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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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. . . . . ▶ [X]

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
THE JEWISH HOME & HOSPITAL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1970

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE NEW JEWISH HOME

120 WEST 106TH STREET
NEW YORK, NY 10025

2b Employer Identification Number (EIN)
13-1624033

2c Plan Sponsor's telephone number
212-870-5000

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	MARK WEISS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	908
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	97
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	53
b	Retired or separated participants receiving benefits	**6b**	235
c	Other retired or separated participants entitled to future benefits	**6c**	296
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	584
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	39
f	Total. Add lines **6d** and **6e**.	**6f**	623
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
THE JEWISH HOME & HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE NEW JEWISH HOME

D Employer Identification Number (EIN)
13-1624033

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	78198581
b Actuarial value	**2b**	75950288

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	501	61266793	61266793
b For terminated vested participants	312	25490137	25490137
c For active participants	97	7859741	7971180
d Total	910	94616671	94728110

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	950000
c Target normal cost	**6c**	950000

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

10/12/2026
Date

AARON SHAPIRO
Type or print name of actuary

26-07290
Most recent enrollment number

MILLIMAN
Firm name

973-278-8860
Telephone number (including area code)

150 CLOVE ROAD
8TH FLOOR
LITTLE FALLS, NJ 07424
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.54 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3468601
	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 5.06 %		175511
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3644112
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.17 %
15	Adjusted funding target attainment percentage	15	80.17 %
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	78.15 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	813663		09/15/2026	449496	
07/15/2025	813663				
09/11/2025	215089				
09/11/2025	43449				
10/15/2025	311579				
01/15/2026	717998				
			Totals ► 18(b)	3364937	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	43449
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3191217

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	950000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	18777822	2241099
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**	3191099

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

36 Additional cash requirement (line 34 minus line 35)	**36**	3191099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3191217
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	118
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE JEWISH HOME & HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE NEW JEWISH HOME

D Employer Identification Number (EIN)
13-1624033

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

ONEDIGITAL INVESTMENT ADVISORS, LLC

11101 SWITZER ROAD
SUIT 200
OVERLAND, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	207175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	127810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OFFIT CAPITAL ADVISORS LLC

26-0271563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	90980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILMINGTON TRUST COMPANY

51-0055023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	64535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARKSTON CAPITAL PARTNERS

83-0473650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	18180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPYGLASS CAPITAL MANAGEMENT

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	13304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILKINSON GLOBAL ASSET MANAGEMENT

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	10112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLIFFORD CAPITAL PARTNERS

363 S. MAIN STREET
SUITE 101
ALPINE, UT 84004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	9321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE JEWISH HOME & HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE NEW JEWISH HOME

D Employer Identification Number (EIN)
13-1624033

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4939208	1167494
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28446	22050
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6760091	6509531
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7087918	6158315
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38323514	36255629
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21183862	16089560

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	78323039	66202579
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	78323039	66202579

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)	3364937	
(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)		3364937
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	90165	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1520281	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1610446
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12344497	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11825808	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		518689
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1694633	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1694633

		(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)		3158040
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10346745
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7200688	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	13979701	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		21180389
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	352691	
(6) Bank or trust company trustee/custodial fees	2i(6)	64535	
(7) Actuarial fees	2i(7)	127810	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	741780	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1286816
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22467205
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-12120460
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: COHNREZNICK LLP **(2)** EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587622.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE JEWISH HOME & HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE NEW JEWISH HOME

D Employer Identification Number (EIN)
13-1624033

Part I Distributions

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

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

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

EIN(s): 16-0538020

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

The Jewish Home and Hospital Retirement Plan

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

December 31, 2025 and 2024

CohnReznick

The Jewish Home and Hospital Retirement Plan

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Independent Auditor's Report

To the Plan Administrator of The Jewish Home and Hospital Retirement Plan

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

We have performed audits of the financial statements of The Jewish Home and Hospital Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Jewish Home and Hospital Retirement 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, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Jewish Home and Hospital Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by 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).



New York, New York
October 9, 2026

The Jewish Home and Hospital Retirement Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments	$ 65,013,035	$ 73,355,385
Employer contributions	1,167,494	4,939,208
Accrued interest	22,050	28,446
Total assets	66,202,579	78,323,039
Net assets available for benefits	$ 66,202,579	$ 78,323,039

See Notes to Financial Statements.

The Jewish Home and Hospital Retirement Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 1,610,446	$ 1,486,705
Net appreciation in fair value of investments	5,371,362	3,446,238
Total investment income	6,981,808	4,932,943
Contributions		
Employer contributions	3,364,937	7,179,548
Total additions	10,346,745	12,112,491
Deductions		
Benefits paid to participants	7,200,688	7,094,632
Benefits paid to insurance companies	13,979,701	-
Administrative expenses	934,125	868,303
Other expenses	352,691	284,921
Total deductions	22,467,205	8,247,856
Net (decrease) increase	(12,120,460)	3,864,635
Net assets available for benefits at beginning of year	78,323,039	74,458,404
Net assets available for benefits at end of year	$ 66,202,579	$ 78,323,039

See Notes to Financial Statements.

The Jewish Home and Hospital Retirement Plan

Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 55,508,187
Other participants	28,168,451
Total vested benefits	83,676,638
Nonvested benefits	84,808
Total actuarial present value of accumulated plan benefits	$ 83,761,446

See Notes to Financial Statements.

The Jewish Home and Hospital Retirement Plan

Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$ 85,758,152
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial gain	(661,032)
Interest due to change in discount period	5,758,958
Benefits paid	(7,094,632)
Net decrease	(1,996,706)
Actuarial present value of accumulated plan benefits at end of year	$ 83,761,446

See Notes to Financial Statements.

