

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHAB DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 11/20/1974
2a Plan sponsor's name (employer, if for a single-employer plan): PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION
2b Employer Identification Number (EIN): 13-2631069
2c Plan Sponsor's telephone number: 718-289-2354
2d Business code (see instructions): 623000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Plan administrator (Robert M Werner, 10/15/2025), 2. Employer/plan sponsor (Robert M Werner, 10/15/2025), 3. DFE (blank).

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	439
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)	47
	6a(2)	46
	6b	117
	6c	121
	6d	284
	6e	0
	6f	284
	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:
11 1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>	
(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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHAB DEFINED BENEFIT PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION</p>	<p>D Employer Identification Number (EIN) 13-2631069</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	2-22004	151	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 50270</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

WILLIAM TREMKO
USI CONSULTING GROUP
95 GLASTONBURY BLVD
GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50270			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **APPLICABLE MORTALITY TABLE & INTEREST RATE DETERMINED BY INSURANCE COMPANY**

b Premiums paid to carrier	6b	5026985
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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>PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHAB DEFINED BENEFIT PENSION 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>PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION</u>	D Employer Identification Number (EIN) <u>13-2631069</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>27414875</u>
	b Actuarial value	2b	<u>28288734</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>268</u>	<u>23070742</u>
	b For terminated vested participants	<u>125</u>	<u>7043813</u>
	c For active participants	<u>47</u>	<u>2462661</u>
	d Total	<u>440</u>	<u>32577216</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>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>392302</u>
	c Target normal cost	6c	<u>392302</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>10/08/2025</u>
	<u>GARRETT T. NOROF, EA, MAAA, FCA</u>	Date
	Type or print name of actuary	<u>23-07808</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>212-878-0446</u>
	<u>600 THIRD AVE 3RD FLOOR NEW YORK, NY 10016</u>	Telephone number (including area code)
	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	429943
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	423094
9	Amount remaining (line 7 minus line 8)	0	6849
10	Interest on line 9 using prior year's actual return of <u>9.15</u> %	0	627
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		627296
	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>5.20</u> %		10619
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		38713
	c Total available at beginning of current plan year to add to prefunding balance		676628
	d Portion of (c) to be added to prefunding balance		675000
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	682476

Part III Funding Percentages			
14	Funding target attainment percentage	14	83.97 %
15	Adjusted funding target attainment percentage	15	83.97 %
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	88.78 %
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		
01/15/2025	289000						
04/15/2025	239000						
07/15/2025	239000						
09/12/2025	448000						
			Totals ▶	18(b)	1215000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1132224

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 67
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" 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 392302
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	5266380		563134	
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 955436
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	680928	680928	
36 Additional cash requirement (line 34 minus line 35)				36 274508
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1132224
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 857716
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 680928
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 PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHAB DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	D Employer Identification Number (EIN) 13-2631069	

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

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

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

MORGAN STANLEY SMITH BARNEY, LLC

26-4310844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT	119652	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)

USI CONSULTING GROUP INC

13-4032401

(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 27 50	ACTUARY	79503	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)

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	18215	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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:	J. GRANT ELMAN, EA, ASA, MAAA	b EIN:	06-1053228
c Position:			
d Address:	600 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10016	e Telephone:	212-878-0433

Explanation: THERE IS A CHANGE IN ACTUARY WITHIN USI CONSULTING GROUP. THE NEW ACTUARY OF THE PLAN IS GARRETT NOROF

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 PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHAB DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	D Employer Identification Number (EIN) 13-2631069	

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	25416	5201
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	805000	1215000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	205588	155465
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	142467	163941
(2) U.S. Government securities	1c(2)	39994	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3618870	3094377
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3594579	4144001
(5) Partnership/joint venture interests	1c(5)	5433707	6607291
(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)	13564711	8838861
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	49497	36707

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	27479829	24260844
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	13650	9948
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36431	17650
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	50081	27598
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	27429748	24233246

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)	1215000	
(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)		1215000
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)	118087	
(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)		118087
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	197183	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	346745	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		543928
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10686047	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10655288	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1556322	
(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)		938125
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4402221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2043772	
(2) To insurance carriers for the provision of benefits	2e(2)	5026985	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7070757
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)	18215	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	4000	
(5) Investment advisory and investment management fees	2i(5)	119652	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	79503	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	21	
(11) Other expenses	2i(11)	306575	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		527966
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7598723

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3196502
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: WEAVER AND TIDWELL, L.L.P.

(2) EIN: 75-0786316

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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 551825.

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>PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHAB DEFINED BENEFIT PENSION 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>PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION</u>	D Employer Identification Number (EIN) <u>13-2631069</u>	

Part I	Distributions
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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): 42-0127290

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 _____.

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

Financial Report

December 31, 2024

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All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the participants and the Board of Trustees of
Parker Jewish Institute for Health Care and Rehabilitation
Defined Benefit Pension Plan
New Hyde Park, NY

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

We have performed audits of the financial statements of Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension 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) audit). 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 ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

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

Basis for Opinion

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US 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 US GAAP.

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

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

Other Matter – Supplementary Information Required by ERISA

The supplementary information listed in the table of contents as of and 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary information, 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 US GAAS. For information included in the supplementary information 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplementary information, other than the information in the supplementary information that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplementary information 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).

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P

Jericho, New York
October 14, 2025

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

	2024	2023
ASSETS		
Investments, at fair value	\$ 22,848,471	\$ 26,394,328
Receivables		
Employer's contributions	1,215,000	805,000
Accrued interest and dividends	36,707	49,497
Total receivables	1,251,707	854,497
Cash	5,201	25,416
Prepaid benefits	155,465	205,588
Total assets	24,260,844	27,479,829
LIABILITIES		
Due to broker for securities purchased	9,948	36,431
Accrued expenses	17,650	13,650
Total liabilities	27,598	50,081
NET ASSETS AVAILABLE FOR BENEFITS	\$ 24,233,246	\$ 27,429,748

The Notes to Financial Statements are an integral part of these statements.

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension 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	\$ 2,525,206	\$ 1,613,424
Interest and dividends	662,015	837,241
	3,187,221	2,450,665
Less: investment expenses	119,652	133,756
Net investment income	3,067,569	2,316,909
Contributions		
Employer	1,215,000	1,034,000
Total additions	4,282,569	3,350,909
DEDUCTIONS		
Benefits paid directly to participants	2,043,772	2,606,033
Purchase of annuity contract	5,026,985	-
Administrative expenses	408,314	356,523
Total deductions	7,479,071	2,962,556
Net (decrease) increase	(3,196,502)	388,353
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	27,429,748	27,041,395
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 24,233,246	\$ 27,429,748

The Notes to Financial Statements are an integral part of these statements.

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

Note 1. Description of the Plan and Funding

The following description of the Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit pension plan covering certain employees of Parker Jewish Institute for Health Care and Rehabilitation (the Institute). The Plan was created on November 20, 1974 and was amended and restated as of December 31, 2013 and June 30, 2016. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended and subsequent pension legislation.

During December 2016, the Plan contracted with First State Trust Company to administer the Plan.

Effective March 31, 2002, benefit accruals were frozen for all participants except those who are members of the New York State Nurses Association or the American Physical Therapy Association. Effective July 28, 2002, benefit accruals were frozen for all participants except those who are members of the New York State Nurses Association.

