

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN) 006
1c Effective date of plan 06/01/2018
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) ATLANTIC HEALTH SYSTEM INC. 475 SOUTH STREET MORRISTOWN, NJ 07962
2b Employer Identification Number (EIN) 52-1958352
2c Plan Sponsor's telephone number 862-260-3786
2d Business code (see instructions) 622000

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	24415
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	21490
	<b>6a(2)</b>	22873
	<b>6b</b>	199
	<b>6c</b>	2887
	<b>6d</b>	25959
	<b>6e</b>	36
	<b>6f</b>	25995
	<b>6g(1)</b>	22971
	<b>6g(2)</b>	24508
<b>h</b>	249	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2S 2G 2L 2M 2T

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

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

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

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

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<p><b>A</b> Name of plan <b>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>006</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ATLANTIC HEALTH SYSTEM INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>52-1958352</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95895-01	1275	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	4 55391366
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	5 0
<b>6</b>	Contracts With Allocated Funds:	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	6b
<b>c</b>	Premiums due but unpaid at the end of the year .....	6c
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	6d
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
<b>b</b>	Balance at the end of the previous year .....	7b 54608747
<b>c</b>	Additions: (1) Contributions deposited during the year .....	7c(1) 6459366
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 1550742
	(4) Transferred from separate account .....	7c(4) 5610265
	(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5) 1578301
	(6) Total additions .....	7c(6) 15198674
<b>d</b>	Total of balance and additions (add lines 7b and 7c(6)) .....	7d 69807421
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	7e(1) 7686176
	(2) Administration charge made by carrier.....	7e(2) 198953
	(3) Transferred to separate account .....	7e(3) 6530926
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions .....	7e(5) 14416055	
<b>f</b>	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 55391366

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ATLANTIC HEALTH SYSTEM INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>52-1958352</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**CHARLES SCHWAB & CO., INC.**

**94-1737782**

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

**TD AMERITRADE**

**82-0543156**

**(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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64	NONE	1243881	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	112308	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)

WISS & COMPANY LLP

22-1732349

(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?
33	NONE	26000	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)

QDRO CONSULTANTS COMPANY, LLC

34-1820650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	1200	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
26 33 50 59 71	NONE	425	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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
CHARLES SCHWAB & CO., INC.	59	0
(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.	
AMERICAN CENTURY INVESTMENTS  43-0821857	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
BARON CAPITAL GROUP, INC.  13-3107580	RATE OF 0.38% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
FEDERATED FUNDS  430 W. 7TH STREET KANSAS CITY, MO 64105	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

**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
CHARLES SCHWAB & CO., INC.	59	0
(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.	
FIRST EAGLE FUNDS  13-3392291	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
GOLDMAN SACHS  46-5215217	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
HENNESSY  68-0377264	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

**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
CHARLES SCHWAB & CO., INC.	59	0
(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.	
INVESCO FUNDS  58-2287224	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
J.P. MORGAN & CO.  13-2624428	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
NORTHERN FUNDS  39-1777365	RATE OF 0.30% OF AVERAGE DAILY BALANCE OF ASSET(S)	

**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
CHARLES SCHWAB & CO., INC.	59	0
(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.	
NUVEEN  36-3817266	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
PROFUNDS  52-2035197	RATE OF 0.45% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0
(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.	
SCHWAB FUNDS  94-3106735	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)	

**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
CHARLES SCHWAB & CO., INC.	59	0

(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.
SHELTON CAPITAL MANAGEMENT 1050 17TH STREET DENVER, CO 80265	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	59	0

(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.
T ROWE-PRICE  52-2264646	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)

(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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ATLANTIC HEALTH SYSTEM INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>52-1958352</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	17603408	21348468
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	6256	4532
<b>(3)</b> Other .....	<b>1b(3)</b>	0	5905
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	10376778	15235830
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	930314534	1196824004
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	54608747	55391366
<b>(15)</b> Other .....	<b>1c(15)</b>	7100851	8445920

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	1020010574	1297256025
<b>Liabilities</b>			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	1020010574	1297256025

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	47091478	
(B) Participants.....	2a(1)(B)	133686510	
(C) Others (including rollovers).....	2a(1)(C)	28028258	
(2) Noncash contributions.....	2a(2)	0	208806246
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	915665	
(F) Other.....	2b(1)(F)	1550742	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2466407
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	38187917	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		38187917
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		104511369
<b>c</b> Other income .....	<b>2c</b>		1002471
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		354974410

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	76098018	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		76098018
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		32656
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		161991
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	1296489	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	138308	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	297	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	1200	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1436294
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		77728959

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		277245451
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WISS & COMPANY,LLP**

(2) EIN: **22-1732349**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>006</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ATLANTIC HEALTH SYSTEM INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>52-1958352</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 84-1455663

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number J500563A.