1. Description of Plan

The following description of The Jewish Home and Hospital Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

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

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

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

Funding policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension benefits
Participants with at least one hour of service on or after January 1, 1989 who have been credited with five years of vesting service are 100% vested. Employees with five years (10 years in 1987 and prior) of service are entitled to annual pension benefits beginning at normal retirement age (65). The Plan permits early retirement at age 55 with five years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, a life annuity, an automatic surviving spouse option, life with 10 years (or other length of time) guaranteed, or a full cash refund. A member whose employment is terminated after 10 years of service is entitled to his or her accrued benefit commencing at age 65. Such employee may elect to receive an actuarially reduced benefit commencing on the first day of any month after age 55 and before normal retirement date, provided he or she had accrued at least 10 years of vested service. Participants with at least 20 years of vesting service as of December 31, 2007 will qualify for an unreduced early retirement if that participant terminates employment on or after attaining age 60 with at least 30 years of vesting service.

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. Upon becoming vested, participants are entitled to 1.5% of average annual compensation plus 1.45% of average annual compensation before January 1, 2000 plus 1.8% of average annual compensation on and after January 1, 2000. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

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

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

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

2. Summary of accounting policies

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

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

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, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of benefits
Benefits payments to participants are recorded upon distribution.

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

Subsequent events
Subsequent events were evaluated through October 9, 2026, the date the financial statements were available to be issued.

3. Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are 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, such as retirement, death, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by 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, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	**December 31, 2024**
Discount rate	7.00%
Mortality	Pri-2012 Total Employee and Retiree Mortality Tables for males and females, adjusted to reflect scale MP-2021 on a generational basis. The Pri-2012 Contingent Mortality tables were reflected for current beneficiaries.
Retirement age	Active participants eligible for unreduced early retirement are assumed to retire upon their earliest unreduced retirement date, or the valuation date, if later. Active participants not eligible for unreduced early retirement are assumed to retire at various rates from 2% at age 60 to 100% at age 70. Terminated vested participants are assumed to retire upon attaining age 65.
Long-term rate of return on assets	7.00%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Fair value measurements

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:

  - Quoted prices for similar assets or liabilities in active markets;

  - Quoted prices for identical or similar assets or liabilities in inactive markets;

  - Inputs other than quoted prices that are observable for the asset or liability; and

  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

Money market funds: Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at fair value as of December 31, 2025	Level 1	Level 2	Level 3	Alternative investments measured at NAV (a)	Total
Money market funds	$ 6,509,531	$ -	$ -	$ -	$ 6,509,531
Mutual funds	36,255,629	-	-	-	36,255,629
Common stocks	6,158,315	-	-	-	6,158,315
Total assets in the fair value hierarchy	48,923,475	-	-	-	48,923,475
Limited liability companies	-	-	-	10,156,322	10,156,322
Segregated portfolio	-	-	-	2,247,701	2,247,701
Limited liability partnerships	-	-	-	3,685,537	3,685,537
Total investments	$ 48,923,475	$ -	$ -	$ 16,089,560	$ 65,013,035

Assets at fair value as of December 31, 2024	Level 1	Level 2	Level 3	Alternative investments measured at NAV (a)	Total
Money market funds	$ 6,760,091	$ -	$ -	$ -	$ 6,760,091
Mutual funds	38,323,514	-	-	-	38,323,514
Common stocks	7,087,918	-	-	-	7,087,918
Total assets in the fair value hierarchy	52,171,523	-	-	-	52,171,523
Limited liability companies	-	-	-	10,682,574	10,682,574
Segregated portfolio	-	-	-	5,883,135	5,883,135
Limited liability partnerships	-	-	-	4,618,153	4,618,153
Total investments	$ 52,171,523	$ -	$ -	$ 21,183,862	$ 73,355,385

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

Fair value of investments that calculate net asset value

The following table summarizes investments measured at fair value based on net asset value ("NAV") per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Limited liability companies				
Private equity	$ 3,460,843	$ 333,157	N/A	N/A
Private credit	2,577,972	-	Daily, monthly, quarterly	30 days, daily
Non-US global equity	4,117,507	-	Daily	N/A
Total	10,156,322	333,157		
Segregated portfolio				
Private equity	1,845,807	471,536	N/A	N/A
Fixed income	125,003	-	Quarterly	60 days, 25% fund level gate
US equity	276,891	-	Quarterly	90 days
Total	2,247,701	471,536		
Limited liability partnerships				
Private equity	157,548	86,943	N/A	N/A
Hedge funds	2,180,771	-	Quarterly, annually	45 day, 90 days, 10% fund level gate
Private credit	1,128,357	924,978	N/A	N/A
Private real estate	218,861	290,532	N/A	N/A
Total	3,685,537	1,302,453		
Total	$ 16,089,560	$ 2,107,146		

December 31, 2024	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Limited liability companies				
Private equity	$ 3,660,111	$ 333,157	N/A	N/A
Non-US global equity	3,753,776	-	Daily, monthly, quarterly	Daily
Hedge funds	73,013	-	N/A	N/A
Private credit	3,195,674	-	Daily	N/A
Total	10,682,574	333,157		
Segregated portfolios				
Private equity	2,023,921	471,536	N/A	N/A
US equity	1,137,106	-	N/A	N/A
Fixed Income	125,954	-	Quarterly	60 days, 25% fund level gate
Hedge funds	2,596,154	-	Quarterly	50 days
Total	5,883,135	471,536		
Limited partnerships				
Private equity	399,172	898,290	N/A	N/A
Hedge funds	2,794,741	-	Quarterly, annually	45 day, 90 days, 10% fund level gate
Private credit	1,155,649	1,466,055	N/A	N/A
Private real estate	268,591	290,532	N/A	N/A
Total	4,618,153	2,654,877		
Total	$ 21,183,862	$ 3,459,570		

5. Information certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Manufacturers and Traders Trust Company, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying statements of changes in net assets available for benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the years ended December 31, 2025 and 2024.

6. Related-party and party-in-interest transactions

The Plan's investments are administered under a contract with Manufacturers and Traders Trust Company, the Trustee of the Plan. Contributions are held and managed by Manufacturers and Traders Trust Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

7. Plan termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

8. Tax status

The IRS has determined and informed the Company by a letter dated June 18, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require 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.