The Plan was frozen effective April 30, 2019. All benefit accruals under the Plan shall cease as of the date the Plan was frozen and in no event shall benefits accrue after such date. Additionally, no employees first hired after April 30, 2019, shall enter and participate in the Plan after the date the Plan was frozen. However, any employees who are participants in the Plan on the date the Plan was frozen shall continue to participate in the Plan and shall continue to accrue service for vesting and early retirement eligibility under the Plan. Additionally, any employee first hired on or prior to April 30, 2019, and is not yet a participant as of April 30, 2019, but who later meets the eligibility requirements shall be eligible to enter and participate in the Plan.

Funding Policy

The Institute shall make contributions to the Plan at such times and in such amounts as the Trustees shall determine, but in no event less than such amounts required to be contributed under Title I, Part 3 of ERISA and Sections 412 and 430 of the Internal Revenue Code (IRC), as amended. Participant contributions are not permitted.

Employer contributions are determined based upon actuarial cost methods selected by the Trustees of the Plan with the assistance of actuarial consultants. These methods assume that certain amounts will be needed to provide benefits to retirees and determine required contributions accordingly. They also assume Plan assets will earn income at a specified rate of return, which will reduce the required contributions that have been calculated.

Pension Benefits

Participants with five or more years of service credit with the Institute or any other HSRP participating institution are entitled to annual pension benefits beginning at normal retirement age (65). The benefit is equal to 1.76% of their final average compensation for each year of service credit plus a past service benefit if applicable, except those participants who are members of the New York State Nurses Association (NYSNA), the benefit is equal to 1.6% of their final average compensation. Final average compensation is defined as the average of a participant's compensation during the 60 consecutive highest paid months out of the last ten years of participation in the Plan. The Plan allows reduced early retirement benefits for those participants at ages 55-64 with five or more years of service credit (ten years prior to February 1, 2003). Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, certain and continuous payment options or a level income option. Participants may also elect to receive 25% or 50% of the value of their benefit in a single lump-sum payment with the balance paid as a monthly annuity. A participant whose pension has a current value upon termination or retirement of \$1,000 or less (\$5,000 prior to March 29, 2005) will automatically receive a single lump-sum payment.

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

If the value of the pension is between \$1,000 and \$7,000, the participant may elect to receive a single lump-sum payment at retirement.

If participants terminate before rendering five years of service, they may forfeit the right to receive their accumulated plan benefits.

Death and Disability Benefits

If an active participant dies before retirement and has accumulated at least five years of service credit, a monthly benefit for life will be provided to the participant's surviving spouse or other designated beneficiary. An unmarried participant must name a beneficiary to receive this death benefit. If the participant would have been eligible to begin collecting benefits or if the participant named a beneficiary other than their spouse, the beneficiary will receive their benefit on the first of the month following the date of the participant's death. If the participant was not yet eligible to receive a benefit, a spouse will receive a benefit on the date the participant would have been eligible to begin receiving pension benefits. The benefit paid to the survivor will equal 50% of the amount under the 50% joint and survivor annuity. If a participant dies after pension payments begin, benefits may be paid to their surviving spouse or other named beneficiary, in accordance with the payment method that had been elected. If an active participant qualifies for disability retirement, the benefit will be determined in the same way as normal retirement, based upon years of service credit and final average compensation. Disability retirement benefits will not be reduced for early payment if they begin before age 65 and are not eligible for the lump-sum option.

Purchase of Annuity Contract

On March 15, 2024, the Parker Jewish Institute for Health Care and Rehabilitation, on behalf of the Plan, entered into a group annuity buy-out contract with Principal Life Insurance Group to transfer the pension benefit obligations of 151 retirees of the Plan with a total monthly pension benefit of \$396,571, based on the actuarial calculations done by USI Consulting Group. The premium for this purchase of annuities was \$5,026,985 and was paid from the Plan's investment account in March 2024. Starting May 2024, Principal Life Insurance Group made annuity payments to the retirees transferred.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using 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 (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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 the investment advisers, custodians, and insurance company. See Note 6 for discussion of fair value measurements.

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded at 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 upon distribution.

Administrative Expenses

All administrative fees are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Plan Management's Review of Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

Note 3. Certified Investments

Certain information related to investments and disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by First State Trust Company, the Trustee of the Plan.

Note 4. 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 services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered prior to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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.

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

The accumulated plan benefits information at January 1, 2024, was as follows:

	2024
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 20,481,291
Other participants	7,935,575
Non-vested benefits	242,793
Total actuarial present value of accumulated plan benefits	\$ 28,659,659

The change in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024, is attributable to the following:

	2024
Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 29,032,913
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience gains and losses	429,002
Benefit payments	(2,606,033)
Interest accumulation	1,803,777
Net decrease	(373,254)
Actuarial present value of accumulated plan benefits at January 1, 2024	\$ 28,659,659

The significant actuarial assumptions used in the Plan valuations as of January 1, 2024, were as follows:

Mortality:	Pri-2012 Total Dataset Mortality Table with MP-2021 Scaling (amount weighted).
Discount rate:	6.50%
Credit balances:	Excess contributions for the 2023 plan year in the amount of \$675,000 were elected to be added to the prefunding balance.
Expense load:	"Plan related" expenses are assumed to be \$392,302.
Lump sums:	25% of the population are assumed to take a lump sum.

Parker Jewish Institute for Health Care and Rehabilitation
Defined Benefit Pension Plan
Notes to Financial Statements

Retirement rates: See sample rates below:

Age	Annual Rates of Retirement	
	25 Years of Service at Age 62	Less than 25 years of Service at Age 62
55	5.00%	5.00%
56	2.00%	2.00%
57	2.00%	2.00%
58	2.00%	2.00%
59	2.00%	2.00%
60	2.00%	2.00%
61	2.00%	2.00%
62	22.00%	22.00%
63	10.00%	10.00%
64	10.00%	10.00%
65	20.00%	20.00%
66	15.00%	15.00%
67	15.00%	15.00%
68	15.00%	15.00%
69	15.00%	15.00%
70	100.00%	100.00%

Withdrawal rates: See sample rates below:

Age	Years of Service			
	Less than 1	1 to 2	2 to 3	3 or more
25	35.00%	32.22%	26.66%	23.88%
30	35.00%	30.65%	21.94%	17.58%
35	35.00%	29.45%	18.34%	12.78%
40	35.00%	28.58%	15.73%	9.30%
45	35.00%	27.87%	13.61%	6.48%
50	35.00%	27.29%	11.86%	4.14%
55	35.00%	27.10%	11.30%	3.40%
56	35.00%	27.13%	11.38%	3.50%
57	35.00%	27.15%	11.45%	3.60%
58	35.00%	27.35%	12.05%	3.70%
59	35.00%	27.55%	12.65%	3.80%

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

Disability rates: See sample rates below:

Age	Rate
25	0.10%
30	0.10%
35	0.10%
40	0.10%
45	0.16%
50	0.44%
55	0.90%
56	1.00%
57	1.10%
58	1.52%
59	1.94%
60	2.36%
61	2.78%
62	3.20%
63	3.62%
64	4.04%

Asset Valuation: Current Market value of plan assets as reported by the Trustee, plus accrued contributions.

The actuarial value of plan assets is developed as the 3-year average of the plan assets based the market value of assets as of the valuation date and the "adjusted value" of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up the current valuation date. One third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately and the other two thirds are deferred. assets are further limited to a 10% corridor around market value.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were 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. Had the valuations been performed as of December 31, there would be no material differences.

