

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>THE JEWISH HOME & HOSPITAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
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) <u>THE NEW JEWISH HOME</u> <u>120 WEST 106TH STREET</u> <u>NEW YORK, NY 10025</u>		1c Effective date of plan <u>01/01/1970</u>	
		2b Employer Identification Number (EIN) <u>13-1624033</u>	
		2c Plan Sponsor's telephone number <u>212-870-5000</u>	
		2d Business code (see instructions) <u>622000</u>	

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.	02/18/2021	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

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

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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1187
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) 174
a(2) Total number of active participants at the end of the plan year	6a(2) 157
b Retired or separated participants receiving benefits.....	6b 626
c Other retired or separated participants entitled to future benefits	6c 332
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1115
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 51
f Total. Add lines 6d and 6e	6f 1166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>72428338</u>
	b Actuarial value	2b	<u>73510008</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>660</u>	<u>67947692</u>
	b For terminated vested participants.....	<u>353</u>	<u>23828103</u>
	c For active participants	<u>174</u>	<u>13174352</u>
	d Total.....	<u>1187</u>	<u>104037296</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.45 %</u>
6	Target normal cost.....	6	<u>927120</u>

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Address of the firm</div>	<div style="text-align: right; margin-bottom: 10px;"><u>02/16/2021</u></div> <div style="text-align: center; margin-bottom: 10px;">Date</div> <div style="text-align: right; margin-bottom: 10px;"><u>20-06860</u></div> <div style="text-align: center; margin-bottom: 10px;">Most recent enrollment number</div> <div style="text-align: right; margin-bottom: 10px;"><u>646-473-3000</u></div> <div style="text-align: center;">Telephone number (including area code)</div>
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ZORAST WADIA

MILLIMAN

ONE PENNSYLVANIA PLAZA
38TH FLOOR
NEW YORK, NY 10119

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

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

Schedule SB (Form 5500) 2019
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-1.03</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	70.04%
15 Adjusted funding target attainment percentage	15	70.09%
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	73.59%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.01%

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
04/15/2019	1491029				
07/15/2019	1491029				
10/15/2019	1491029				
01/15/2020	1491029				
12/29/2020	1996580				
Totals ▶			18(b)	7960696	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7556297

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74%	2nd segment: 5.35%	3rd segment: 6.11%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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 6).....	31a	927120	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	31440139		6628670
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	7555790	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	7555790	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7556297	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	507	
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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	NONE	184247	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	131425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMINGTON TRUST COMPANY

51-0055023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	63459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LYRICAL ASSET MANAGEMENT

37-1572793

(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	NONE	38929	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHNREZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILKINSON GLOBAL ASSET MANAGEMENT

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	15703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	NONE	13618	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>THE JEWISH HOME & HOSPITAL RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NEW JEWISH HOME</u>		D Employer Identification Number (EIN) <u>13-1624033</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	3332040	3487609
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	47601	55729
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1332588	4352153
	(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)	2967850	3123831
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		213022
	(B) Common.....	1c(4)(B)	7928798	9035218
	(5) Partnership/joint venture interests	1c(5)	19656994	5472449
	(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)	31956312	36206215
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	5296477	22084571

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	72518660 84030797
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	72518660 84030797

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	7960696
	(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)	7960696
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)	182528
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	74919
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	257447
(2)	Dividends: (A) Preferred stock	2b(2)(A)	1051
	(B) Common stock	2b(2)(B)	135072
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	874769
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1010892
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14940587
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14092502
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	848085
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	3641308
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	3641308

		(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)		5953266
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		19671694

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6951290	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6951290
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	217724	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	252497	
(4) Other	2i(4)	738046	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1208267
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8159557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11512137
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: COHNREZNICK LLP

(2) EIN: 22-1478099

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 ☒ 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4233298. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year.....

b The plan year immediately preceding the current plan year.....

c The second preceding plan year

14a**14b****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.....

b The corresponding number for the second preceding plan year

15a**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

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.....

16a**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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 50% Investment-Grade Debt: _____% High-Yield Debt: 7% Real Estate: 6% Other: 37%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

The Jewish Home and Hospital Retirement Plan

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

December 31, 2019 and 2018

The Jewish Home and Hospital Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
The Jewish Home and Hospital Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Jewish Home and Hospital Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Manufacturers and Traders Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018, and for the years then ended that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2019 and Schedule of Reportable Transactions (Schedule H, Line 4j) for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



New York, New York
October 14, 2020

The Jewish Home and Hospital Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value	<u>\$ 80,487,459</u>	<u>\$ 69,139,019</u>
Receivables		
Employer contribution	3,487,609	3,332,040
Accrued interest	<u>55,729</u>	<u>47,601</u>
Total receivables	<u>3,543,338</u>	<u>3,379,641</u>
Net assets available for benefits	<u><u>\$ 84,030,797</u></u>	<u><u>\$ 72,518,660</u></u>

See Notes to Financial Statements.

The Jewish Home and Hospital Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 10,442,659	\$ (1,715,496)
Interest	257,447	176,337
Dividends	<u>1,010,892</u>	<u>999,551</u>
	11,710,998	(539,608)
Less investment expenses	<u>252,497</u>	<u>256,693</u>
Total investment income (loss)	11,458,501	(796,301)
Contributions		
Employer	<u>7,960,696</u>	<u>6,314,040</u>
Total additions	<u>19,419,197</u>	<u>5,517,739</u>
Deductions		
Benefits paid to participants	6,951,290	17,570,495
Administrative expenses	<u>955,770</u>	<u>1,262,019</u>
Total deductions	<u>7,907,060</u>	<u>18,832,514</u>
Increase (decrease) in net assets	11,512,137	(13,314,775)
Net assets available for benefits		
Beginning of year	<u>72,518,660</u>	<u>85,833,435</u>
End of year	<u><u>\$ 84,030,797</u></u>	<u><u>\$ 72,518,660</u></u>

See Notes to Financial Statements.

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Note 1 - Description of Plan

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

General

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

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

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

Funding policy

Company contributions are designed to meet the minimum funding standards of ERISA. Amounts to be funded are actuarially determined by a consulting actuary such that all benefits will be fully provided for by the time employees retire. During 2019 and 2018, \$7,960,696 and \$6,314,040 of contributions were recognized by the Plan, respectively. Pursuant to the Coronavirus Aid, Relief, and Economic Security ("CARES") Act, the Company elected to delay \$1,996,580 of the 2019 minimum funding contributions to January 1, 2021. As such, there is an unpaid minimum required contribution for the year ended December 31, 2019. For the year ended December 31, 2018, the Company's contributions for 2018 exceeded the minimum funding requirements of ERISA.

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

Pension benefits

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

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

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

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

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

Death and disability benefits

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

Note 2 - Summary of accounting policies

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

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

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

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Payment of benefits

Benefits are recorded when paid.