9. Risks and uncertainties

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

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

10. Purchase of annuities for participants

On October 3, 2025, the Plan entered into an annuity buyout transaction with Securian Life Insurance Company covering 270 participants. The Plan paid a premium of $13,979,701 to Securian Life Insurance Company, which assumed responsibility for all future benefit payments related to these participants. As a result of the transaction, the related benefit obligations were transferred to the insurance company and are no longer obligations of the Plan. The premium payment is included in benefits paid to insurance companies in the accompanying Statements of Changes in Net Assets Available for Benefits.

Supplementary Information

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	PRINCIPAL CASH	Cash and cash equivalents	$ 14,792	$ 14,792
*	WILMINGTON US GOVT MONEY MKT CL INST	Cash and cash equivalents	6,494,733	6,494,733
	LINDE PLC	Common stock	115,166	115,125
	REYNOLDS CONSUMER PRODUCTS INC	Common stock	47,634	48,430
	SHERWIN WILLIAMS CO COM	Common stock	89,183	82,628
	AAON INC	Common stock	84,654	68,930
	API GROUP CORP	Common stock	32,486	65,463
	AVANTOR INC	Common stock	88,433	65,036
	CH ROBINSON WORLDWIDE INC	Common stock	22,515	40,190
	CHEMED CORPORATION	Common stock	57,214	51,771
	COSTAR GROUP INCORPORATED	Common stock	89,494	80,016
	DEERE & CO COMMON	Common stock	82,036	97,304
	EVERUS CONSTRUCTION GROUP INC	Common stock	24,084	40,299
	GFL ENVIRONMENTAL INC-SUB VT	Common stock	27,690	39,729
	HNI CORPORATION	Common stock	59,768	62,598
	LANDSTAR SYSTEMS INC	Common stock	15,326	15,807
	LOAR HOLDINGS INC	Common stock	50,162	46,104
	OPENLANE INC	Common stock	28,517	46,844
	PERDOCEO EDUCATION CORP	Common stock	34,037	49,920
	RALLIANT CORP	Common stock	13,839	15,273
	RTX CORPORATION	Common stock	30,038	55,570
	UNION PACIFIC CORP COM	Common stock	59,686	109,414
	UNITED PARCEL SERVICE CL B	Common stock	48,228	46,123
	CREDO TECHNOLOGY GROUP	Common stock	42,564	41,584
	JOHN WILEY & SONS INC	Common stock	60,493	48,242
	WALT DISNEY CO	Common stock	99,978	131,291
	WARNER BROS DISCOVERY INC CL A	Common stock	5,108	17,206
	CARVANA CO CL A	Common stock	44,496	56,973
	DOORDASH INC CL A	Common stock	26,717	45,749
	EBAY INC COM	Common stock	18,067	32,053
	GLOBAL-E ONLINE LTD.	Common stock	68,653	79,328
	LKQ CORPORATION	Common stock	60,487	53,605
	LVMH MOET HENNESSY LOUIS VUITTON	Common stock	106,057	141,003
	MIDDLEBY CORPORATION	Common stock	50,775	56,495
	NIKE INC CL B	Common stock	48,550	45,298
	TJX COMPANIES COM	Common stock	69,926	192,320
	BELLRING BRANDS INC	Common stock	23,691	18,043
	ENERGIZER HOLDINGS INC	Common stock	66,294	52,211
	KEURIG DR PEPPER INC	Common stock	70,020	59,773
	L'OREAL	Common stock	106,670	118,402
	LAMB WESTON HOLDINGS INC	Common stock	61,937	45,032

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	MOLSON COORS BEVERAGE COMPANY	Common stock	59,147	63,018
	POST HOLDINGS INC	Common stock	81,693	101,526
	PRIMO BRANDS CORPORATION CL A	Common stock	33,241	22,481
	SYSCO CORP COMMON	Common stock	55,490	56,741
	US FOODS HOLDING CORP	Common stock	22,965	48,958
	DELEK US HOLDINGS INC	Common stock	18,270	28,681
	AFFILIATED MANAGERS GROUP	Common stock	41,142	100,898
	AFFIRM HOLDINGS INC CL A	Common stock	47,047	80,161
	BROWN & BROWN INC COMMON	Common stock	12,468	19,925
	COLUMBIA BANKING SYSTEM INC	Common stock	25,884	29,683
	COMMUNITY TRUST BANCORP INC	Common stock	30,490	41,358
	CVB FINANCIAL CORP	Common stock	10,710	9,430
	EVERTEC INC	Common stock	45,012	32,523
	GLACIER BANCORP INC NEW	Common stock	39,441	42,684
	GLOBAL PAYMENTS INC	Common stock	56,422	57,663
	JPMORGAN CHASE & CO	Common stock	69,316	200,099
	KINSALE CAPITAL GROUP INC	Common stock	61,974	58,277
	LPL FINANCIAL HOLDINGS INC	Common stock	20,048	48,218
	ROCKET COS INC	Common stock	52,844	64,585
	SHIFT4 PAYMENTS INC	Common stock	95,335	79,720
	WEX INC	Common stock	38,190	36,798
	WILLIS TOWERS WATSON PLC	Common stock	9,460	13,144
	AMGEN INC COM	Common stock	69,164	128,306
	ASCENDIS PHARMA A/S SPONS ADR	Common stock	57,408	66,104
	BECTON DICKINSON & CO COM	Common stock	51,454	55,504
	CARDINAL HEALTH INC	Common stock	24,318	61,650
	ENVISTA HOLDINGS CORP	Common stock	45,173	49,933
	EXACT SCIENCES CORP	Common stock	27,352	48,343
	HENRY SCHEIN INC COM	Common stock	110,074	116,620
	ILLUMINA INC	Common stock	36,374	39,348
	JOHNSON & JOHNSON	Common stock	40,382	52,979
	MEDPACE HOLDINGS INC	Common stock	15,385	29,206
	NEOGEN CORPORATION	Common stock	49,320	46,134
	SOLVENTUM CORP	Common stock	52,999	63,709
	ACCENTURE PLC - CL A	Common stock	65,383	90,954
	APPLE INC	Common stock	40,563	154,145
	APPLOVIN CORP CL A	Common stock	14,151	61,318
	CADENCE DESIGN SYS INC	Common stock	61,175	64,079
	CCC INTELLIGENT SOLUTIONS HLD	Common stock	45,121	41,141
	CISCO SYSTEMS INC	Common stock	39,969	55,770
	CLARIVATE PLC	Common stock	196,772	78,490