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

Note 5. Plan Termination

The Institute, while it intends to continue the Plan indefinitely, reserves the right, at any time, to terminate the Plan by delivering to the Board of Trustees of the Plan a written notice of termination at least 90 days in advance of the proposed termination date. This written notice must specify the date of such termination and contain a request that the Board of Trustees of the Plan provide timely notice of termination to all covered participants affected by the termination, other interested parties, the Internal Revenue Service, the Pension Benefit Guaranty Corporation (PBGC), and as may otherwise be required by law. The Board of Trustees of the Plan may also terminate the Plan by providing written notice to the Institute and by following the timely notification procedures outlined above. If the Plan is terminated, the Trust Fund assets shall be used for defraying the reasonable expenses of the Plan and for the exclusive benefit of the participants, retired participants and their spouses and beneficiaries as of the date of such termination. The rights of all participants and retired participants affected by such termination for benefits accrued to the date of such termination, to the extent then funded, shall be non-forfeitable. Upon the complete termination of the Plan, after payment or the provision for the payment of expenses payable out of the Trust Fund in connection with the liquidation and the distribution of the Trust Fund, the remaining assets of the Plan, upon approval of the appropriate governmental or quasi-governmental authorities shall be converted into cash and shall be allocated to and among and paid over to the participants, retired participants and their spouses and beneficiaries in accordance with Section 4044 of ERISA in complete discharge of all liabilities of the Institute and the Trustees for the benefits payable under the Plan. After the complete satisfaction of all liabilities to such participants, retired participants and their spouses and beneficiaries, any balances remaining in the Trust Fund shall be returned to the Institute.

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 survivors' 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.

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework 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 FASB ASC 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Money market funds: Valued using the NAV of the fund shares.

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

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

U.S. government treasury bills: Valued at the closing price reported on the active market on which the individual securities are traded.

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

Notes to Financial Statements

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the 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.

Exchange-traded funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the 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.

Limited partnerships: Valued at NAV of units held. The NAV as used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following table sets forth the level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	2024	2023
Level 1:		
Mutual funds	\$ 3,500,950	\$ 7,537,658
Common stocks	4,144,001	3,594,579
U.S. government treasury bills	-	39,994
Exchange-traded funds	5,320,977	6,027,053
Money market funds	180,875	142,467
	13,146,803	17,341,751
Level 2:		
Corporate bonds	3,094,377	3,618,870
Total assets in the fair value hierarchy	16,241,180	20,960,621
Investments measured at net asset value:		
Limited partnerships	6,607,291	5,433,707
Investments at fair value	\$ 22,848,471	\$ 26,394,328

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

Notes to Financial Statements

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

	2024	2023
Limited partnerships *		
Fair value	\$ 6,607,291	\$ 5,433,707
Unfunded commitment	None	None
Redemption frequency	Monthly to quarterly	Monthly to quarterly
Other redemption restrictions	None	None
Redemption notice period	3 to 6 days	3 to 6 days

* The investment objective of the category is to optimize returns through a variety of strategies tailored to different market opportunities. The Renaissance Institutional Equities Fund LLC Series BB aims to achieve a higher Sharpe ratio than the Index, with a beta of 0.4 or lower, focusing on generating alpha-driven returns. HP Millennium Intl Class HH seeks to exploit market inefficiencies to produce absolute returns with low correlation to global markets. The Blackstone Real Estate Income Trust, Inc. focuses on providing stabilized current income, offering individual investors access to institutional-quality real estate. SEG Partners Offshore Class I targets high-quality businesses for long positions while identifying companies with deteriorating fundamentals for short positions. The Blackstone BCRED Fund provides private credit solutions to income-focused investors, leveraging Blackstone's institutional-caliber platform. Lastly, the NH PIF CLASS S Fund aims to deliver attractive risk-adjusted returns primarily through current income and, to a lesser extent, capital appreciation.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. 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 some changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Note 8. Tax Status

The Plan obtained its latest determination letter on August 13, 2014, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

US 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.

Parker Jewish Institute for Health Care and Rehabilitation

Defined Benefit Pension Plan

Notes to Financial Statements

Note 9. Related-Party and Party-in-Interest Transactions

Certain Plan investments are managed by First State Trust Company, the trustee for the Plan. USI Consulting Group provides actuarial and related services for the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various services providers. These transactions are party-in-interest transactions under ERISA.

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of changes in net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

Investment expenses amounting to \$119,652 are shown as reduction of investment income for financial statement purpose and are classified as investment fees on Form 5500, Schedule H, Part II.

Supplementary Information

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description of investment par/principal or shares	Cost	Current value	
Common stocks				
Abbott Labs	331	\$ 35,920	\$ 37,439	
AbbVie Inc	347	34,154	61,662	
Accenture Plc Cl A	137	47,476	48,195	
American Electric Power Inc	185	16,960	17,063	
Amgen Inc	181	14,008	16,134	
Ametek Inc New	56	9,450	10,046	
Analog Devices Inc	211	40,107	44,829	
Ansys Inc	23	5,113	7,821	
Arch Capital Group Ltd	313	14,745	28,906	
Ares Management Corporation	121	12,796	21,421	
AT&T Inc	1,924	37,142	43,809	
Autodesk Inc	56	11,584	16,585	
Automatic Data Processing Inc	143	35,901	41,860	
Avalonbay Communities Inc	64	11,224	14,030	
Avery Dennison Corp	73	13,920	13,651	
Bank America Corp	1,329	44,996	58,410	
Bank Of New York Mellon Corp	488	26,074	37,493	
Becton Dickinson & Co	60	14,048	13,590	
Berkley W R Corp	133	7,263	7,783	
Blackrock Inc	38	28,925	38,954	
Blackstone Group Inc	86	9,568	14,876	
Booz Allen Hamilton Holding	88	11,205	11,376	
Bristol Myers Squibb Co	621	34,520	35,124	
Broadcom Inc	301	32,071	69,784	
Brookfield Asset Management Ltd	255	8,061	13,818	
Brookfield Corporation	1,258	34,998	72,272	
Brookfield Infrastructure Corp	959	34,891	38,370	
Brookfield Renewable Corp	401	15,725	11,092	
Brown & Brown Inc	479	21,124	48,868	
C M S Energy Corp	156	9,012	10,397	
C S X Corp	430	14,175	13,876	
Carmax Inc	319	22,672	26,081	
CBRE Group Inc	270	15,137	35,448	
Ccc Intelligent Solutions Hld	1,181	13,599	13,853	
Chevron Corporation	377	59,147	54,605	
Chubb Ltd	170	38,643	46,971	
Cisco Sys Inc	972	47,954	57,542	
Cme Group Inc.	156	33,456	36,228	
Coca Cola Co	579	35,091	36,049	
Comcast Corp-Cl A	1,351	57,139	50,703	
Conocophillips	170	18,880	16,859	
Copart Inc	1,180	25,465	67,720	