**ATLANTIC HEALTH SYSTEM  
403(b) RETIREMENT SAVINGS PLAN**

**FINANCIAL REPORT  
DECEMBER 31, 2024**



Wiss & Company, LLP  
100 Campus Drive, Suite 400  
Florham Park, NJ 07932  
(973) 994-9400 • wiss.com

## INDEPENDENT AUDITORS' REPORT

To the Plan Trustees of  
Atlantic Health System 403(b) Retirement Savings Plan

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

We have performed audits of the accompanying financial statements of Atlantic Health System 403(b) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

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

## **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditors’ Responsibilities for the Audits of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedule H, Part IV, Line 4i - Schedule of Assets (Held At End of Year) as of December 31, 2024 and Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



WISS & COMPANY, LLP

Florham Park, New Jersey  
October 2, 2025

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
<b>ASSETS</b>		
Investments, at fair value:		
Mutual funds	\$ 1,196,824,004	\$ 930,314,534
Individual brokerage balanced funds	8,445,920	7,100,851
	1,205,269,924	937,415,385
Investments, at contract value -		
Group annuity contract with insurance company	55,391,366	54,608,747
Total Investments	1,260,661,290	992,024,132
Receivables:		
Employer contribution	21,348,468	17,602,164
Employee contributions	4,532	-
Other contributions	5,905	-
Notes receivable from participants	15,235,830	10,376,778
	36,594,735	27,978,942
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 1,297,256,025</b>	<b>\$ 1,020,003,074</b>

*See accompanying notes to financial statements.*

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2024**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$ 105,513,840	
Dividends and interest	<u>39,738,659</u>	
		\$ 145,252,499

Interest income on notes receivable from participants		915,665
---	--	---------

Contributions:

Employee	133,692,766	
Employer	47,092,722	
Rollover	23,982,209	
Conversions and contract exchanges	<u>4,046,049</u>	
		<u>208,813,746</u>

Total Additions		354,981,910
-----------------	--	-------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	76,098,018	
Deemed distributions	194,647	
Administrative expenses	<u>1,436,294</u>	
		<u>77,728,959</u>

Total Deductions		77,728,959
------------------	--	------------

NET INCREASE		277,252,951
--------------	--	-------------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year		<u>1,020,003,074</u>
End of year		<u>\$ 1,297,256,025</u>

*See accompanying notes to financial statements.*

## ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

#### **Note 1 – Nature of Business and Summary of Significant Accounting Policies:**

The following description of Atlantic Health System (the “Hospital” and the “Plan Sponsor”) 403(b) Retirement Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** - The Plan is a defined contribution plan qualifying under Section 403(b) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Plan Administration** - The Plan is administered by the Plan Sponsor. The Plan’s assets are held by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (the “Trustees”), who are responsible for the custody and management of the Plan’s assets.

**Eligibility** - An employee of the Hospital becomes eligible to make deferral contributions to the Plan starting on the first day of the month coinciding with or immediately following the employee’s date of hire. An employee is eligible to participate in employer contributions upon attaining 21 years of age and completing one year of service as defined in the Plan document.

Employees of certain participating employers are eligible to participate in the Plan and are credited with service requirements to receive employer matching contributions. These participating employers include: Chilton Memorial Hospital, Hackettstown Medical Center, Visiting Nurse Associate of Somerset Hills, Inc., Practice Associates Medical Group, P.A., and AHS Investments Corp.

**Automatic Enrollment** - The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates set to 3% for initial enrollment with an additional 1% raise on April 1 of each Plan year until the participant reaches a 15% deferral.

**Employee Contributions** - An employee participating in the Plan may annually contribute through pre-tax and Roth payroll deductions, up to 100% of their compensation up to the maximum amounts as determined by the Internal Revenue Service (IRS). Any participant, age 50 or over, may make an additional “catch-up” contribution as permitted by the IRS. Participants direct the investment of their contributions into various investment options offered by the Plan. A participant may suspend contributions or may increase or decrease their level of participation at any time.

**Conversions and Contract Exchanges** - The Plan includes a provision which allows participating employees to transfer assets from a retirement account held by another plan sponsored by the Hospital into the 403(b) Plan through the recordkeeper and Trustee. These types of contributions are referred to as conversions and contract exchanges and are included on the accompanying statement of changes in net assets available for benefits.

**Employer Contributions** - For employees of the Hospital and its participating employees hired or rehired on or after December 15, 2013, the Hospital makes a discretionary matching contribution based on a participant’s years of service following the table below. Participant’s years of service are determined on the effective date and will not escalate further with additional years of service.

# ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

Years of Service	Employer Matching Contribution Percentage of Compensation
Up to 21	50% up to 6% of compensation
21-24	4.00%
25-29	5.00%
30+	6.00%

In addition, the Hospital makes a fixed non-elective contribution to the participants noted above equal to 2% of compensation to participants employed at the end of the year.