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	DOLBY LABORATORIES INC CL A	Common stock	67,300	57,862
	DUOLINGO INC CL A	Common stock	67,979	37,733
	FAIR ISAAC INC	Common stock	59,990	62,553
	HUBSPOT INC	Common stock	95,661	79,859
	MICROSOFT CORP	Common stock	52,387	180,874
	MONGODB INC CL A	Common stock	53,200	83,938
	NCINO INC	Common stock	59,930	56,229
	NCR ATLEOS LLC	Common stock	39,656	61,319
	PROCORE TECHNOLOGIES INC	Common stock	52,627	59,065
	SAMSARA INC CL A	Common stock	65,271	62,321
	SNOWFLAKE INC CL A	Common stock	34,687	53,963
	TAIWAN SEMICONDUCTOR SPON ADR	Common stock	102,095	148,906
	TEXAS INSTRUMENTS INC	Common stock	132,553	129,250
	THERMON GROUP HOLDINGS INC	Common stock	35,104	40,876
	GREEN PLAINS INC	Common stock	28,167	26,088
	Akre Focus Fund-Ins	Mutual fund	936,973	1,425,563
	Ariel International-Ins	Mutual fund	658,667	751,815
	Edgewood Growth Fund-Ins	Mutual fund	852,703	1,042,102
	LORD ABBETT INV TRUST- SH DUR INC FD	Mutual fund	396,994	403,213
	Vanguard 500 Index Cl Adml	Mutual fund	5,606,757	10,614,712
	VANGUARD INT-TRM CORP BOND ETF	Mutual fund	12,673,514	13,551,923
	VANGUARD LONG-TERM CORP BOND	Mutual fund	2,894,783	2,927,355
	Vanguard Shrt Term Gov Bond Index Fd	Mutual fund	1,147,683	1,057,054
	Vanguard Total Bd Mkt Idx Adm	Mutual fund	3,257,820	3,055,490
	Wcm Focused Intl Growth Fd	Mutual fund	916,790	1,426,403
*	OCA AKO EURO LONG-ONLY FUND CLASS D1	Limited liability company	1,319,758	1,744,086
*	OCA CLAROS MORTGAGE TRUST	Limited liability company	819,107	252,779
*	OCA PATRIA V LLC	Limited liability company	1,630,365	2,518,010
*	OCA SILVER LAKE V TE LLC	Limited liability company	535,981	942,831
	IR&M CORE BOND II LLC	Limited liability company	680,254	755,101
	JANUS HENDERSON EUR BEST IDEAS FUND	Limited liability company	588,800	1,378,176
*	OCA FSSA ASIAN EQ LEADERS FUND LLC	Limited liability company	761,922	995,245
*	OCA ORTF II	Segregated Portfolio	1,263,348	1,570,092
*	OCA LMMI	Segregated Portfolio	1,297,782	1,845,807
*	OCA OHA CREDIT TRANCHE B	Segregated Portfolio	80,015	125,003
*	OCA ICF SEGREGATED PORTFOLIO	Segregated Portfolio	275,000	276,891
	ARIAS RESOURCE CAPITAL FUND II	Limited partnerships	226,234	117,947
	CROSSHARBOR INST PARTNERS 2014, LP		40,997	41,731
	DAVIDSON KEMPNER DISTRSD OPP INTL	Limited partnerships	246,085	297,099
	GOLUB CAPITAL PARTNERS 12, LP	Limited partnerships	591,250	1,035,000
*	OCA BREP VII FUND	Limited partnerships	119,791	177,130

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	OCA GSO CAPITAL SOLUTIONS FUND II	Limited partnerships	179,499	93,357
*	OCA GLOBAL PRIVATE EQUITY	Limited partnerships	18,406	39,601
	RA CAPITAL HEALTHCARE INTL FUND LTD	Limited partnerships	161,747	425,469
	SCGE OFFSHORE FUND, LP	Limited partnerships	545,973	1,458,203
			$ 52,280,929	$ 65,013,035

*Denotes a party-in-interest.

See Independent Auditor's Report.

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

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions							
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	$ 3,750,000	$ -	$ 3,750,000	$ 3,750,000	$ -
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	-	9,919,701	9,919,701	9,919,701	-
Total Single Transactions			$ 3,750,000	$ 9,919,701	$ 13,669,701	$ 13,669,701	$ -
Series Transactions							
VANGUARD LONG-TERM CORP BOND		Mutual Fund	$ 511,231	$ -	$ 511,231	$ 511,231	$ -
VANGUARD LONG-TERM CORP BOND		Mutual Fund	-	2,467,098	2,372,770	2,467,098	94,328
VANGUARD INT-TRM CORP BOND ETF		Mutual Fund	-	850,884	812,332	850,884	38,552
VANGUARD INT-TRM CORP BOND ETF		Mutual Fund	2,316,598	-	2,316,598	2,316,598	-
AKRE FOCUS ETF		Mutual Fund	-	351,431	355,266	351,431	(3,835)
SCGE OFFSHORE FUND, LP		Limited Partnership - Investment at NAV	-	181,841	155,791	181,841	26,050
OCA ORTF II	*	Limited Liability Company - Investment at NAV	-	137,840	130,200	137,840	7,640
RA CAPITAL HEALTHCARE INTL - RETPL		Limited Partnership - Investment at NAV	-	495,055	508,822	495,055	(13,767)