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description of investment par/principal or shares	Cost	Current value	
Common stocks - continued:				
	CoStar Group Inc.	572	44,009	40,949
	Cummins Inc	46	10,863	16,201
	D T E Energy Company	71	7,829	8,629
	Disney Walt Co	285	31,630	31,735
	Dominos Pizza Inc	61	19,576	25,454
	eBay Inc	244	13,142	15,116
	Entegris Inc	44	4,879	4,358
	Entergy Corp	372	19,410	28,205
	Eog Res Inc	234	27,502	28,684
	ESC GCI Liberty Inc SRD42	122	-	122
	Exxon Mobil Corp	572	56,156	61,530
	Fair Isaac Corp	21	28,648	41,650
	Fastenal Co	217	8,461	15,604
	Floor & Decor Hldgs Inc	44	4,390	4,343
	Gallagher Arthur J & Co	55	15,619	15,720
	Gartner Inc Cl A	69	15,574	33,207
	General MIs Inc	344	23,193	21,937
	Genuine Parts Co	96	13,329	11,240
	Graco Inc	70	5,846	5,917
	Heico Corp New Cl A	345	40,733	64,198
	Hilton Worldwide Holdings	273	26,398	67,475
	Home Depot Inc	170	56,738	66,128
	Honeywell Intl Inc	229	46,497	51,729
	Hyatt Hotels Corp - Cl A	85	5,899	13,274
	Idexx Labs Inc	23	6,525	9,509
	Illinois Tool Wks Inc	111	28,034	28,145
	International Business Machines Corp	210	34,858	46,164
	JPMorgan Chase & Co	503	80,679	120,574
	Johnson & Johnson	462	71,839	66,814
	Kkr & Co Inc	482	15,726	71,293
	Kla-Tencor Corp	37	20,951	23,497
	Lam Research Corp	329	25,147	23,764
	Lennar Corp	182	10,982	24,819
	Liberty Media Corp Del	84	5,089	7,092
	Liberty Media Corp Del Com Lbty One S C	220	7,690	20,385
	Linde Plc	78	33,034	32,647
	Live Nation Inc	271	15,868	35,095
	Lockheed Martin Corp	56	25,155	27,087
	Markel Corporation	21	20,517	36,327
	Marsh & McLennan Cos Inc	231	46,618	49,067
	Martin Marietta Matls Inc	67	24,192	34,552
	McDonald's Corporation	163	47,072	47,252

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description of investment par/principal or shares	Cost	Current value	
Common stocks - continued:				
	Medtronic Plc	276	22,373	22,047
	Merck & Co Inc	299	31,828	29,745
	Microchip Technology Inc	260	10,508	14,911
	Microsoft Corp	226	84,653	95,259
	Mondelez International Inc	510	36,369	30,462
	Moody's Corp	21	6,314	10,042
	Morgan Stanley	337	28,827	42,368
	Msci Inc	49	20,156	29,603
	NextEra Energy	184	10,868	13,191
	Northrop Grumman Corp	72	34,475	33,788
	O'Reilly Automotive	51	14,236	59,981
	Packaging Corp Of America	80	13,566	18,113
	Parker Hannifin Corp	76	33,375	48,082
	Pepsico Inc	125	20,999	19,008
	Perimeter Solutions Sa	438	5,137	5,598
	PNC Financial Services Group	189	30,711	36,449
	PPG Industries Inc	157	22,945	18,754
	Procore Technologies Inc	106	8,548	7,943
	Procter & Gamble Co	359	52,329	60,186
	Progressive Corp Ohio	63	6,811	15,171
	Prologis Inc	118	14,475	12,473
	Public Storage Inc	39	10,683	11,738
	Public Svc Enterprise Group Inc	174	11,656	14,701
	Qualcomm Inc	83	14,149	12,806
	Roper Inds Inc New	66	25,623	34,428
	Ross Stores Inc	59	6,506	8,878
	Ryan Specialty Group Hldgs Inc	66	4,454	4,220
	Sba Communications Corp New	23	5,583	4,605
	Southern Company	361	24,221	29,718
	Texas Instruments Inc	116	18,310	21,751
	Tjx Cos Inc	241	23,433	29,115
	Trane Technologies Plc	87	20,677	32,101
	Transdigm Group Inc	55	25,479	69,192
	Tyler Technologies Inc	49	21,118	28,184
	Union Pac Corp	154	36,038	35,118
	Unitedhealth Group Inc	144	79,148	72,844
	Vail Resorts Inc	63	14,243	11,853
	Valero Energy Corp	220	27,019	26,970
	Veeva Systems Inc-Class A	116	22,603	24,389
	Veralto Corp Shs	35	3,565	3,531
	Verisign Inc	22	4,067	4,509
	Verisk Analytics Inc Cl A	35	4,142	9,659

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue	Description of investment par/principal or shares	Cost	Current value
	Common stocks - continued:			
	Visa Inc-Class A	105	27,338	33,184
	Vulcan Materials Co	199	28,121	51,189
	Wal Mart Stores Inc	915	46,057	82,670
	Waste Connections Inc	75	13,446	12,834
	Waste Mgmt Inc Del	137	24,726	27,645
	Waters Corp	29	8,797	10,924
	WEC Energy Group Inc	156	12,965	14,670
	Wells Fargo & Co New	727	34,332	51,064
	Wix.com LTD	34	7,938	7,256
	Total common stocks		3,216,576	4,144,001

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c) Description of investment			(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Par/principal or shares	Cost	Current value
Corporate bonds:						
American Tower Corp	Fixed income	02/15/26	4.400%	150,000	150,764	149,327
Bank New York Mellon Corp	Fixed income	02/07/28	3.442%	120,000	120,000	116,928
Bemis Inc	Fixed income	06/19/30	2.630%	50,000	41,982	43,728
Charter Communications Oper	Fixed income	02/01/32	2.300%	130,000	126,776	103,098
Chevron Corp New	Fixed income	05/11/30	2.236%	20,000	20,747	17,669
Cisco Sys Inc	Fixed income	02/26/34	5.050%	85,000	86,689	84,773
Citigroup Inc	Fixed income	03/17/33	3.785%	150,000	132,614	134,805
Coca Cola Co	Fixed income	01/05/32	2.250%	90,000	91,272	76,579
Coca Cola Co	Fixed income	03/05/31	2.000%	25,000	21,788	21,306
Comcast Corp New	Fixed income	06/01/34	5.300%	90,000	90,000	89,719
Crown Castle Intl Corp New	Fixed income	06/15/26	3.700%	150,000	146,588	147,575
Disney Walt Co	Fixed income	09/01/29	2.000%	60,000	59,110	53,295
Duke Energy O	Fixed income	04/01/33	5.250%	60,000	59,444	59,990
Entergy La LLC	Fixed income	06/15/32	2.350%	150,000	153,097	124,847
Eog Res Inc	Fixed income	04/01/35	3.900%	75,000	67,256	66,733
Ford Motor Company	Fixed income	08/12/26	4.346%	150,000	150,217	147,498
General Dynamics Corp	Fixed income	06/01/31	2.250%	120,000	119,892	102,497
Hormel Foods Corp	Fixed income	06/11/30	1.800%	75,000	75,015	64,069
Intel Corp	Fixed income	08/12/31	2.000%	150,000	149,946	120,851
Jpmorgan Chase & Co	Fixed income	02/01/28	3.782%	125,000	125,000	120,472
Pfizer Inc	Fixed income	08/18/31	1.750%	120,000	119,063	98,672
Pfizer Investment Enterpris	Fixed income	05/19/33	4.750%	25,000	22,883	24,310
PNC Finl Svcs Group Inc	Fixed income	04/23/32	2.307%	125,000	127,784	105,166
Public Storage	Fixed income	11/09/31	2.250%	75,000	75,648	62,723
QVC inc	Fixed income	02/15/25	4.450%	150,000	146,631	148,990
Salesforce Com Inc	Fixed income	07/15/31	1.950%	145,000	146,016	121,659
Simon Ppty Group LP	Fixed income	11/30/26	3.250%	90,000	88,600	87,806
Truist Finl Corp	Fixed income	07/28/26	4.260%	135,000	133,839	134,537
Union Pac Corp	Fixed income	01/20/33	4.500%	125,000	122,985	120,334
United Airlines Pt Cert 201	Fixed income	04/07/30	3.100%	129,006	124,814	117,544
US Bancorp	Fixed income	04/27/26	3.100%	125,000	122,200	122,399
Virginia Elec & Pwr Co	Fixed income	03/30/32	2.400%	125,000	123,084	104,478
Total corporate bonds					3,341,744	3,094,377