Expenses

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

Subsequent events

In early 2020, an outbreak of a novel strain of coronavirus ("COVID-19") emerged in the United States of America. As a result, events have occurred, including mandates from federal, state and local authorities, leading to an overall decline in economic activity. The continuation of the effects of COVID-19 could result in significant disruption of global financial markets; however, the ultimate impact of COVID-19 on the financial performance of the Plan's investments cannot be reasonably estimated at this time. Due to COVID-19, the CARES Act was enacted in 2020. Portions of the CARES Act make changes to existing law including relating to the amount and circumstances permitting penalty-free distributions. Plan management intends to evaluate the CARES Act to determine if changes to the Plan are necessary as a result.

The Plan has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued.

Note 3 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2019 and 2018, and investment income for the years then ended, that are disclosed in the accompanying financial statements and supplemental schedules were obtained or derived from the information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan.

Note 4 - Fair value measurements

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

- 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 methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Corporate and foreign bonds: Valued at the closing price reported for comparable securities of issuers with similar yields and similar credit ratings.

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

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

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

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2019			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 4,352,153	\$ -	\$ -	\$ 4,352,153
Mutual funds	36,206,215	-	-	36,206,215
Common stocks	9,035,218	-	-	9,035,218
Preferred stock	213,022	-	-	213,022
Corporate bonds	-	3,123,831	-	3,123,831
Total assets in the fair value hierarchy	<u>\$ 49,806,608</u>	<u>\$ 3,123,831</u>	<u>\$ -</u>	52,930,439
Investments measured at NAV (a)				<u>27,557,020</u>
Total investments at fair value				<u>\$ 80,487,459</u>

	2018			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 1,332,588	\$ -	\$ -	\$ 1,332,588
Mutual funds	31,956,312	-	-	31,956,312
Common stocks	7,928,798	-	-	7,928,798
Corporate bonds	-	2,967,850	-	2,967,850
Total assets in the fair value hierarchy	<u>\$ 41,217,698</u>	<u>\$ 2,967,850</u>	<u>\$ -</u>	44,185,548
Investments measured at NAV (a)				<u>24,953,471</u>
Total investments at fair value				<u>\$ 69,139,019</u>

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 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.

For the years ended December 31, 2019 and 2018, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

Fair value of investments in entities that use NAV

The following tables summarize investments for which fair value is measured using NAV per share practical expedient as of December 31, 2019 and 2018:

	2019			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Limited liability companies				
Non-US global equity	\$ 3,047,875	\$ -	Daily	Daily
Real/hard assets	3,734,651	237,925	None	None
Private equity	1,887,784	1,354,142	None	None
Hedge Funds	137,652	-	Quarterly	90 days, 25% investor level gate
	<u>8,807,962</u>	<u>1,592,067</u>		
Segregated Portfolio				
Private equity	291,081	1,905,606	None	None
Hedge funds	7,222,813	750,684	Quarterly	50-60 days, 25% fund level gate
	<u>7,513,894</u>	<u>2,656,290</u>		
Limited companies				
Hedge funds	5,762,715	-	Quarterly	65-90 days, 10%-25% investor level gate
Limited partnerships				
Private equity	1,670,550	214,863	None	None
Hedge funds	2,256,074	-	None	None
Other	345,000	805,000	None	None
Real/hard assets	1,200,825	159,467	None	None
	<u>5,472,449</u>	<u>1,179,330</u>		
Total	<u>\$ 27,557,020</u>	<u>\$ 5,427,687</u>		

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

	2018			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Limited liability companies				
Non-US global equity	\$ 2,311,091	\$ -	Daily	Daily
Real/hard assets	2,821,430	250,144	None	None
Private equity	768,016	2,279,325	None	None
				50-90 days, 25%
Hedge Funds	3,707,093	-	Quarterly	investor level gate
	<u>9,607,630</u>	<u>2,529,469</u>		
Segregated Portfolio				
Private equity	57,084	2,243,658	None	None
				50-60 days, 25% fund
Hedge funds	7,155,109	750,684	Quarterly	level gate
	<u>7,212,193</u>	<u>2,994,342</u>		
Limited companies				
Hedge funds	3,626,470	-	Quarterly	65 days, 10%-25%
				investor level gate
Limited partnerships				
Private equity	2,733,274	297,550	None	None
Real/hard assets	1,773,904	271,067	None	None
	<u>4,507,178</u>	<u>568,617</u>		
Total	<u>\$ 24,953,471</u>	<u>\$ 6,092,428</u>		

The limited partnerships, limited liability companies, private equity, venture capital and real estate investments within the pension portfolio are multi-strategy. As such, they are designed to produce a consistent return.

During 2018, the Plan entered into a subscription agreement and has committed \$3,600,000 for an investment in private equity. As of December 31, 2019, it has not been funded and is not reflected in the above table.

Note 5 - Actuarial present value of accumulated plan benefits

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

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2019 and 2018. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefit at December 31, 2018 and 2017, is as follows:

	<u>2018</u>	<u>2017</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 59,000,201	\$ 59,212,423
Other participants	<u>29,466,507</u>	<u>35,885,348</u>
Total vested benefits	88,466,708	95,097,771
Total nonvested benefits	<u>758,305</u>	<u>879,837</u>
Total actuarial present value of accumulated benefits	<u><u>\$ 89,225,013</u></u>	<u><u>\$ 95,977,608</u></u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 95,977,608</u>	<u>\$ 89,414,371</u>
(Decrease) increase during the year attributable to		
Benefits accumulated and actuarial loss	4,633,796	604,018
Interest due to change in discount period	6,332,590	6,893,881
Changes in actuarial assumptions	(148,486)	5,674,196
Benefit payments	<u>(17,570,495)</u>	<u>(6,608,858)</u>
Net (decrease) increase	<u>(6,752,595)</u>	<u>6,563,237</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 89,225,013</u></u>	<u><u>\$ 95,977,608</u></u>

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

A summary of significant actuarial assumptions is as follows:

- | | |
|---|---|
| 1. Discount rate | 7.25% for 2018 and 2017. |
| 2. Mortality table | 2018: RP-2014 Total Employee and Healthy Annuitant Tables, projected on a generational basis from 2006 using Scale MP-2018; 2017: RP-2014 Total Employee and Healthy Annuitant Tables, projected on a generational basis from 2006 using Scale MP-2017. |
| 3. Salary scale | 4% per annum compounded annually in 2018 and 2017 (for UFT employees only). |
| 4. Method of funding | Normal cost and an amortization cost for the unfunded accrued liability. |
| 5. Expected return on assets | 7.25% for 2018 and 2017. |
| 6. Normal retirement age | Active participants not eligible for the subsidized early retirement are assumed to retire at the later of the valuation date and attainment of age 65. Terminated vested participants are assumed to retire at age 65. |
| 7. Subsidized early retirement | Participants eligible for the subsidies early retirement are assumed to retire immediately upon attaining eligibility. |
| 8. Pre-retirement death benefit eligibility | 100% of participants were assumed to have an eligible spouse; the female was assumed to be three years younger than the male. |