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
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Plan Number: 001

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
OCA LMMI	*	Segregated Portfolio - Investment at NAV	-	330,135	323,324	330,135	6,811
DAVIDSON KEMPNER DISTRSD OPP INTL		Limited Partnership - Investment at NAV	-	751,446	731,625	751,446	19,821
IR&M CORE BOND II LLC		Limited Liability Company - Investment at NAV	-	903,620	844,632	903,620	58,988
OCA BRAIDWELL TE LLC	*	Limited Liability Company - Investment at NAV	-	2,912	2,912	2,912	-
OCA VHF SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	1,708,564	1,719,262	1,708,564	(10,698)
OCA BREP VII FUND	*	Limited Partnership - Investment at NAV	-	29,343	33,081	29,343	(3,738)
OCA ICF SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	826,189	872,007	826,189	(45,818)
OCA GLOBAL PRIVATE EQUITY	*	Limited Partnership - Investment at NAV	-	9,011	9,983	9,011	(972)
ARIAS RESOURCE CAPITAL FUND II		Limited Partnership - Investment at NAV	-	200,041	226,800	200,041	(26,759)
OCA CHP SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	35,180	35,180	35,180	-
OCA TF SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	880,285	851,801	880,285	28,484

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
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Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
JANUS HENDERSON EUR BEST IDEAS FUND		Limited Liability Company - Investment at NAV	-	280,000	208,477	280,000	71,523
OCA SILVER LAKE V TE LLC	*	Limited Liability Company - Investment at NAV	-	113,845	112,931	113,845	914
OCA FSSA ASIAN EQ LEADERS FUND LLC	*	Limited Liability Company - Investment at NAV	-	200,000	190,089	200,000	9,911
OCA OHA CREDIT TRANCHE B	*	Segregated Portfolio - Investment at NAV	-	9,582	8,914	9,582	668
OCA GSO CAPITAL SOLUTIONS FUND II	*	Limited Partnership - Investment at NAV	-	13,364	15,702	13,364	(2,338)
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	33,042,591	-	33,042,591	33,042,591	-
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	-	33,299,284	33,299,284	33,299,284	-
Total Series Transactions			$ 35,870,420	$ 44,076,950	$ 79,691,605	$ 79,947,370	$ 255,765

*Denotes a party-in-interest.

See Independent Auditor's Report.

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The Jewish Home and Hospital Retirement Plan
EIN/PN: 13-1624033/001
Attachment to 2025 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

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

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None Date	Plan Year to Apply Contribution	Contribution Amount
9/11/2025	2025	43,449
Total		43,449

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

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2025
4/15/2025	2025	5.34%		$ 813,663	$ 801,691
7/15/2025	2025	5.34%		813,663	791,360
9/11/2025	2025	5.34%		215,089	207,471
10/15/2025	2025	5.34%		311,579	299,091
1/15/2026	2025	5.34%		717,998	680,242
9/15/2026	2025	5.34%		449,496	411,362
Total				3,364,937	3,191,217

The Jewish Home & Hospital Retirement Plan
EIN/PN: 13-1624033/001
Attachment to 2025 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions
EIN: 13-1624033 PN: 001

1. The expense provision increased from $900,000 to $950,000 to better reflect anticipated experience.

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Line 26a – Schedule of Active Participant Data
EIN: 13-1624033 PN: 001

Number of Participants by Age and Service Groups

	Years of Service										
Age	**< 1**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	-	-	-	-	-	-	-	-	-
45–49	-	-	-	-	2	4	3	-	-	-	9
50–54	-	-	-	-	3	6	4	2	1	-	16
55–59	-	-	-	-	4	2	4	5	-	-	15
60–64	-	-	-	-	1	12	6	6	7	4	36
65–69	-	-	-	-	2	2	3	3	-	5	15
70+	-	-	-	-	-	-	-	4	1	1	6
Total	-	-	-	-	12	26	20	20	9	10	97

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Line 32– Schedule of Amortization Bases
EIN: 13-1624033 PN: 001

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
1/1/2020	Shortfall Amortization	2,045,720	10.0	16,427,840
1/1/2021	Shortfall Amortization	(180,326)	11.0	(1,555,569)
1/1/2022	Shortfall Amortization	(443,205)	12.0	(4,074,139)
1/1/2023	Shortfall Amortization	688,047	13.0	6,694,650
1/1/2024	Shortfall Amortization	244,416	14.0	2,502,896
1/1/2025	Shortfall Amortization	(113,553)	15.0	(1,217,856)
Total		2,241,099		18,777,822

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 13-1624033 PN: 001

Actuarial Methods

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

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

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

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

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

Actuarial Assumptions

Economic Assumptions

Interest Rates:

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

Segment 1 Interest Rate: 5.07%
Segment 2 Interest Rate: 5.33%
Segment 3 Interest Rate: 5.36%

Stabilization Rates:

Segment 1 Interest Rate: 5.07%
Segment 2 Interest Rate: 5.31%
Segment 3 Interest Rate: 5.50%

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

FASB ASC Topic 960: 7.00%, compounded annually.

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

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 13-1624033 PN: 001

Expected Return on Assets

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

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

Compensation Increases

Assumption: Not applicable.

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

Consumer Price Index (CPI)

Assumption: 2.50%, compounded annually.

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

Expense Provision

Assumption: $950,000 payable as of the beginning of year.

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

Change in assumption: The expense provision increased from $900,000 to $950,000 to better reflect anticipated experience.

Demographic Assumptions

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

Mortality

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

Rationale: This is a prescribed assumption under PPA. The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on

the above mentioned published mortality tables in which credible mortality experience was analyzed

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

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality tables in which credible mortality experience was analyzed.

Retirement

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

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

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

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

Withdrawal

Assumption: Rates at select ages are illustrated below:

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

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 13-1624033 PN: 001

Disability

Assumption: Rates at select ages are illustrated below:

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

Marriage and Beneficiary Age Difference

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

Form of Payment

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

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

Population Valued: All plan participants as of January 1, 2025.