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment			(d) Cost	(e) Current value
		Description	Maturity date	Interest rate		
	Money market funds:					
	FDIC Bank Deposit Fund	Money market fund	N/A	Variable	13,494	13,494
	Morgan Stanley Instl Liquidity	Money market fund	N/A	Variable	16,933	16,933
	Morgan Stanley Bank Deposit Fund	Money market fund	N/A	Variable	150,448	150,448
	Total short-term investment funds				180,875	180,875
	Mutual funds:					
	Blackrock Health Sciences Opportunities Fund	Equity mutual fund	N/A	N/A	13,802	928,304
	GQG Emerging Markets	Equity mutual fund	N/A	N/A	50,772	839,771
	JP Morgan Trust Small Cap Equity Fund	Equity mutual fund	N/A	N/A	14,786	805,265
	PIMCO Income Fund	Fixed income mutual fund	N/A	N/A	88,176	927,610
	Total mutual funds				3,387,089	3,500,950
	Exchange-traded funds:					
	iShares Core S&P 500 ETF	Equity ETF	N/A	N/A	5,495	3,234,797
	iShares Core S&P Smallcap 600 ETF	Equity ETF	N/A	N/A	6,351	731,762
	iShares S&P MidCap ETF	Equity ETF	N/A	N/A	7,401	461,156
	Proshares Tr S&P 500 DV Arist	Equity ETF	N/A	N/A	8,973	893,262
	Total exchange-traded funds				2,929,903	5,320,977

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 13-2631069
December 31, 2024

(a)	(b)	(c)			(d)	(e)	
		Description of investment					
	Identity of issue	Description	Maturity date	Interest rate	Par/principal or shares	Cost	Current value
	Limited partnerships:						
	Blackstone BCRED Fund	Limited partnership	N/A	N/A	25,223	627,415	642,166
	HP Millennium Intl Class HH	Limited partnership	N/A	N/A	1,000	1,000,000	1,952,936
	NH PIF CLASS S Fund	Limited partnership	N/A	N/A	32,483	616,670	616,534
	Renaissance Institutional Equities Fund (RIEF) LLC Series BB	Limited partnership	N/A	N/A	1,500,000	1,500,000	2,794,992
	SEG Partners Offsh Class I	Limited partnership	N/A	N/A	500,000	500,000	600,663
	Total limited partnerships					<u>4,244,085</u>	<u>6,607,291</u>
	Total investments					<u>\$ 17,300,272</u>	<u>\$ 22,848,471</u>

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions Exceeding 5% of Plan Assets								
	First Eagle Overseas-I	\$ -	\$ 1,527,961	\$ -	\$ -	\$ 1,378,043	\$ 1,527,961	\$ 149,918
Series of Transactions Exceeding 5% of Plan Assets								
	FDIC Bank Deposit Fund	\$ 1,331,399	\$ -	\$ -	\$ -	\$ 1,331,399	\$ 1,331,399	\$ -
	FDIC Bank Deposit Fund	-	1,341,181	-	-	1,341,181	1,341,181	-
	Morgan Stanley Bank Deposit	7,590,724	-	-	-	7,590,724	7,590,724	-
	Morgan Stanley Bank Deposit	-	7,559,469	-	-	7,559,469	7,559,469	-

Schedule SB, Line 32 - Schedule of Amortization Bases
Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan
EIN/PN: 13-2631069/001
Plan Year: 1/1/2024 to 12/31/2024

SCHEDULE OF AMORTIZATION BASES

<u>Type of Base</u>	<u>Base Establishment Date</u>	<u>Present Value of Remaining Installment Amount</u>	<u>Remaining Installment Period</u>	<u>Amortization Installment</u>
Shortfall	1/1/2020	3,794,541	11*	432,147
Shortfall	1/1/2021	361,100	12	38,524
Shortfall	1/1/2022	(1,056,955)	13	(106,349)
Shortfall	1/1/2023	357,209	14	34,093
Shortfall	1/1/2024	1,810,485	15	164,719
Total		\$ 5,266,380		\$ 563,134

*Reflects the Plan Sponsor's election for relief under the American Rescue Plan Act of 2021.

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

EIN/PN: 13-2631069/001

Plan Year: 1/1/2024 to 12/31/2024

(1)	(2)	(3)	(4)	(5)
Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2) x (3)	Weighted Age (1) x (4)
55	22.0958	0.0331	0.7307	40.1898
56	22.8796	0.0120	0.2746	15.3786
57	24.0141	0.0125	0.3002	17.1110
58	25.0754	0.0130	0.3262	18.9199
59	24.9823	0.0137	0.3428	20.2278
60	23.7869	0.0138	0.3284	19.7048
61	22.5327	0.0145	0.3269	19.9382
62	21.2482	0.1493	3.1723	196.6838
63	17.0666	0.0806	1.3762	86.6990
64	14.8459	0.0914	1.3571	86.8557
65	13.7486	0.2000	2.7497	178.7318
66	10.2954	0.1500	1.5443	101.9246
67	8.1719	0.1500	1.2258	82.1277
68	6.4454	0.1500	0.9668	65.7430
69	5.0509	0.1500	0.7576	52.2765
70	3.9318	1	3.9318	275.2245
71	1	1	1	71
72	1	1	1	72
73	0	1	0	0
74	0	1	0	0
75	1	1	1	75
76	0	1	0	0
77	1	1	1	77
78	0	1	0	0
79	0	1	0	0
80	0	1	0	0
81	1	1	1	81
Total			24.7115	1653.7367
Average				66.92

PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

EIN/PN: 13-2631069 / 001

For Plan Year Ending December 31, 2024

Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	
Under 25											
25 to 29											
30 to 34	1	3									4
35 to 39		2									2
40 to 44	4	4	2								10
45 to 49		2	3	1							6
50 to 54	1	2	5	4							12
55 to 59		5	1	1							7
60 to 64								1			1
65 to 69											
70 & up		2	1	1					1		5
Total	6	20	12	7				1	1		47

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Parker Jewish Institute for Health Care And Rehabilitation Defined Benefit Pension Plan

EIN/PN: 13-2631069/001

Plan Year: 1/1/2024 to 12/31/2024

SUMMARY OF PLAN PROVISIONS

Effective Date:	The Effective Date of the Plan is November 20, 1974. The Plan was restated effective as of December 31, 2013. Effective April 30, 2019, the plan was amended to freeze all benefit accrual. Additionally, no Employees first hired after April 30, 2019 shall enter and participate in the Plan after the date the Plan froze.
Eligibility:	Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours. Participation was frozen as of April 30, 2019. Any employee who was not a participant as of that date will not be permitted to become a member.
Credited Service:	A participant is credited with one month of service for each month in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month.
Retirement Dates:	
Normal	First of the month coincident with or next following the attainment of age 65 and completion of 5 years of service credit including any related plan service credit.
Early:	First of the month coincident with or next following the attainment of age 55 and completion of 5 years of service credit including any related plan service credit.
Disability:	First of the month coincident with or next following at least six months of disability and completion of 5 years of service credit including any related plan service credit.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Parker Jewish Institute for Health Care And Rehabilitation Defined Benefit Pension Plan

EIN/PN: 13-2631069/001

Plan Year: 1/1/2024 to 12/31/2024

**SUMMARY OF PLAN PROVISIONS
(continued)**

Retirement Benefits:

Normal: The sum of (i) and (ii) below:

(i) Current Service Benefit: 1.76% (1.60% for Nurses) of average monthly compensation multiplied by years of current service credit

(ii) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit

Early: A pension computed as for Normal Retirement, but based on service and compensation at retirement, and reduced by 0.5% for each month that the commencement date precedes the Normal Retirement Date. If the participant retires at age 62 with 25 years of service, the benefit will be unreduced.