Note 6 - Tax Status

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

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

Note 7 - Plan Termination

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

- A. Benefits already being paid to participants (or their beneficiaries who began to receive those benefits at least three years before the date of the Plan's termination, and benefits due to participants who could have retired at least three years before the date of the Plan's termination;

The Jewish Home and Hospital Retirement Plan

Notes to Financial Statements December 31, 2019 and 2018

- B. Benefits guaranteed by the PBGC;
- C. Vested benefits not guaranteed by the PBGC; and
- D. Any other Plan benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 8 - Risks and uncertainties

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

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

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

The Plan incurred investment expenses in the amount of \$252,497 in 2019 and \$256,693 in 2018, which includes management fees to Manufacturers and Traders Trust Co., the trustee. In addition, the Plan paid \$955,770 in 2019 and \$1,262,019 in 2018 for professional services such as actuaries, consultants, auditors, and the PBGC. These transactions qualify as party-in-interest transactions which are deemed "exempt" from Prohibited Transactions Rules, as defined by DOL regulations.

Supplementary Information

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

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	Wilmington Us Govt Money Mkt CI Inst	Cash and cash equivalents	\$ 4,352,153	\$ 4,352,153
	Accenture Plc- CI A	Common stock	198,087	309,538
	Adidas AG	Common stock	274,157	357,830
	Adient PLC	Common stock	60,628	17,680
	Advanced Micro Devices Inc Com	Common stock	35,327	80,759
	Aecom	Common stock	41,394	57,320
	Aercap Holdings Nv	Common stock	27,712	70,383
	Affiliated Managers Group	Common stock	68,647	36,438
	Affiliated Managers Group	Common stock	129,426	88,808
	Air Lease Corp	Common stock	35,174	45,144
	Alliance Data Systems Corp	Common stock	70,286	49,031
	Ameriprise Financial Inc	Common stock	82,349	114,107
	Amgen Inc Com	Common stock	129,934	303,748
	Apple Inc	Common stock	76,752	356,785
	Arista Networks Inc	Common stock	123,670	110,039
	Arrow Electrics Common	Common stock	53,513	60,420
	Ascendis Pharma A/S Spons ADR	Common stock	58,544	101,975
	Assurant Inc	Common stock	32,290	66,720
	Avis Budget Group Inc	Common stock	21,370	20,730
	Broadcom Ltd	Common stock	19,980	108,395
	Celanese Corp	Common stock	52,609	106,129
	Centene Corporation	Common stock	106,857	122,534
	Chevron Corp	Common stock	195,084	214,508
	Chipotle Mexican Grill-CL A	Common stock	57,890	101,290
	Citigroup Inc	Common stock	207,189	311,571
	Commscope Holding Co Inc	Common stock	51,712	23,584
	Crown Holding Inc	Common stock	57,277	82,188
	Dexcom Inc	Common stock	41,851	69,997
	DocuSign Inc	Common stock	60,195	91,303
	Eog Resources Inc Com	Common stock	118,576	126,226
	Envestnet Inc	Common stock	42,156	48,532
	Equinix Inc Reit	Common stock	48,210	64,791
	Everbridge Inc	Common stock	54,207	76,909
	Exact Sciences Corp	Common stock	79,868	104,225
	Flex Ltd	Common stock	68,119	52,562
	Godaddy Inc - Class A	Common stock	122,177	117,502
	Goodyear Tire & Rubber Co	Common stock	44,350	31,328
	Hanesbrands Inc	Common stock	44,997	46,896
	Hca Healthcare, Inc	Common stock	65,153	118,839
	Hertz Global Holdings Inc	Common stock	54,593	19,294
	Imax Corporation	Common stock	42,818	38,510
	Intel Corp Com	Common stock	165,200	365,384
	Jpmorgan Chase & Co	Common stock	206,824	334,560
	Lincoln National Corp Common	Common stock	80,242	99,668
	Microchip Technology Inc Com	Common stock	91,926	120,637
	Microsoft Corp	Common stock	73,552	406,866
	Nestle Sa Sponsored ADR	Common stock	189,620	312,871
	Nutanix Inc CI A	Common stock	120,507	109,598

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

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	O-I Glass Inc	Common stock	38,963	15,807
	Pacira Pharmaceuticals Inc	Common stock	105,713	113,069
	Palo Alto Networks	Common stock	112,321	122,794
	Proofpoint Inc	Common stock	116,836	120,175
	Quanta Services Inc Com	Common stock	40,187	49,788
	Quanta Services Inc Com	Common stock	83,583	98,193
	Quarterm Retail, Inc. Series A	Common stock	63,844	30,163
	Redfin Corp	Common stock	58,428	87,224
	Splunk Inc	Common stock	75,705	101,993
	Suncor Energy Inc	Common stock	112,373	111,192
	SVMK Corporation	Common stock	86,162	87,688
	Synnex Corporation	Common stock	54,605	55,770
	Tenneco Inc	Common stock	41,935	9,629
	Tjx Companies Com	Common stock	212,519	332,472
	Toyota Motor Corp Spon ADR	Common stock	199,419	231,891
	Twitter Inc	Common stock	85,530	94,035
	Ulta Beauty	Common stock	111,657	118,976
	Union Pacific Corp Com	Common stock	118,806	307,343
	United Rentals Inc Com	Common stock	90,155	107,567
	Vail Resorts Inc	Common stock	72,767	73,148
	Walt Disney Co	Common stock	150,133	367,360
	Western Digital Corp	Common stock	123,637	134,874
	Whirlpool Corp Com	Common stock	92,421	79,961
	XPO Logistics Inc	Common stock	46,196	62,007
	Zuora Inc Class A	Common stock	71,499	47,947
	Bank of America 7.250% Conv Pfd Ser L	Preferred stock	128,848	127,511
	Capital One Finl Co 6.000% Pfd Ser H	Preferred stock	33,901	34,637
	Citigroup Inc 6.300% Pfd Ser S	Preferred stock	50,672	50,874
	Akre Focus Fund-Ins	Mutual fund	2,620,887	3,535,256
	Angel Oak Multi-Strat Inc-Is	Mutual fund	3,883,349	3,814,392
	Ariel International-Ins	Mutual fund	2,324,304	2,321,749
	Doubleline Total Return Bond FD CL-I	Mutual fund	3,734,107	3,696,031
	Edgewood Growth Fund-Ins	Mutual fund	1,422,120	3,706,729
	Matthews Asia Dividend-Ins	Mutual fund	2,528,002	2,270,508
	Vanguard 500 Index Cl Adml	Mutual fund	4,499,748	7,294,266
	Vanguard Ftse All-World Ex-US - Adml	Mutual fund	2,555,765	2,846,224
	Vanguard Small-Cap Index-Adm	Mutual fund	1,779,432	2,402,612
	Wcm Focused Intl Growth Fd	Mutual fund	2,974,457	4,318,448
	Bank of Amer CRP V-Q 6.100% 12/29/49	Corporate and foreign bonds	79,100	89,104
	Capital One V-Q, 5.550% 12/29/49	Corporate and foreign bonds	222,913	223,271
	Citigroup Inc V-Q, 5.000% 12/31/99	Corporate and foreign bonds	354,269	366,625
	Citigroup Inc V-Q, 5.950% 12/29/49	Corporate and foreign bonds	76,500	79,410
	Citigroup Inc V-Q, 5.950% 12/29/49	Corporate and foreign bonds	35,744	35,813