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Part V – Summary of Plan Provisions
EIN: 13-1624033 PN: 001

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

Basic Information

Plan Name: The Jewish Home and Hospital Retirement Plan

EIN/PN: 13-1624033/001

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

Plan Year / Fiscal Year: January 1 – December 31

Employer: Jewish Home Lifecare

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

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

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

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

(a) On or after January 1, 1970 and before January 1, 1976: 1/12th of one Year of Present Benefit Service for each month from date of hire;

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

(c) On or after January 1, 2003: One Year of Present Benefit Service for each Plan Year with at least 1,000 Hours of Service. Partial Years of Present Benefit Service equal to completed Hours of Service divided by 1,000 and rounded to nearest 1/10th of a year.

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

The Jewish Home & Hospital Retirement Plan

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

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

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

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

Benefit Formulas and Eligibilities

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

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

Former Jewish Home and Hospital Employees

(a) the greater of 1.5% of Average Annual Compensation or $66, multiplied by the number of Years of Prior Benefit Service; plus

(b) 1.45% of Average Annual Compensation, multiplied by the number of Years of Present Benefit Service before January 1, 2000; plus

(c) 1.8% of Average Annual Compensation, multiplied by the number of Years of Present Benefit Service on and after January 1, 2000.

Former Sarah Neuman Nursing Home Employees (SRN Employees)

(a) $120 per year for each year of "prior benefit service" (as defined in section 1.51 of the SRN Plan); plus

(b) 1% of Average Annual Compensation, multiplied by the number of "years of present benefit service" (as defined in section 1.50 of the SRN Plan) earned prior to January 1, 2000; plus

(c) 1.8% of Average Annual Compensation, multiplied by the number of "years of present benefit service" (as defined in section 1.50 of the SRN Plan) earned on and after January 1, 2000 and prior to January 1, 2003; plus

(d) 1.8% of Average Annual Compensation, multiplied by the number of Years of Present Benefit Service earned on and after January 1, 2003.

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

The Jewish Home & Hospital Retirement Plan

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

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

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

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

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

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

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

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

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

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

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

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

The Jewish Home & Hospital Retirement Plan

Attachment to 2025 Schedule SB, Part V – Summary of Plan Provisions
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Normal Form of Payment

Married Participants: 50% Joint and Survivor Annuity.

Single Participants: Single Life Annuity.

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

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

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

Statutory Compensation Limit: The maximum salary used to determine benefits is limited by Internal Revenue Code Section 401(a)(17).

Statutory Benefit Limit: The valuation applied the 2025 maximum defined benefit limit of $280,000 under IRC Section 415(b).

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
The Jewish Home & Hospital Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
The New Jewish Home

D Employer Identification Number (EIN)
13-1624033

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	78,198,581
b Actuarial value	**2b**	75,950,288

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	501	61,266,793	61,266,793
b For terminated vested participants	312	25,490,137	25,490,137
c For active participants	97	7,859,741	7,971,180
d Total	910	94,616,671	94,728,110

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	950,000
c Target normal cost	**6c**	950,000

Statement by Enrolled Actuary

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

SIGN HERE

Aaron Shapiro
Signature of actuary

10/12/2026
Date

Aaron Shapiro
Type or print name of actuary

26-07290
Most recent enrollment number

Milliman
Firm name

(973)278-8860
Telephone number (including area code)

150 Clove Road
8th Floor
Little Falls NJ 07424
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.54%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3,468,601
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 5.06%		175,511
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3,644,112
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.17%
15	Adjusted funding target attainment percentage	15	80.17%
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	78.15%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	813,663		09/15/2026	449,496	
07/15/2025	813,663				
09/11/2025	215,089				
09/11/2025	43,449				
10/15/2025	311,579				
01/15/2026	717,998				
			Totals ► 18(b)	3,364,937	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	43,449
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,191,217

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	950,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	18,777,822	2,241,099
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3,191,099

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

36 Additional cash requirement (line 34 minus line 35)	**36**	3,191,099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,191,217

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

a Total (excess, if any, of line 37 over line 36)	**38a**	118
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	PRINCIPAL CASH	Cash and cash equivalents	$ 14,792	$ 14,792
*	WILMINGTON US GOVT MONEY MKT CL INST	Cash and cash equivalents	6,494,733	6,494,733
	LINDE PLC	Common stock	115,166	115,125
	REYNOLDS CONSUMER PRODUCTS INC	Common stock	47,634	48,430
	SHERWIN WILLIAMS CO COM	Common stock	89,183	82,628
	AAON INC	Common stock	84,654	68,930
	API GROUP CORP	Common stock	32,486	65,463
	AVANTOR INC	Common stock	88,433	65,036
	CH ROBINSON WORLDWIDE INC	Common stock	22,515	40,190
	CHEMED CORPORATION	Common stock	57,214	51,771
	COSTAR GROUP INCORPORATED	Common stock	89,494	80,016
	DEERE & CO COMMON	Common stock	82,036	97,304
	EVERUS CONSTRUCTION GROUP INC	Common stock	24,084	40,299
	GFL ENVIRONMENTAL INC-SUB VT	Common stock	27,690	39,729
	HNI CORPORATION	Common stock	59,768	62,598
	LANDSTAR SYSTEMS INC	Common stock	15,326	15,807
	LOAR HOLDINGS INC	Common stock	50,162	46,104
	OPENLANE INC	Common stock	28,517	46,844
	PERDOCEO EDUCATION CORP	Common stock	34,037	49,920
	RALLIANT CORP	Common stock	13,839	15,273
	RTX CORPORATION	Common stock	30,038	55,570
	UNION PACIFIC CORP COM	Common stock	59,686	109,414
	UNITED PARCEL SERVICE CL B	Common stock	48,228	46,123
	CREDO TECHNOLOGY GROUP	Common stock	42,564	41,584
	JOHN WILEY & SONS INC	Common stock	60,493	48,242
	WALT DISNEY CO	Common stock	99,978	131,291
	WARNER BROS DISCOVERY INC CL A	Common stock	5,108	17,206
	CARVANA CO CL A	Common stock	44,496	56,973
	DOORDASH INC CL A	Common stock	26,717	45,749
	EBAY INC COM	Common stock	18,067	32,053
	GLOBAL-E ONLINE LTD.	Common stock	68,653	79,328
	LKQ CORPORATION	Common stock	60,487	53,605
	LVMH MOET HENNESSY LOUIS VUITTON	Common stock	106,057	141,003
	MIDDLEBY CORPORATION	Common stock	50,775	56,495
	NIKE INC CL B	Common stock	48,550	45,298
	TJX COMPANIES COM	Common stock	69,926	192,320
	BELLRING BRANDS INC	Common stock	23,691	18,043
	ENERGIZER HOLDINGS INC	Common stock	66,294	52,211
	KEURIG DR PEPPER INC	Common stock	70,020	59,773
	L'OREAL	Common stock	106,670	118,402
	LAMB WESTON HOLDINGS INC	Common stock	61,937	45,032