Disability: A pension computed as for Normal Retirement, but based on service and compensation at disability. Payment of benefits commences immediately without reduction.

Effective March 31, 2002, the Plan was frozen to all Participants except members of the New York State Nurses Association (NYSNA) or the American Physical Therapy Association (APTA). Effective July 28, 2002, the Plan was frozen to all Participants except members of the NYSNA.

A plan amendment was signed on September 1, 2017 to offer a one-time Special Lump Sum Benefit distribution during a limited window election period between October 2, 2017 and November 16, 2017 to certain eligible vested Terminated Participants. The 2018 funding valuation reflects the lump sum payment activities in 2017 for the 98 vested Terminated Participants who elected the lump sum option under the limited window.

Termination of Employment:

Vesting: Completion of 5 years of service including any related plan service credit.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Parker Jewish Institute for Health Care And Rehabilitation Defined Benefit Pension Plan

EIN/PN: 13-2631069/001

Plan Year: 1/1/2024 to 12/31/2024

SUMMARY OF PLAN PROVISIONS
(continued)

Accrued Benefit: A pension computed as for Normal Retirement, but based on service and compensation at termination, and reduced by 0.5% for each month that the commencement date precedes the Normal Retirement Date.

Death Benefits: If a participant dies before the commencement of their benefit, a qualified 50% joint and survivor benefit will be payable to their spouse. The benefit will commence immediately, if eligible, or at the participant's earliest retirement date.

Any benefit payable will be reduced for the period during which the election remains in effect as follows:

Participant's Age	Reduction Per Month
34-45	1/120%
45-55	1/60%
55-65	1/20%
65 and over	1/10%

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rate (as prescribed by PPA and modified by Funding Relief)

Without Adjusted Interest Rates:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of September 2023.

With Adjusted Interest Rates:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per funding relief.

PBGC Premiums:

The Plan Sponsor elected to use the Standard Method to determine the 2024 Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums
Segment 1 (0 to 5 years)	3.62%	4.75%	5.01%
Segment 2 (5 to 20 years)	4.46%	4.87%	5.13%
Segment 3 (20+ years)	4.52%	5.59%	5.15%
Effective Rate	4.41%	5.08%	5.13%

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Pre-Retirement

Mortality Assumption

Non-Disabled – 2024 Optional Combined Table provided in IRC Regulation §1.430(h)(3)-1(e)

Disabled – 2024 Optional Combined Table provided in IRC Regulation §1.430(h)(3)-1(e)

Post-Retirement

Mortality Assumption

Post-decrement/retirement – 2024 Optional Combined Table provided in IRC Regulation §1.430(h)(3)-1(e)

Additional Assumptions

Credit Balances – Excess contributions plus interest for the 2023 plan year in the amount of \$675,000 were elected to be added to the prefunding balance.
The voluntary reduction of the funding standard carryover balance was \$0.
The voluntary reduction of the prefunding balance was \$0.

Expense Load – “Plan related” expenses are assumed to be \$392,302

Salary Projection – N/A

Select Retirement – Sample rates are illustrated on the following page

Withdrawal Rates – See withdrawal rates below

Disability Rates – See disability rates on the following page

Lump Sums – 25% of the population are assumed to take a lump sum

Interest Rate for Low-Default-Risk Obligation: 5.13%

Schedule SB, Part V – Summary of Actuarial Methods and Assumptions

Plan Name: Parker Jewish Institute for Health Care And Rehabilitation Defined Benefit Pension Plan

EIN/PN: 13-2631069/001

Plan Year: 1/1/2024 to 12/31/2024

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Annual Rate of Withdrawal / Vested Termination				
Age	Years of Service			
	Less than 1	1 to 2	2 to 3	3 or more
25	35.00%	32.22%	26.66%	23.88%
30	35.00%	30.65%	21.94%	17.58%
35	35.00%	29.45%	18.34%	12.78%
40	35.00%	28.58%	15.73%	9.30%
45	35.00%	27.87%	13.61%	6.48%
50	35.00%	27.29%	11.86%	4.14%
55	35.00%	27.10%	11.30%	3.40%
56	35.00%	27.13%	11.38%	3.50%
57	35.00%	27.15%	11.45%	3.60%
58	35.00%	27.35%	12.05%	3.70%
59	35.00%	27.55%	12.65%	3.80%

Annual Rate of Retirement			
Age	25 YOS at Age 62	Less than 25 YOS at Age 62	Disability
	25	-	
30	-	-	0.10%
35	-	-	0.10%
40	-	-	0.10%
45	-	-	0.16%
50	-	-	0.44%
55	5.00%	5.00%	0.90%
56	2.00%	2.00%	1.00%
57	2.00%	2.00%	1.10%
58	2.00%	2.00%	1.52%
59	2.00%	2.00%	1.94%
60	2.00%	2.00%	2.36%
61	2.00%	2.00%	2.78%
62	22.00%	10.00%	3.20%
63	10.00%	10.00%	3.62%
64	10.00%	10.00%	4.04%
65	20.00%	20.00%	-
66	15.00%	15.00%	-
67	15.00%	15.00%	-
68	15.00%	15.00%	-
69	15.00%	15.00%	-
70	100.00%	100.00%	-

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on industry trends related to the business of the Plan Sponsor.
3. The Expected Return on Plan Assets and the Salary Projection assumptions were chosen based on discussions with the Plan Sponsor.

ASSET VALUATION

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the “adjusted value” of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. In this way, one third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately, and the other two thirds is deferred. Valuation assets are further limited to a 10% corridor around market value.

Expected Return on Assets for IRC 430, for FASB ASC 960 and FASB 715

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets, as well as the expected return on the market value of assets for ASC 960 and ASC 715 purposes is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the plan’s current and expected future asset portfolio, as supported by the plan’s investment manager.

This reflects consideration of the following factors:

- Current yields of fixed income securities (government and corporate)
- Forecasts of inflation, GDP growth, and total returns for each asset class
- Historical and current investment data
- Historical plan performance
- Investment policy
- Effect of reinvestment
- Investment volatility
- Investment manager performance
- Investment and other administrative expenses paid from plan assets

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

ATTRIBUTION PARAMETERS

Attribution parameters determine how growth in the benefit formula is allocated to years of service.

Because the plan is frozen, there is no further attribution; all benefits are included in the accrued liability as of the valuation date.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the plan document's vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

PLAN SPONSOR ELECTIONS

The sponsor elected to use a 4-month lookback for their 3-segment yield curve. Once a lookback month is elected, switching to the full yield curve is always available.

The sponsor elected to use the Actuarial Value of Assets method.