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

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Citigroup Inc V-Q, 6.125% 12/29/49	Corporate and foreign bonds	407,938	413,000
	Goldman Sachs Gp V-Q 5.375% 12/29/49	Corporate and foreign bonds	80,800	80,990
	Jpmorgan Chase V-Q, 5.000% 12/31/99	Corporate and foreign bonds	133,575	135,200
	Jpmorgan Chase V-Q, 5.300% 12/29/49	Corporate and foreign bonds	250,000	251,900
	Jpmorgan Chase V-Q, 5.99038% 12/29/49	Corporate and foreign bonds	251,680	251,241
	Jpmorgan Chase V-Q, 5.5.22938% 12/29/49	Corporate and foreign bonds	120,960	120,900
	Morgan Stanley V-Q, 5.450% 12/29/49	Corporate and foreign bonds	369,023	368,212
	PNC Financial V-Q 6.750% 12/31/99	Corporate and foreign bonds	127,898	127,452
	Truist Finl Crp V-Q 5.753% 12/31/99	Corporate and foreign bonds	176,313	175,525
	Wachovia Cap V-Q 5.56975% 3/29/49	Corporate and foreign bonds	166,444	166,238
	Wells Fargo & Co, 6.55819% 3/29/49	Corporate and foreign bonds	241,745	238,950
	Alphagen European Best Ideas Fnd	Limited liability company	1,963,470	3,047,875
	Oca Brep Vii Fund	Limited liability company	284,168	835,630
	Oca Global Private Equity	Limited liability company	242,232	650,766
	Oca LMMI	Limited liability company	396,849	291,081
	Oca Patria V Llc	Limited liability company	1,206,031	1,378,541
	Oca Silver Lake V TE LLC	Limited liability company	459,278	509,243
	Anchorage Cap Offshore - Holdback	Limited partnerships	137,652	137,652
	Arias Resource Capital Fund II	Limited partnerships	971,514	998,375
	Crossharbor Inst Partners 2014, LP	Limited partnerships	685,959	910,491
	Davidson Kempner Distrsd Opp Intl	Limited partnerships	1,100,000	1,096,138
	Davidson Kempner Distrsd Tranche 1	Limited partnerships	900,000	900,229
	Golub Capital Partners 12, LP	Limited partnerships	345,000	345,000
	Oca Claros Mortgage Trust	Limited partnerships	2,738,986	2,899,021
	Oca Gso Capital Solutions Fund II	Limited partnerships	372,511	254,442
	Oca Oha Cr Fn Segregated Portfolio	Limited partnerships	3,570,000	4,513,721
	Oca Real Estate Opp Fund LP	Limited partnerships	10,888	22,134
	Oca SSA Segregated Portfolio - SFEF	Limited partnerships	1,100,000	1,223,398
	Oca SSA Segregated Portfolio - SSPF	Limited partnerships	1,100,000	1,231,252
	Pan Ross Spv	Limited partnerships	14,997	14,997
	RA Capital Healthcare Int'l Fund Ltd	Limited partnerships	2,000,000	2,664,169
	Sachem Head Offshore Ltd	Limited partnerships	721,875	1,102,180
	SCGE Offshore Fund, LP	Limited partnerships	2,000,000	2,256,074
	Scp Private Equity Fund I, LP	Limited partnerships	9,084	5,890
	Scp Real Assets Fund I, LP	Limited partnerships	647	522
	Sterling Stamos Real Assets	Limited partnerships	347,567	268,199
	Total		<u>\$ 65,109,748</u>	<u>\$ 80,487,459</u>

* Denotes a party-in-interest.

See Independent Auditor's Report.