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	MOLSON COORS BEVERAGE COMPANY	Common stock	59,147	63,018
	POST HOLDINGS INC	Common stock	81,693	101,526
	PRIMO BRANDS CORPORATION CL A	Common stock	33,241	22,481
	SYSCO CORP COMMON	Common stock	55,490	56,741
	US FOODS HOLDING CORP	Common stock	22,965	48,958
	DELEK US HOLDINGS INC	Common stock	18,270	28,681
	AFFILIATED MANAGERS GROUP	Common stock	41,142	100,898
	AFFIRM HOLDINGS INC CL A	Common stock	47,047	80,161
	BROWN & BROWN INC COMMON	Common stock	12,468	19,925
	COLUMBIA BANKING SYSTEM INC	Common stock	25,884	29,683
	COMMUNITY TRUST BANCORP INC	Common stock	30,490	41,358
	CVB FINANCIAL CORP	Common stock	10,710	9,430
	EVERTEC INC	Common stock	45,012	32,523
	GLACIER BANCORP INC NEW	Common stock	39,441	42,684
	GLOBAL PAYMENTS INC	Common stock	56,422	57,663
	JPMORGAN CHASE & CO	Common stock	69,316	200,099
	KINSALE CAPITAL GROUP INC	Common stock	61,974	58,277
	LPL FINANCIAL HOLDINGS INC	Common stock	20,048	48,218
	ROCKET COS INC	Common stock	52,844	64,585
	SHIFT4 PAYMENTS INC	Common stock	95,335	79,720
	WEX INC	Common stock	38,190	36,798
	WILLIS TOWERS WATSON PLC	Common stock	9,460	13,144
	AMGEN INC COM	Common stock	69,164	128,306
	ASCENDIS PHARMA A/S SPONS ADR	Common stock	57,408	66,104
	BECTON DICKINSON & CO COM	Common stock	51,454	55,504
	CARDINAL HEALTH INC	Common stock	24,318	61,650
	ENVISTA HOLDINGS CORP	Common stock	45,173	49,933
	EXACT SCIENCES CORP	Common stock	27,352	48,343
	HENRY SCHEIN INC COM	Common stock	110,074	116,620
	ILLUMINA INC	Common stock	36,374	39,348
	JOHNSON & JOHNSON	Common stock	40,382	52,979
	MEDPACE HOLDINGS INC	Common stock	15,385	29,206
	NEOGEN CORPORATION	Common stock	49,320	46,134
	SOLVENTUM CORP	Common stock	52,999	63,709
	ACCENTURE PLC - CL A	Common stock	65,383	90,954
	APPLE INC	Common stock	40,563	154,145
	APPLOVIN CORP CL A	Common stock	14,151	61,318
	CADENCE DESIGN SYS INC	Common stock	61,175	64,079
	CCC INTELLIGENT SOLUTIONS HLD	Common stock	45,121	41,141
	CISCO SYSTEMS INC	Common stock	39,969	55,770
	CLARIVATE PLC	Common stock	196,772	78,490

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	DOLBY LABORATORIES INC CL A	Common stock	67,300	57,862
	DUOLINGO INC CL A	Common stock	67,979	37,733
	FAIR ISAAC INC	Common stock	59,990	62,553
	HUBSPOT INC	Common stock	95,661	79,859
	MICROSOFT CORP	Common stock	52,387	180,874
	MONGODB INC CL A	Common stock	53,200	83,938
	NCINO INC	Common stock	59,930	56,229
	NCR ATLEOS LLC	Common stock	39,656	61,319
	PROCORE TECHNOLOGIES INC	Common stock	52,627	59,065
	SAMSARA INC CL A	Common stock	65,271	62,321
	SNOWFLAKE INC CL A	Common stock	34,687	53,963
	TAIWAN SEMICONDUCTOR SPON ADR	Common stock	102,095	148,906
	TEXAS INSTRUMENTS INC	Common stock	132,553	129,250
	THERMON GROUP HOLDINGS INC	Common stock	35,104	40,876
	GREEN PLAINS INC	Common stock	28,167	26,088
	Akre Focus Fund-Ins	Mutual fund	936,973	1,425,563
	Ariel International-Ins	Mutual fund	658,667	751,815
	Edgewood Growth Fund-Ins	Mutual fund	852,703	1,042,102
	LORD ABBETT INV TRUST- SH DUR INC FD	Mutual fund	396,994	403,213
	Vanguard 500 Index Cl Adml	Mutual fund	5,606,757	10,614,712
	VANGUARD INT-TRM CORP BOND ETF	Mutual fund	12,673,514	13,551,923
	VANGUARD LONG-TERM CORP BOND	Mutual fund	2,894,783	2,927,355
	Vanguard Shrt Term Gov Bond Index Fd	Mutual fund	1,147,683	1,057,054
	Vanguard Total Bd Mkt Idx Adm	Mutual fund	3,257,820	3,055,490
	Wcm Focused Intl Growth Fd	Mutual fund	916,790	1,426,403
*	OCA AKO EURO LONG-ONLY FUND CLASS D1	Limited liability company	1,319,758	1,744,086
*	OCA CLAROS MORTGAGE TRUST	Limited liability company	819,107	252,779
*	OCA PATRIA V LLC	Limited liability company	1,630,365	2,518,010
*	OCA SILVER LAKE V TE LLC	Limited liability company	535,981	942,831
	IR&M CORE BOND II LLC	Limited liability company	680,254	755,101
	JANUS HENDERSON EUR BEST IDEAS FUND	Limited liability company	588,800	1,378,176
*	OCA FSSA ASIAN EQ LEADERS FUND LLC	Limited liability company	761,922	995,245
*	OCA ORTF II	Segregated Portfolio	1,263,348	1,570,092
*	OCA LMMI	Segregated Portfolio	1,297,782	1,845,807
*	OCA OHA CREDIT TRANCHE B	Segregated Portfolio	80,015	125,003
*	OCA ICF SEGREGATED PORTFOLIO	Segregated Portfolio	275,000	276,891
	ARIAS RESOURCE CAPITAL FUND II	Limited partnerships	226,234	117,947
	CROSSHARBOR INST PARTNERS 2014, LP		40,997	41,731
	DAVIDSON KEMPNER DISTRSD OPP INTL	Limited partnerships	246,085	297,099
	GOLUB CAPITAL PARTNERS 12, LP	Limited partnerships	591,250	1,035,000
*	OCA BREP VII FUND	Limited partnerships	119,791	177,130