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description of investment par/principal or shares	Cost	Current value	
Common stocks				
Abbott Labs	331	\$ 35,920	\$ 37,439	
AbbVie Inc	347	34,154	61,662	
Accenture Plc Cl A	137	47,476	48,195	
American Electric Power Inc	185	16,960	17,063	
Amgen Inc	181	14,008	16,134	
Ametek Inc New	56	9,450	10,046	
Analog Devices Inc	211	40,107	44,829	
Ansys Inc	23	5,113	7,821	
Arch Capital Group Ltd	313	14,745	28,906	
Ares Management Corporation	121	12,796	21,421	
AT&T Inc	1,924	37,142	43,809	
Autodesk Inc	56	11,584	16,585	
Automatic Data Processing Inc	143	35,901	41,860	
Avalonbay Communities Inc	64	11,224	14,030	
Avery Dennison Corp	73	13,920	13,651	
Bank America Corp	1,329	44,996	58,410	
Bank Of New York Mellon Corp	488	26,074	37,493	
Becton Dickinson & Co	60	14,048	13,590	
Berkley W R Corp	133	7,263	7,783	
Blackrock Inc	38	28,925	38,954	
Blackstone Group Inc	86	9,568	14,876	
Booz Allen Hamilton Holding	88	11,205	11,376	
Bristol Myers Squibb Co	621	34,520	35,124	
Broadcom Inc	301	32,071	69,784	
Brookfield Asset Management Ltd	255	8,061	13,818	
Brookfield Corporation	1,258	34,998	72,272	
Brookfield Infrastructure Corp	959	34,891	38,370	
Brookfield Renewable Corp	401	15,725	11,092	
Brown & Brown Inc	479	21,124	48,868	
C M S Energy Corp	156	9,012	10,397	
C S X Corp	430	14,175	13,876	
Carmax Inc	319	22,672	26,081	
CBRE Group Inc	270	15,137	35,448	
Ccc Intelligent Solutions Hld	1,181	13,599	13,853	
Chevron Corporation	377	59,147	54,605	
Chubb Ltd	170	38,643	46,971	
Cisco Sys Inc	972	47,954	57,542	
Cme Group Inc.	156	33,456	36,228	
Coca Cola Co	579	35,091	36,049	
Comcast Corp-Cl A	1,351	57,139	50,703	
Conocophillips	170	18,880	16,859	
Copart Inc	1,180	25,465	67,720	

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description of investment par/principal or shares	Cost	Current value	
Common stocks - continued:				
CoStar Group Inc.	572	44,009	40,949	
Cummins Inc	46	10,863	16,201	
D T E Energy Company	71	7,829	8,629	
Disney Walt Co	285	31,630	31,735	
Dominos Pizza Inc	61	19,576	25,454	
eBay Inc	244	13,142	15,116	
Entegris Inc	44	4,879	4,358	
Entergy Corp	372	19,410	28,205	
Eog Res Inc	234	27,502	28,684	
ESC GCI Liberty Inc SRD42	122	-	122	
Exxon Mobil Corp	572	56,156	61,530	
Fair Isaac Corp	21	28,648	41,650	
Fastenal Co	217	8,461	15,604	
Floor & Decor Hldgs Inc	44	4,390	4,343	
Gallagher Arthur J & Co	55	15,619	15,720	
Gartner Inc Cl A	69	15,574	33,207	
General MIs Inc	344	23,193	21,937	
Genuine Parts Co	96	13,329	11,240	
Graco Inc	70	5,846	5,917	
Heico Corp New Cl A	345	40,733	64,198	
Hilton Worldwide Holdings	273	26,398	67,475	
Home Depot Inc	170	56,738	66,128	
Honeywell Intl Inc	229	46,497	51,729	
Hyatt Hotels Corp - Cl A	85	5,899	13,274	
Idexx Labs Inc	23	6,525	9,509	
Illinois Tool Wks Inc	111	28,034	28,145	
International Business Machines Corp	210	34,858	46,164	
JPMorgan Chase & Co	503	80,679	120,574	
Johnson & Johnson	462	71,839	66,814	
Kkr & Co Inc	482	15,726	71,293	
Kla-Tencor Corp	37	20,951	23,497	
Lam Research Corp	329	25,147	23,764	
Lennar Corp	182	10,982	24,819	
Liberty Media Corp Del	84	5,089	7,092	
Liberty Media Corp Del Com Lbty One S C	220	7,690	20,385	
Linde Plc	78	33,034	32,647	
Live Nation Inc	271	15,868	35,095	
Lockheed Martin Corp	56	25,155	27,087	
Markel Corporation	21	20,517	36,327	
Marsh & McLennan Cos Inc	231	46,618	49,067	
Martin Marietta Matls Inc	67	24,192	34,552	
McDonald's Corporation	163	47,072	47,252	

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description of investment par/principal or shares	Cost	Current value	
Common stocks - continued:				
	Medtronic Plc	276	22,373	22,047
	Merck & Co Inc	299	31,828	29,745
	Microchip Technology Inc	260	10,508	14,911
	Microsoft Corp	226	84,653	95,259
	Mondelez International Inc	510	36,369	30,462
	Moody's Corp	21	6,314	10,042
	Morgan Stanley	337	28,827	42,368
	Msci Inc	49	20,156	29,603
	NextEra Energy	184	10,868	13,191
	Northrop Grumman Corp	72	34,475	33,788
	O'Reilly Automotive	51	14,236	59,981
	Packaging Corp Of America	80	13,566	18,113
	Parker Hannifin Corp	76	33,375	48,082
	Pepsico Inc	125	20,999	19,008
	Perimeter Solutions Sa	438	5,137	5,598
	PNC Financial Services Group	189	30,711	36,449
	PPG Industries Inc	157	22,945	18,754
	Procore Technologies Inc	106	8,548	7,943
	Procter & Gamble Co	359	52,329	60,186
	Progressive Corp Ohio	63	6,811	15,171
	Prologis Inc	118	14,475	12,473
	Public Storage Inc	39	10,683	11,738
	Public Svc Enterprise Group Inc	174	11,656	14,701
	Qualcomm Inc	83	14,149	12,806
	Roper Inds Inc New	66	25,623	34,428
	Ross Stores Inc	59	6,506	8,878
	Ryan Specialty Group Hldgs Inc	66	4,454	4,220
	Sba Communications Corp New	23	5,583	4,605
	Southern Company	361	24,221	29,718
	Texas Instruments Inc	116	18,310	21,751
	Tjx Cos Inc	241	23,433	29,115
	Trane Technologies Plc	87	20,677	32,101
	Transdigm Group Inc	55	25,479	69,192
	Tyler Technologies Inc	49	21,118	28,184
	Union Pac Corp	154	36,038	35,118
	Unitedhealth Group Inc	144	79,148	72,844
	Vail Resorts Inc	63	14,243	11,853
	Valero Energy Corp	220	27,019	26,970
	Veeva Systems Inc-Class A	116	22,603	24,389
	Veralto Corp Shs	35	3,565	3,531
	Verisign Inc	22	4,067	4,509
	Verisk Analytics Inc Cl A	35	4,142	9,659

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue	Description of investment par/principal or shares	Cost	Current value
	Common stocks - continued:			
	Visa Inc-Class A	105	27,338	33,184
	Vulcan Materials Co	199	28,121	51,189
	Wal Mart Stores Inc	915	46,057	82,670
	Waste Connections Inc	75	13,446	12,834
	Waste Mgmt Inc Del	137	24,726	27,645
	Waters Corp	29	8,797	10,924
	WEC Energy Group Inc	156	12,965	14,670
	Wells Fargo & Co New	727	34,332	51,064
	Wix.com LTD	34	7,938	7,256
	Total common stocks		3,216,576	4,144,001