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

Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2019

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) Single trasactions exceeds 5% of the current value of Plan assets:								
Doubleline Total Return Bond Fd Cl I	Mutual Fund	\$ 3,700,000	\$ -	\$ -	\$ -	\$ 3,700,000	\$ 3,700,000	\$ -
Eaton Vance Fltg Rate Adv Fund Cl I	Mutual Fund	-	3,732,939	-	-	3,680,985	3,732,939	51,954
Category (ii) Any series of transactions with or in conjunction with the same person which amount in aggregate to more than 5% of the current value of Plan assets:								
Anchorage Cap Offshore - Holdback	Limited Partnership - Investment at NAV	137,652	-	-	-	137,652	137,652	-
Anchorage Cap Offshore Ser D/268	Limited Partnership - Investment at NAV	-	3,670,597	-	-	3,707,092	3,670,597	(36,495)
Arias Resource Capital Fund II	Limited Partnership - Investment at NAV	91,286	-	-	-	91,286	91,286	-
Crossharbor Inst Partners 2014, LP	Limited Partnership - Investment at NAV	111,600	-	-	-	111,600	111,600	-
Crossharbor Inst Partners 2014, LP	Limited Partnership - Investment at NAV	-	516,600	-	-	490,325	516,600	26,275
Davidson Kempner Distressed Opp Intl	Limited Partnership - Investment at NAV	1,100,000	-	-	-	1,100,000	1,100,000	-
Davidson Kempner Distressed Tranche 1	Limited Partnership - Investment at NAV	900,000	-	-	-	900,000	900,000	-
Fortress Partners Offshore Fund LP	Limited Partnership - Investment at NAV	-	1,414	-	-	1,408	1,414	6
Golub Capital Partners 12, LP	Limited Partnership - Investment at NAV	345,000	-	-	-	345,000	345,000	-
OCA BREP VII Fund	Limited Liability Company - Investment at NAV	-	451,317	-	-	443,449	451,317	7,868
OCA BREP VII Fund	Limited Liability Company - Investment at NAV	17,964	-	-	-	17,964	17,964	-
OCA Claros Mortgage Trust	Limited Partnership - Investment at NAV	1,400,000	-	-	-	1,400,000	1,400,000	-
OCA Claros Mortgage Trust	Limited Partnership - Investment at NAV	-	136,610	-	-	135,137	136,610	1,473
OCA Global Private Equity	Limited Liability Company - Investment at NAV	-	270,697	-	-	275,264	270,697	(4,567)
OCA GSO Capital Solutions Fund II	Limited Partnership - Investment at NAV	-	83,891	-	-	98,841	83,891	(14,950)
OCA LMMI	Limited Liability Company - Investment at NAV	425,020	-	-	-	425,020	425,020	-
OCA LMMI	Limited Liability Company - Investment at NAV	-	28,171	-	-	28,171	28,171	-
OCA Patria V LLC	Limited Liability Company - Investment at NAV	711,282	-	-	-	711,282	711,282	-
OCA Real Estate Opportunity Fund LP	Limited Partnership - Investment at NAV	-	68,265	-	-	68,826	68,265	(561)
OCA Silver Lake V TE LLC	Limited Liability Company - Investment at NAV	55,276	-	-	-	55,276	55,276	-
RA Capital Healthcare International Fund Ltd.	Limited Partnership - Investment at NAV	2,022,010	-	-	-	2,022,010	2,022,010	-
RA Capital Healthcare International Fund Ltd.	Limited Partnership - Investment at NAV	-	22,010	-	-	22,010	22,010	-
Sachem Head Offshore Ltd.	Limited Partnership - Investment at NAV	-	3,060,599	-	-	2,719,851	3,060,599	340,748
SCGE Offshore Fund, LP	Limited Partnership - Investment at NAV	2,000,000	-	-	-	2,000,000	2,000,000	-
SCP Private Equity Fund I, LP	Limited Partnership - Investment at NAV	-	1,125	-	-	1,142	1,125	(17)
SCP Real Assets Fund I, LP	Limited Partnership - Investment at NAV	-	87	-	-	87	87	-
Sterling Stamos Real Assets	Limited Partnership - Investment at NAV	-	60,578	-	-	62,791	60,578	(2,213)
Category (iii) - A series of transactions aggregating in excess of 5% of the current value of Plan assets:								
Anchorage Cap Offshore Ser D/268	Limited Partnership - Investment at NAV	-	3,670,597	-	-	3,707,092	3,670,597	(36,495)
Doubleline Total Return Bond Fd Cl I	Mutual Fund	3,734,106	-	-	-	3,734,106	3,734,106	-
Eaton Vance Fltg Rate Adv Fund Cl I	Mutual Fund	153,577	-	-	-	153,577	153,577	-
Eaton Vance Fltg Rate Adv Fund Cl I	Mutual Fund	-	3,732,939	-	-	3,680,985	3,732,939	51,954
* Wilmington US Govt	Money Mkt Cl Inst	29,726,776	-	-	-	29,726,776	29,726,776	-
* Wilmington US Govt	Money Mkt Cl Inst	-	26,667,020	-	-	26,667,020	26,667,020	-

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

* Denotes a party-in-interest.

See Independent Auditor's Report.



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The Jewish Home & Hospital Retirement Plan
Attachment to 2019 Schedule SB, line 15 – Reconciliation of differences between valuation
results and amounts used to calculate AFTAP
EIN: 13-1624033 PN: 001

Due to a change in final audited assets as of January 1, 2019, the actuarial value of assets in the valuation results differs from that used to calculate the AFTAP as certified on September 23, 2019.

Certified 2019 AFTAP with unaudited assets	70.09%
2019 AFTAP with audited assets	70.04%

As can be seen, this did not represent a material change.

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN: 13-1624033 PN: 001

Expected Retirement Age	Active Participant Count
60	16
61	5
62	2
63	2
64	1
65	148
Weighted Average	64.36

All active participants are assumed to retire upon their earliest unreduced retirement date, or valuation date, if later. Based on participant data, the weighted average retirement age is 64.

All terminated vested participants are assumed to retire upon attaining age 65.

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 Schedule SB, Line 24 – Change in Actuarial Assumptions

EIN: 13-1624033 PN: 001

1. The marriage assumption for purposes of valuing the pre-retirement death benefits was changed from 75% to 100% to better reflect anticipated experience. Both married and unmarried participants are entitled to pre-retirement death benefits under the Plan.
2. The administrative expense load for the year was changed from \$1,100,000 to \$900,000.

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 Schedule SB, Line 26– Schedule of Active Participant Data
EIN: 13-1624033 PN: 001

Number of Participants by Age and Service Groups

Age	Years of Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	1	-	1	-	-	-	-	2
40–44	-	-	-	5	7	2	-	-	-	-	14
45–49	-	-	-	4	6	4	2	1	-	-	17
50–54	-	-	-	5	6	7	5	3	-	-	26
55–59	-	-	-	4	14	10	10	8	5	1	52
60–64	-	-	-	4	8	6	7	8	7	1	41
65–69	-	-	-	2	6	4	6	-	1	1	20
70+	-	-	-	-	2	-	-	-	-	-	2
Total	-	-	-	25	49	34	30	20	13	3	174

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 Schedule SB, Line 32– Schedule of Amortization Bases

EIN: 13-1624033 PN: 001

<u>Date Established</u>	<u>Description</u>	<u>Amortization Amount</u>	<u>Remaining Years</u>	<u>Outstanding Balance</u>
1/1/2010	Shortfall Amortization	1,897,047	6.0	10,287,392
1/1/2011	Shortfall Amortization	875,124	7.0	5,385,783
1/1/2013	Shortfall Amortization	723,250	1.0	723,250
1/1/2014	Shortfall Amortization	678,868	2.0	1,333,262
1/1/2015	Shortfall Amortization	65,970	3.0	190,861
1/1/2016	Shortfall Amortization	259,615	4.0	983,640
1/1/2017	Shortfall Amortization	(480,560)	5.0	(2,235,684)
1/1/2018	Shortfall Amortization	1,759,688	6.0	9,542,515
1/1/2019	Shortfall Amortization	<u>849,668</u>	7.0	<u>5,229,120</u>
Total		6,628,670		31,440,139

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 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 Carryover Balance and 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.

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: 2.28%

Segment 2 Interest Rate: 3.81%

Segment 3 Interest Rate: 4.46%

Stabilization Rates:

Segment 1 Interest Rate: 3.74%

Segment 2 Interest Rate: 5.35%

Segment 3 Interest Rate: 6.11%

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: 7.25%, 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 2019 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

EIN: 13-1624033

PN: 001

Expected Return on Assets

Assumption: 7.25%, 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: 4.00%, compounded annually, only for UFT employees receiving continued accruals as required under a collective bargaining agreement.

Rationale: This assumption is unchanged from that used by the prior actuary and is consistent with management expectations.