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	OCA GSO CAPITAL SOLUTIONS FUND II	Limited partnerships	179,499	93,357
*	OCA GLOBAL PRIVATE EQUITY	Limited partnerships	18,406	39,601
	RA CAPITAL HEALTHCARE INTL FUND LTD	Limited partnerships	161,747	425,469
	SCGE OFFSHORE FUND, LP	Limited partnerships	545,973	1,458,203
			$ 52,280,929	$ 65,013,035

*Denotes a party-in-interest.

See Independent Auditor's Report.

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

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions							
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	$ 3,750,000	$ -	$ 3,750,000	$ 3,750,000	$ -
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	-	9,919,701	9,919,701	9,919,701	-
Total Single Transactions			$ 3,750,000	$ 9,919,701	$ 13,669,701	$ 13,669,701	$ -
Series Transactions							
VANGUARD LONG-TERM CORP BOND		Mutual Fund	$ 511,231	$ -	$ 511,231	$ 511,231	$ -
VANGUARD LONG-TERM CORP BOND		Mutual Fund	-	2,467,098	2,372,770	2,467,098	94,328
VANGUARD INT-TRM CORP BOND ETF		Mutual Fund	-	850,884	812,332	850,884	38,552
VANGUARD INT-TRM CORP BOND ETF		Mutual Fund	2,316,598	-	2,316,598	2,316,598	-
AKRE FOCUS ETF		Mutual Fund	-	351,431	355,266	351,431	(3,835)
SCGE OFFSHORE FUND, LP		Limited Partnership - Investment at NAV	-	181,841	155,791	181,841	26,050
OCA ORTF II	*	Limited Liability Company - Investment at NAV	-	137,840	130,200	137,840	7,640
RA CAPITAL HEALTHCARE INTL - RETPL		Limited Partnership - Investment at NAV	-	495,055	508,822	495,055	(13,767)

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
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Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
OCA LMMI	*	Segregated Portfolio - Investment at NAV	-	330,135	323,324	330,135	6,811
DAVIDSON KEMPNER DISTRSD OPP INTL		Limited Partnership - Investment at NAV	-	751,446	731,625	751,446	19,821
IR&M CORE BOND II LLC		Limited Liability Company - Investment at NAV	-	903,620	844,632	903,620	58,988
OCA BRAIDWELL TE LLC	*	Limited Liability Company - Investment at NAV	-	2,912	2,912	2,912	-
OCA VHF SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	1,708,564	1,719,262	1,708,564	(10,698)
OCA BREP VII FUND	*	Limited Partnership - Investment at NAV	-	29,343	33,081	29,343	(3,738)
OCA ICF SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	826,189	872,007	826,189	(45,818)
OCA GLOBAL PRIVATE EQUITY	*	Limited Partnership - Investment at NAV	-	9,011	9,983	9,011	(972)
ARIAS RESOURCE CAPITAL FUND II		Limited Partnership - Investment at NAV	-	200,041	226,800	200,041	(26,759)
OCA CHP SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	35,180	35,180	35,180	-
OCA TF SEGREGATED PORTFOLIO	*	Segregated Portfolio - Investment at NAV	-	880,285	851,801	880,285	28,484

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
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Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value	(i) Net gain/(loss)
JANUS HENDERSON EUR BEST IDEAS FUND		Limited Liability Company - Investment at NAV	-	280,000	208,477	280,000	71,523
OCA SILVER LAKE V TE LLC	*	Limited Liability Company - Investment at NAV	-	113,845	112,931	113,845	914
OCA FSSA ASIAN EQ LEADERS FUND LLC	*	Limited Liability Company - Investment at NAV	-	200,000	190,089	200,000	9,911
OCA OHA CREDIT TRANCHE B	*	Segregated Portfolio - Investment at NAV	-	9,582	8,914	9,582	668
OCA GSO CAPITAL SOLUTIONS FUND II	*	Limited Partnership - Investment at NAV	-	13,364	15,702	13,364	(2,338)
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	33,042,591	-	33,042,591	33,042,591	-
WILMINGTON US GOVT MONEY MKT CL INST	*	Cash and cash equivalents	-	33,299,284	33,299,284	33,299,284	-
Total Series Transactions			$ 35,870,420	$ 44,076,950	$ 79,691,605	$ 79,947,370	$ 255,765

*Denotes a party-in-interest.

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