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b)	(c)			(d)	(e)	
		Description of investment					
	Identity of issue	Description	Maturity date	Interest rate	Par/principal or shares	Cost	Current value
	Corporate bonds:						
	American Tower Corp	Fixed income	02/15/26	4.400%	150,000	150,764	149,327
	Bank New York Mellon Corp	Fixed income	02/07/28	3.442%	120,000	120,000	116,928
	Bemis Inc	Fixed income	06/19/30	2.630%	50,000	41,982	43,728
	Charter Communications Oper	Fixed income	02/01/32	2.300%	130,000	126,776	103,098
	Chevron Corp New	Fixed income	05/11/30	2.236%	20,000	20,747	17,669
	Cisco Sys Inc	Fixed income	02/26/34	5.050%	85,000	86,689	84,773
	Citigroup Inc	Fixed income	03/17/33	3.785%	150,000	132,614	134,805
	Coca Cola Co	Fixed income	01/05/32	2.250%	90,000	91,272	76,579
	Coca Cola Co	Fixed income	03/05/31	2.000%	25,000	21,788	21,306
	Comcast Corp New	Fixed income	06/01/34	5.300%	90,000	90,000	89,719
	Crown Castle Intl Corp New	Fixed income	06/15/26	3.700%	150,000	146,588	147,575
	Disney Walt Co	Fixed income	09/01/29	2.000%	60,000	59,110	53,295
	Duke Energy O	Fixed income	04/01/33	5.250%	60,000	59,444	59,990
	Entergy La LLC	Fixed income	06/15/32	2.350%	150,000	153,097	124,847
	Eog Res Inc	Fixed income	04/01/35	3.900%	75,000	67,256	66,733
	Ford Motor Company	Fixed income	08/12/26	4.346%	150,000	150,217	147,498
	General Dynamics Corp	Fixed income	06/01/31	2.250%	120,000	119,892	102,497
	Hormel Foods Corp	Fixed income	06/11/30	1.800%	75,000	75,015	64,069
	Intel Corp	Fixed income	08/12/31	2.000%	150,000	149,946	120,851
	Jpmorgan Chase & Co	Fixed income	02/01/28	3.782%	125,000	125,000	120,472
	Pfizer Inc	Fixed income	08/18/31	1.750%	120,000	119,063	98,672
	Pfizer Investment Enterpris	Fixed income	05/19/33	4.750%	25,000	22,883	24,310
	PNC Finl Svcs Group Inc	Fixed income	04/23/32	2.307%	125,000	127,784	105,166
	Public Storage	Fixed income	11/09/31	2.250%	75,000	75,648	62,723
	QVC inc	Fixed income	02/15/25	4.450%	150,000	146,631	148,990
	Salesforce Com Inc	Fixed income	07/15/31	1.950%	145,000	146,016	121,659
	Simon Ppty Group LP	Fixed income	11/30/26	3.250%	90,000	88,600	87,806
	Truist Finl Corp	Fixed income	07/28/26	4.260%	135,000	133,839	134,537
	Union Pac Corp	Fixed income	01/20/33	4.500%	125,000	122,985	120,334
	United Airlines Pt Cert 201	Fixed income	04/07/30	3.100%	129,006	124,814	117,544
	US Bancorp	Fixed income	04/27/26	3.100%	125,000	122,200	122,399
	Virginia Elec & Pwr Co	Fixed income	03/30/32	2.400%	125,000	123,084	104,478
	Total corporate bonds					3,341,744	3,094,377

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

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

Plan #001 / EIN: 13-2631069

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment			(d) Cost	(e) Current value
		Description	Maturity date	Interest rate		
	Money market funds:					
	FDIC Bank Deposit Fund	Money market fund	N/A	Variable	13,494	13,494
	Morgan Stanley Instl Liquidity	Money market fund	N/A	Variable	16,933	16,933
	Morgan Stanley Bank Deposit Fund	Money market fund	N/A	Variable	150,448	150,448
	Total short-term investment funds				180,875	180,875
	Mutual funds:					
	Blackrock Health Sciences Opportunities Fund	Equity mutual fund	N/A	N/A	13,802	928,304
	GQG Emerging Markets	Equity mutual fund	N/A	N/A	50,772	839,771
	JP Morgan Trust Small Cap Equity Fund	Equity mutual fund	N/A	N/A	14,786	805,265
	PIMCO Income Fund	Fixed income mutual fund	N/A	N/A	88,176	927,610
	Total mutual funds				3,387,089	3,500,950
	Exchange-traded funds:					
	iShares Core S&P 500 ETF	Equity ETF	N/A	N/A	5,495	3,234,797
	iShares Core S&P Smallcap 600 ETF	Equity ETF	N/A	N/A	6,351	731,762
	iShares S&P MidCap ETF	Equity ETF	N/A	N/A	7,401	461,156
	Proshares Tr S&P 500 DV Arist	Equity ETF	N/A	N/A	8,973	893,262
	Total exchange-traded funds				2,929,903	5,320,977

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #001 / EIN: 13-2631069
December 31, 2024

(a)	(b)	(c)			(d)	(e)	
		Description of investment					
	Identity of issue	Description	Maturity date	Interest rate	Par/principal or shares	Cost	Current value
	Limited partnerships:						
	Blackstone BCRED Fund	Limited partnership	N/A	N/A	25,223	627,415	642,166
	HP Millennium Intl Class HH	Limited partnership	N/A	N/A	1,000	1,000,000	1,952,936
	NH PIF CLASS S Fund	Limited partnership	N/A	N/A	32,483	616,670	616,534
	Renaissance Institutional Equities Fund (RIEF) LLC Series BB	Limited partnership	N/A	N/A	1,500,000	1,500,000	2,794,992
	SEG Partners Offsh Class I	Limited partnership	N/A	N/A	500,000	500,000	600,663
	Total limited partnerships					<u>4,244,085</u>	<u>6,607,291</u>
	Total investments					<u>\$ 17,300,272</u>	<u>\$ 22,848,471</u>

Parker Jewish Institute for Health Care and Rehabilitation Defined Benefit Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

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December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions Exceeding 5% of Plan Assets								
	First Eagle Overseas-I	\$ -	\$ 1,527,961	\$ -	\$ -	\$ 1,378,043	\$ 1,527,961	\$ 149,918
Series of Transactions Exceeding 5% of Plan Assets								
	FDIC Bank Deposit Fund	\$ 1,331,399	\$ -	\$ -	\$ -	\$ 1,331,399	\$ 1,331,399	\$ -
	FDIC Bank Deposit Fund	-	1,341,181	-	-	1,341,181	1,341,181	-
	Morgan Stanley Bank Deposit	7,590,724	-	-	-	7,590,724	7,590,724	-
	Morgan Stanley Bank Deposit	-	7,559,469	-	-	7,559,469	7,559,469	-

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 Parker Jewish Institute for Health Care & Rehab Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	D Employer Identification Number (EIN) 13-2631069	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	27,414,875
	b Actuarial value	2b	28,288,734
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	268	23,070,742
	b For terminated vested participants	125	7,043,813
	c For active participants	47	2,462,661
	d Total	440	32,577,216
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	5.08 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	392,302
	c Target normal cost	6c	392,302

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 Garrett T. Norof, EA, MAAA, FCA Type or print name of actuary USI Consulting Group Firm name 600 Third Ave 3rd Floor New York NY 10016 Address of the firm	<u>10/08/2025</u> Date <u>23-07808</u> Most recent enrollment number <u>(212) 878-0446</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 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 67
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" 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 392,302
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	5,266,380		563,134	
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).....				34 955,436
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	680,928	680,928	
36 Additional cash requirement (line 34 minus line 35)				36 274,508
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1,132,224
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 857,716
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 680,928
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				