Consumer Price Index (CPI)

Assumption: 2.50%, compounded annually.

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

Expense Provision

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

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

Demographic Assumptions

Mortality

PPA Funding: The IRS 2019 Separate Annuitant and Non-Annuitant Mortality Tables for males and females with static projection, as promulgated by the IRS for plan years beginning in 2019.

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: RP-2014 Healthy Annuitant/Employee Mortality Tables adjusted to reflect Scale MP-2018 from the 2006 base year and projected forward using Scale MP-2018 on a generational basis. (Previously, RP-2014 Healthy Annuitant/Employee Mortality Tables adjusted to reflect Scale MP-2017 from the 2006 base year and projected forward using Scale MP-2017 on a generational basis).

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

EIN: 13-1624033 PN: 001

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.

Change in assumption: The Mortality Improvement Scale was changed from MP-2017 to MP-2018 to reflect the most recently available mortality rates published by the Society of Actuaries as of the measurement date.

Retirement

Assumption: Active participants are assumed to retire upon their earliest unreduced retirement date, or valuation date, if later. Terminated vested participants are assumed to retire upon attaining age 65.

Rationale: The assumption is unchanged from the prior actuary's assumption. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Withdrawal

Assumption: Rates at select ages are illustrated below:

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

Rationale: The assumption is unchanged from the prior actuary's assumption. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 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	0.13%	0.24%
42	0.20%	0.40%
47	0.34%	0.51%
52	0.64%	0.74%
57	1.12%	0.97%
62	1.71%	1.33%

Rationale: The assumption is unchanged from the prior actuary's assumption. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marriage and Beneficiary Age Difference

Assumption: 100% of participants are assumed to be married with female spouses three years younger than male spouses.

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

Change in assumption: The marriage assumption changed from 75% to 100% to better reflect anticipated experience. Both married and unmarried participants are entitled to pre-retirement death benefits under the Plan.

Form of Payment

Assumption: Upon retirement, participants are assumed to elect a Single Life Annuity.

Rationale: Optional forms of payment are actuarially equivalent to the single life annuity benefit. We believe the form of payment assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Population Valued: All plan participants as of January 1, 2019.

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 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.

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

The Jewish Home & Hospital Retirement Plan

Attachment to 2019 Schedule SB, Part V – Summary of Plan Provisions

EIN: 13-1624033 PN: 001

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

Attachment to 2019 Schedule SB, Part V – Summary of Plan Provisions

EIN: 13-1624033 PN: 001

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 2019 Schedule SB, Part V – Summary of Plan Provisions

EIN: 13-1624033

PN: 001

Normal Form of Payment

Married Participants: 50% Joint and Survivor Annuity.

Single Participants: Single Life Annuity.

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

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

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

Statutory Compensation Limit: The maximum salary used to determine benefits is limited by Internal Revenue Code Section 401(a)(17). The limit for 2019 is \$280,000.

Statutory Benefit Limit: The valuation applied the 2019 maximum defined benefit limit of \$225,000 under IRC Section 415(b).

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

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	Wilmington Us Govt Money Mkt CI Inst	Cash and cash equivalents	\$ 4,352,153	\$ 4,352,153
	Accenture Plc- CI A	Common stock	198,087	309,538
	Adidas AG	Common stock	274,157	357,830
	Adient PLC	Common stock	60,628	17,680
	Advanced Micro Devices Inc Com	Common stock	35,327	80,759
	Aecom	Common stock	41,394	57,320
	Aercap Holdings Nv	Common stock	27,712	70,383
	Affiliated Managers Group	Common stock	68,647	36,438
	Affiliated Managers Group	Common stock	129,426	88,808
	Air Lease Corp	Common stock	35,174	45,144
	Alliance Data Systems Corp	Common stock	70,286	49,031
	Ameriprise Financial Inc	Common stock	82,349	114,107
	Amgen Inc Com	Common stock	129,934	303,748
	Apple Inc	Common stock	76,752	356,785
	Arista Networks Inc	Common stock	123,670	110,039
	Arrow Electrics Common	Common stock	53,513	60,420
	Ascendis Pharma A/S Spons ADR	Common stock	58,544	101,975
	Assurant Inc	Common stock	32,290	66,720
	Avis Budget Group Inc	Common stock	21,370	20,730
	Broadcom Ltd	Common stock	19,980	108,395
	Celanese Corp	Common stock	52,609	106,129
	Centene Corporation	Common stock	106,857	122,534
	Chevron Corp	Common stock	195,084	214,508
	Chipotle Mexican Grill-CL A	Common stock	57,890	101,290
	Citigroup Inc	Common stock	207,189	311,571
	Commscope Holding Co Inc	Common stock	51,712	23,584
	Crown Holding Inc	Common stock	57,277	82,188
	Dexcom Inc	Common stock	41,851	69,997
	DocuSign Inc	Common stock	60,195	91,303
	Eog Resources Inc Com	Common stock	118,576	126,226
	Envestnet Inc	Common stock	42,156	48,532
	Equinix Inc Reit	Common stock	48,210	64,791
	Everbridge Inc	Common stock	54,207	76,909
	Exact Sciences Corp	Common stock	79,868	104,225
	Flex Ltd	Common stock	68,119	52,562
	Godaddy Inc - Class A	Common stock	122,177	117,502
	Goodyear Tire & Rubber Co	Common stock	44,350	31,328
	Hanesbrands Inc	Common stock	44,997	46,896
	Hca Healthcare, Inc	Common stock	65,153	118,839
	Hertz Global Holdings Inc	Common stock	54,593	19,294
	Imax Corporation	Common stock	42,818	38,510
	Intel Corp Com	Common stock	165,200	365,384
	Jpmorgan Chase & Co	Common stock	206,824	334,560
	Lincoln National Corp Common	Common stock	80,242	99,668
	Microchip Technology Inc Com	Common stock	91,926	120,637
	Microsoft Corp	Common stock	73,552	406,866
	Nestle Sa Sponsored ADR	Common stock	189,620	312,871
	Nutanix Inc CI A	Common stock	120,507	109,598

