood Growth Fund-ins	Mutual fund	907,444	1,557,875	
Lord Abbett Inv Trust- Sh Dur Inc Fd	Mutual fund	938,510	945,861	
Vanguard 500 Index Cl Adml	Mutual fund	6,704,880	11,179,764	
Vanguard Int-trm Corp Bond Etf	Mutual fund	11,138,116	11,581,998	

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Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description of investment	Cost	Current value	
	Vanguard Long-term Corp Bond	Mutual fund	4,750,025	4,762,663
	Vanguard Shrt Term Gov Bond Index Fd	Mutual fund	2,252,820	2,051,085
	Vanguard Total Bd Mkt Idx Adm	Mutual fund	2,241,208	2,002,955
	Wcm Focused Intl Growth Fd	Mutual fund	1,172,966	1,596,123
*	Oca Ako Euro Long-only Fund Class D1	Limited liability company	1,319,758	1,553,754
*	Oca Claros Mortgage Trust	Limited liability company	819,107	374,360
*	Oca Patria V LLC	Limited liability company	1,630,365	2,608,886
	Oca Braidwell Te LLC	Limited liability company	48,920	73,013
*	Oca Silver Lake V Te LLC	Limited liability company	600,490	1,051,225
*	Oca Fssa Asian Eq Leaders Fund LLC	Limited liability company	925,000	1,006,343
	Janus Henderson Eur Best Ideas Fund	Limited liability company	713,395	1,193,679
	IR&M Core Bond II LLC	Limited liability company	1,498,579	1,546,758
	Oca Ortf II	Limited liability company	1,041,096	1,274,556
*	Oca LMMI	Segregated Portfolio	1,483,484	2,023,921
*	Oca Oha Credit Tranche B	Segregated Portfolio	93,364	125,954
*	Oca Vhf Segregated Portfolio	Segregated Portfolio	1,480,000	1,749,769
*	Oca Chp (Castle Hook)	Segregated Portfolio	24,497	35,180
*	Oca Tf (theleme)	Segregated Portfolio	898,129	811,205
*	Oca Icf	Segregated Portfolio	1,100,000	1,137,106
	Arias Resource Capital Fund II	Limited partnerships	792,804	317,361
	Crossharbor Inst Partners 2014, Lp	Limited partnerships	40,997	41,731
	Davidson Kempner Distrsd Opp Intl	Limited partnerships	573,223	695,503
	Ra Capital Healthcare Int'l Fund Ltd	Limited partnerships	332,940	948,983
	Golub Capital Partners 12, Lp	Limited partnerships	682,129	1,035,000
*	Oca Brep VII Fund	Limited partnerships	138,728	226,860
*	Oca Gso Capital Solutions Fund II	Limited partnerships	206,585	120,649
*	Oca Global Private Equity	Limited partnerships	21,588	66,814
	Pan Ross Spv	Limited partnerships	14,997	14,997
	Scge Offshore Fund, Lp	Limited partnerships	641,848	1,150,255
	Total		\$ 61,568,099	\$ 73,355,385

* Denotes a party-in-interest.

See Independent Auditor's Report.