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

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	O-I Glass Inc	Common stock	38,963	15,807
	Pacira Pharmaceuticals Inc	Common stock	105,713	113,069
	Palo Alto Networks	Common stock	112,321	122,794
	Proofpoint Inc	Common stock	116,836	120,175
	Quanta Services Inc Com	Common stock	40,187	49,788
	Quanta Services Inc Com	Common stock	83,583	98,193
	Quarterm Retail, Inc. Series A	Common stock	63,844	30,163
	Redfin Corp	Common stock	58,428	87,224
	Splunk Inc	Common stock	75,705	101,993
	Suncor Energy Inc	Common stock	112,373	111,192
	SVMK Corporation	Common stock	86,162	87,688
	Synnex Corporation	Common stock	54,605	55,770
	Tenneco Inc	Common stock	41,935	9,629
	Tjx Companies Com	Common stock	212,519	332,472
	Toyota Motor Corp Spon ADR	Common stock	199,419	231,891
	Twitter Inc	Common stock	85,530	94,035
	Ulta Beauty	Common stock	111,657	118,976
	Union Pacific Corp Com	Common stock	118,806	307,343
	United Rentals Inc Com	Common stock	90,155	107,567
	Vail Resorts Inc	Common stock	72,767	73,148
	Walt Disney Co	Common stock	150,133	367,360
	Western Digital Corp	Common stock	123,637	134,874
	Whirlpool Corp Com	Common stock	92,421	79,961
	XPO Logistics Inc	Common stock	46,196	62,007
	Zuora Inc Class A	Common stock	71,499	47,947
	Bank of America 7.250% Conv Pfd Ser L	Preferred stock	128,848	127,511
	Capital One Finl Co 6.000% Pfd Ser H	Preferred stock	33,901	34,637
	Citigroup Inc 6.300% Pfd Ser S	Preferred stock	50,672	50,874
	Akre Focus Fund-Ins	Mutual fund	2,620,887	3,535,256
	Angel Oak Multi-Strat Inc-Is	Mutual fund	3,883,349	3,814,392
	Ariel International-Ins	Mutual fund	2,324,304	2,321,749
	Doubleline Total Return Bond FD CL-I	Mutual fund	3,734,107	3,696,031
	Edgewood Growth Fund-Ins	Mutual fund	1,422,120	3,706,729
	Matthews Asia Dividend-Ins	Mutual fund	2,528,002	2,270,508
	Vanguard 500 Index Cl Adml	Mutual fund	4,499,748	7,294,266
	Vanguard Ftse All-World Ex-US - Adml	Mutual fund	2,555,765	2,846,224
	Vanguard Small-Cap Index-Adm	Mutual fund	1,779,432	2,402,612
	Wcm Focused Intl Growth Fd	Mutual fund	2,974,457	4,318,448
	Bank of Amer CRP V-Q 6.100% 12/29/49	Corporate and foreign bonds	79,100	89,104
	Capital One V-Q, 5.550% 12/29/49	Corporate and foreign bonds	222,913	223,271
	Citigroup Inc V-Q, 5.000% 12/31/99	Corporate and foreign bonds	354,269	366,625
	Citigroup Inc V-Q, 5.950% 12/29/49	Corporate and foreign bonds	76,500	79,410
	Citigroup Inc V-Q, 5.950% 12/29/49	Corporate and foreign bonds	35,744	35,813

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

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Citigroup Inc V-Q, 6.125% 12/29/49	Corporate and foreign bonds	407,938	413,000
	Goldman Sachs Gp V-Q 5.375% 12/29/49	Corporate and foreign bonds	80,800	80,990
	Jpmorgan Chase V-Q, 5.000% 12/31/99	Corporate and foreign bonds	133,575	135,200
	Jpmorgan Chase V-Q, 5.300% 12/29/49	Corporate and foreign bonds	250,000	251,900
	Jpmorgan Chase V-Q, 5.99038% 12/29/49	Corporate and foreign bonds	251,680	251,241
	Jpmorgan Chase V-Q, 5.5.22938% 12/29/49	Corporate and foreign bonds	120,960	120,900
	Morgan Stanley V-Q, 5.450% 12/29/49	Corporate and foreign bonds	369,023	368,212
	PNC Financial V-Q 6.750% 12/31/99	Corporate and foreign bonds	127,898	127,452
	Truist Finl Crp V-Q 5.753% 12/31/99	Corporate and foreign bonds	176,313	175,525
	Wachovia Cap V-Q 5.56975% 3/29/49	Corporate and foreign bonds	166,444	166,238
	Wells Fargo & Co, 6.55819% 3/29/49	Corporate and foreign bonds	241,745	238,950
	Alphagen European Best Ideas Fnd	Limited liability company	1,963,470	3,047,875
	Oca Brep Vii Fund	Limited liability company	284,168	835,630
	Oca Global Private Equity	Limited liability company	242,232	650,766
	Oca LMMI	Limited liability company	396,849	291,081
	Oca Patria V Llc	Limited liability company	1,206,031	1,378,541
	Oca Silver Lake V TE LLC	Limited liability company	459,278	509,243
	Anchorage Cap Offshore - Holdback	Limited partnerships	137,652	137,652
	Arias Resource Capital Fund II	Limited partnerships	971,514	998,375
	Crossharbor Inst Partners 2014, LP	Limited partnerships	685,959	910,491
	Davidson Kempner Distrsd Opp Intl	Limited partnerships	1,100,000	1,096,138
	Davidson Kempner Distrsd Tranche 1	Limited partnerships	900,000	900,229
	Golub Capital Partners 12, LP	Limited partnerships	345,000	345,000
	Oca Claros Mortgage Trust	Limited partnerships	2,738,986	2,899,021
	Oca Gso Capital Solutions Fund II	Limited partnerships	372,511	254,442
	Oca Oha Cr Fn Segregated Portfolio	Limited partnerships	3,570,000	4,513,721
	Oca Real Estate Opp Fund LP	Limited partnerships	10,888	22,134
	Oca SSA Segregated Portfolio - SFEF	Limited partnerships	1,100,000	1,223,398
	Oca SSA Segregated Portfolio - SSPF	Limited partnerships	1,100,000	1,231,252
	Pan Ross Spv	Limited partnerships	14,997	14,997
	RA Capital Healthcare Int'l Fund Ltd	Limited partnerships	2,000,000	2,664,169
	Sachem Head Offshore Ltd	Limited partnerships	721,875	1,102,180
	SCGE Offshore Fund, LP	Limited partnerships	2,000,000	2,256,074
	Scp Private Equity Fund I, LP	Limited partnerships	9,084	5,890
	Scp Real Assets Fund I, LP	Limited partnerships	647	522
	Sterling Stamos Real Assets	Limited partnerships	347,567	268,199
	Total		<u>\$ 65,109,748</u>	<u>\$ 80,487,459</u>

* Denotes a party-in-interest.

See Independent Auditor's Report.