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Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) Single trasactions exceeds 5% of the current value of Plan assets:								
* Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	\$ 4,633,424	\$ -	\$ -	\$ -	\$ 4,633,424	\$ 4,633,424	\$ -
Category (ii) Any series of transactions with or in conjunction with the same person which amount in aggregate to more than 5% of the current value of Plan assets:								
Ishares Msci All Ctry Asia Ex Jn Etf	Mutual Fund	919,898	-	-	-	919,898	919,898	-
Ishares Msci All Ctry Asia Ex Jn Etf	Mutual Fund	-	979,597	-	-	919,898	979,597	59,699
Vanguard Long-term Corp Bond	Mutual Fund	1,265,005	-	-	-	1,265,005	1,265,005	-
Vanguard Long-term Corp Bond	Mutual Fund	-	944,434	-	-	960,549	944,434	(16,115)
Vanguard Int-trm Corp Bond Etf	Mutual Fund	2,209,967	-	-	-	2,209,967	2,209,967	-
Vanguard Int-trm Corp Bond Etf	Mutual Fund	-	1,029,784	-	-	1,029,784	1,029,784	-
Echo Street Goodco Select Offshore	Limited Liability Company - Investment at NAV	-	125,857	-	-	129,749	125,857	(3,892)
Echo St Goodco Select Os Aw 11-2020b	Limited Liability Company - Investment at NAV	-	930,795	-	-	959,558	930,795	(28,763)
Echo St Goodco Select Os Aw 03-2021b	Limited Liability Company - Investment at NAV	-	504,132	-	-	519,724	504,132	(15,592)
* Oca Claros Mortgage Trust	Limited Liability Company - Investment at NAV	-	69,703	-	-	69,371	69,703	332
* Oca Fssa Asian Eq Leaders Fund Llc	Limited Liability Company - Investment at NAV	925,000	-	-	-	925,000	925,000	-
Sterling Stamos Real Assets	Limited Partnership - Investment at NAV	-	873	-	-	873	873	-
* Oca Icf Segregated Portfolio	Segregated Portfolio - Investment at NAV	100,000	-	-	-	100,000	100,000	-
IR&M Core Bond II LLC	Limited Liability Company - Investment at NAV	1,500,000	-	-	-	1,500,000	1,500,000	-
IR&M Core Bond II LLC	Limited Liability Company - Investment at NAV	-	1,478	-	-	1,421	1,478	57
Davidson Kempner Distrsd Opp Intl	Limited Partnership - Investment at NAV	-	349,860	-	-	323,765	349,860	26,095
* Oca Chp Segregated Portfolio	Segregated Portfolio - Investment at NAV	-	668,418	-	-	493,078	668,418	175,340
* Oca Oha Credit Tranche B	Segregated Portfolio - Investment at NAV	31,285	-	-	-	28,743	31,285	2,542
Blackstone Real Estate Income Trust	Limited Partnership - Investment at NAV	-	10,718	-	-	10,792	10,718	(74)
Echo Street Goodco Select Os 05-2023	Limited Liability Company - Investment at NAV	-	150,824	-	-	155,488	150,824	(4,664)
Echo St Goodco Select Os 08-2023 B	Limited Liability Company - Investment at NAV	-	209,229	-	-	215,699	209,229	(6,470)
Golub Capital Partners 12, Lp	Limited Partnership - Investment at NAV	-	33,159	-	-	33,159	33,159	-
Janus Henderson Eur Best Ideas Fund	Limited Liability Company - Investment at NAV	-	350,000	-	-	332,362	350,000	17,638
* Oca Braidwell Te Llc	Limited Liability Company - Investment at NAV	-	447,653	-	-	435,509	447,653	12,144
* Oca Brep VII Fund	Limited Partnership - Investment at NAV	16,393	-	-	-	16,393	16,393	-
* Oca Brep VII Fund	Limited Partnership - Investment at NAV	-	24,590	-	-	29,025	24,590	(4,435)
* Oca Global Private Equity	Limited Partnership - Investment at NAV	-	72,579	-	-	69,580	72,579	2,999
* Oca Lmmi	Segregated Portfolio - Investment at NAV	-	180,766	-	-	178,242.00	180,766.00	2,524
* Oca Patria V Llc	Limited Liability Company - Investment at NAV	51,475	-	-	-	51,475	51,475	-
* Oca Ortf II	Limited Liability Company - Investment at NAV	201,927	-	-	-	201,927	201,927	-
* Oca Ortf II	Limited Liability Company - Investment at NAV	-	70,412	-	-	65,509.00	70,412.00	4,903
* Oca Silver Lake V Te LLC	Limited Liability Company - Investment at NAV	-	69,808	-	-	65,146	69,808	4,662
* Oca Ssa Segregated Portfolio - Sfef	Segregated Portfolio - Investment at NAV	-	54,046	-	-	39,647	54,046	14,399
* Oca Ssa Segregated Portfolio - Sspf	Segregated Portfolio - Investment at NAV	-	54,046	-	-	50,989	54,046	3,057
Ra Capital Healthcare Intl - Retpl	Limited Partnership - Investment at NAV	-	1,244,851	-	-	1,033,740	1,244,851	211,111
Scge Offshore Fund, LP	Limited Partnership - Investment at NAV	-	350,374	-	-	314,376	350,374	35,998

**The Jewish Home and Hospital Retirement Plan
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**Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2024**

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii) - A series of transactions aggregating in excess of 5% of the current value of Plan assets:								
Vanguard 500 Index Cl Adml	Mutual Fund	2,875,000	-	-	-	2,875,000	2,875,000	-
Vanguard 500 Index Cl Adml	Mutual Fund	-	1,645,000	-	-	1,560,461	1,645,000	84,539
* Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	27,592,548	-	-	-	27,592,548	27,592,548	-
* Wilmington Us Govt Money Mkt Cl Inst	Cash and cash equivalents	-	28,695,588	-	-	28,695,588	28,695,588	-

The definition of a reportable transaction is a transaction that exceeds 5% of the current value of the Plan assets as of the beginning of the Plan year including a single transaction within the Plan year; any series of transactions with, or in conjunction with, the same person, involving property other than securities; any series of transactions involving securities of the same issue within the Plan year; any transaction within the Plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single securities transaction with that person.

* Denotes a party-in-interest.

See Independent Auditor's Report.