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

Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2019

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) Single trasactions exceeds 5% of the current value of Plan assets:								
Doubleline Total Return Bond Fd Cl I	Mutual Fund	\$ 3,700,000	\$ -	\$ -	\$ -	\$ 3,700,000	\$ 3,700,000	\$ -
Eaton Vance Fltg Rate Adv Fund Cl I	Mutual Fund	-	3,732,939	-	-	3,680,985	3,732,939	51,954
Category (ii) Any series of transactions with or in conjunction with the same person which amount in aggregate to more than 5% of the current value of Plan assets:								
Anchorage Cap Offshore - Holdback	Limited Partnership - Investment at NAV	137,652	-	-	-	137,652	137,652	-
Anchorage Cap Offshore Ser D/268	Limited Partnership - Investment at NAV	-	3,670,597	-	-	3,707,092	3,670,597	(36,495)
Arias Resource Capital Fund II	Limited Partnership - Investment at NAV	91,286	-	-	-	91,286	91,286	-
Crossharbor Inst Partners 2014, LP	Limited Partnership - Investment at NAV	111,600	-	-	-	111,600	111,600	-
Crossharbor Inst Partners 2014, LP	Limited Partnership - Investment at NAV	-	516,600	-	-	490,325	516,600	26,275
Davidson Kempner Distressed Opp Intl	Limited Partnership - Investment at NAV	1,100,000	-	-	-	1,100,000	1,100,000	-
Davidson Kempner Distressed Tranche 1	Limited Partnership - Investment at NAV	900,000	-	-	-	900,000	900,000	-
Fortress Partners Offshore Fund LP	Limited Partnership - Investment at NAV	-	1,414	-	-	1,408	1,414	6
Golub Capital Partners 12, LP	Limited Partnership - Investment at NAV	345,000	-	-	-	345,000	345,000	-
OCA BREP VII Fund	Limited Liability Company - Investment at NAV	-	451,317	-	-	443,449	451,317	7,868
OCA BREP VII Fund	Limited Liability Company - Investment at NAV	17,964	-	-	-	17,964	17,964	-
OCA Claros Mortgage Trust	Limited Partnership - Investment at NAV	1,400,000	-	-	-	1,400,000	1,400,000	-
OCA Claros Mortgage Trust	Limited Partnership - Investment at NAV	-	136,610	-	-	135,137	136,610	1,473
OCA Global Private Equity	Limited Liability Company - Investment at NAV	-	270,697	-	-	275,264	270,697	(4,567)
OCA GSO Capital Solutions Fund II	Limited Partnership - Investment at NAV	-	83,891	-	-	98,841	83,891	(14,950)
OCA LMMI	Limited Liability Company - Investment at NAV	425,020	-	-	-	425,020	425,020	-
OCA LMMI	Limited Liability Company - Investment at NAV	-	28,171	-	-	28,171	28,171	-
OCA Patria V LLC	Limited Liability Company - Investment at NAV	711,282	-	-	-	711,282	711,282	-
OCA Real Estate Opportunity Fund LP	Limited Partnership - Investment at NAV	-	68,265	-	-	68,826	68,265	(561)
OCA Silver Lake V TE LLC	Limited Liability Company - Investment at NAV	55,276	-	-	-	55,276	55,276	-
RA Capital Healthcare International Fund Ltd.	Limited Partnership - Investment at NAV	2,022,010	-	-	-	2,022,010	2,022,010	-
RA Capital Healthcare International Fund Ltd.	Limited Partnership - Investment at NAV	-	22,010	-	-	22,010	22,010	-
Sachem Head Offshore Ltd.	Limited Partnership - Investment at NAV	-	3,060,599	-	-	2,719,851	3,060,599	340,748
SCGE Offshore Fund, LP	Limited Partnership - Investment at NAV	2,000,000	-	-	-	2,000,000	2,000,000	-
SCP Private Equity Fund I, LP	Limited Partnership - Investment at NAV	-	1,125	-	-	1,142	1,125	(17)
SCP Real Assets Fund I, LP	Limited Partnership - Investment at NAV	-	87	-	-	87	87	-
Sterling Stamos Real Assets	Limited Partnership - Investment at NAV	-	60,578	-	-	62,791	60,578	(2,213)
Category (iii) - A series of transactions aggregating in excess of 5% of the current value of Plan assets:								
Anchorage Cap Offshore Ser D/268	Limited Partnership - Investment at NAV	-	3,670,597	-	-	3,707,092	3,670,597	(36,495)
Doubleline Total Return Bond Fd Cl I	Mutual Fund	3,734,106	-	-	-	3,734,106	3,734,106	-
Eaton Vance Fltg Rate Adv Fund Cl I	Mutual Fund	153,577	-	-	-	153,577	153,577	-
Eaton Vance Fltg Rate Adv Fund Cl I	Mutual Fund	-	3,732,939	-	-	3,680,985	3,732,939	51,954
* Wilmington US Govt	Money Mkt Cl Inst	29,726,776	-	-	-	29,726,776	29,726,776	-
* Wilmington US Govt	Money Mkt Cl Inst	-	26,667,020	-	-	26,667,020	26,667,020	-

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

* Denotes a party-in-interest.

See Independent Auditor's Report.

The Jewish Home and Hospital Retirement Plan
EIN/PN: 13-1624033/001
Attachment to 2019 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

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 1/1/2019
4/15/2019	2019	5.45%		\$ 1,491,029	\$ 1,468,654
7/15/2019	2019	5.45%		1,491,029	1,449,351
10/15/2019	2019	5.45%		1,491,029	1,430,094
1/15/2020	2019	5.45%		1,491,029	1,411,100
12/29/2020	2019	5.45% / 5.29% *		1,996,580	1,797,098
Total				7,960,696	7,556,297

* The 2020 plan year effective interest rate of 5.29% applies for the period 9/15/2020 to 12/29/2020 as per IRS Notice 2020-61.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

Part I Basic Information				
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2019</u>				
2 Assets:				
a Market value	2a	72,428,338		
b Actuarial value	2b	73,510,008		
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.....	660	67,947,692	67,947,692	
b For terminated vested participants.....	353	23,828,103	23,828,103	
c For active participants	174	12,261,501	13,174,352	
d Total.....	1,187	104,037,296	104,950,147	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b		
5 Effective interest rate		5	5.45 %	
6 Target normal cost.....		6	927,120	

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		<u>02/16/2021</u>
	Signature of actuary	Date
Zorast Wadia		20-06860
	Type or print name of actuary	Most recent enrollment number
Milliman		(646) 473-3000
	Firm name	Telephone number (including area code)
One Pennsylvania Plaza 38th Floor New York NY 10119		
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-1.03%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	70.04%
15	Adjusted funding target attainment percentage	15	70.09%
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	73.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.01%

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
04/15/2019	1,491,029				
07/15/2019	1,491,029				
10/15/2019	1,491,029				
01/15/2020	1,491,029				
12/29/2020	1,996,580				
Totals ►			18(b)	7,960,696	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 7,556,297
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 64**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** Is the plan required to provide a Schedule of Active Participants? 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 6)..... **31a** 927,120**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		31,440,139	6,628,670
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** 7,555,790

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

36 Additional cash requirement (line 34 minus line 35) **36** 7,555,790**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 7,556,297**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 507**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 Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☒ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011