**Participant Accounts** - Each participant's account is credited with the participant's contribution and allocation of (a) the Hospital's contribution, if any, (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** - Plan participants are 100% vested in the account balance attributable to their deferred compensation including related earnings therein. A participant becomes fully vested in the employer matching and non-elective contributions based upon the participant's number of vesting years of service. A participant becomes 100% vested in matching and non-elective employer contributions after three years of service. Prior to attaining three years of service a participant shall have no vested interest in the employer matching or non-elective contribution accounts.

**Payment of Benefits** - A participant's normal retirement date is age 65. Upon retirement or termination of service, a participant may elect to receive either a lump-sum or installment payout equal to the value of the participant's vested interest in his or her account. Participants may also elect to make annual withdrawals upon reaching age 59-1/2. If death occurs prior to retirement, the participants account is paid to the designated beneficiary. If a participant is terminated and their vested balance, excluding rollover contributions, is less than \$5,000, the Plan can enforce a mandatory distribution from the Plan.

**Forfeitures** - If a participant terminates employment with the Hospital and is not fully vested in the employer matching or nonelective contributions, the participant will forfeit the non-vested portion of their employer matching or nonelective contributions. Forfeiture of non-vested employer matching contributions and nonelective contributions will be used to reduce future plan expenses, employer matching contributions, or nonelective contributions. The forfeiture balance at December 31, 2024 and 2023 was \$1,249,836 and \$1,392,218, respectively. Forfeitures of \$1,422,930 were applied against employer contributions during 2024.

### Note 2 – Summary of Significant Accounting Policies:

**Basis of Accounting** - The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment contracts held by defined contribution plans are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

## ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

***Use of Estimates*** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions in net assets available for benefits during the reporting period. Actual results, as determined at a later date, could differ from those estimates.

***Investment Valuation and Income Recognition*** - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 4 for further discussion of fair value measurements.

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

***Notes Receivable from Participants*** - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

***Administrative Expenses*** - Certain expenses of maintaining the Plan are paid directly by the Hospital and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and withdrawal fees are charged directly to the participant's account and are included in administrative expenses. Administrative and investment advisory fees are also included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

***Payment of Benefits*** - Benefit payments to participants are recorded when paid.

***Hardship Withdrawals*** - The Plan provides for hardship withdrawals from participants' vested balances, not to exceed an amount required to meet an immediate need created by hardship, and then only to the extent that such immediate need cannot be satisfied by other sources reasonably available to the participant. Permissible circumstances for hardship withdrawals include medical expenses, purchase of a home, tuition payments, amounts necessary to prevent eviction from the participants' personal residence, and such other circumstances as the Plan Administrator may determine in accordance with IRS rules and regulations.

***Subsequent Events*** - The Plan Administrator has evaluated subsequent events from December 31, 2024 through October 2, 2025, the date the financial statements were available to be issued. The effects of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

## ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

#### Note 3 – Certified Investment Information:

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Trustees, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- a) Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.
- b) Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.
- c) Investment information included in the Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2024, as shown on the ERISA-required supplemental schedule of assets (held at end of year).

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule of assets (held at end of year).

#### Note 4 – Fair Value Measurements:

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

- *Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- *Level 2* - Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - 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.

# ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

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

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

*Mutual funds:* Valued at the closing price in the active market in which the fund is traded.

*Individual brokerage balanced funds:* Valued at the closing price in the active market in which the fund is traded.

The preceding methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value are as follows:

### *Investments at Fair Value as of December 31, 2024*

	<u><i>Level 1</i></u>	<u><i>Level 2</i></u>	<u><i>Level 3</i></u>	<u><i>Total</i></u>
Mutual funds	\$ 1,196,824,004	\$ -	\$ -	\$ 1,196,824,004
Individual brokerage balanced funds	8,445,920	-	-	8,445,920
Investments at fair value	<u>\$ 1,205,269,924</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,205,269,924</u>

### *Investments at Fair Value as of December 31, 2023*

	<u><i>Level 1</i></u>	<u><i>Level 2</i></u>	<u><i>Level 3</i></u>	<u><i>Total</i></u>
Mutual funds	\$ 930,314,534	\$ -	\$ -	\$ 930,314,534
Individual brokerage balanced funds	7,100,851	-	-	7,100,851
Investments at fair value	<u>\$ 937,415,385</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 937,415,385</u>

### Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2, or 3.

## ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

#### Note 5 – Group Annuity Contract with Insurance Company:

The Plan holds a group annuity contract with Empower Annuity Insurance Company of America (the “Insurance Company”). The contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The balance of the contract was \$55,391,366 and \$54,608,747 at December 31, 2024 and 2023, respectively.

The Insurance Company maintains the funds in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The contract cannot be terminated before the scheduled maturity date.

The Plan’s ability to receive amounts due in accordance with group annuity contract is dependent on the third-party issuers’ ability to meet its financial obligations. The issuers’ ability to meet its contractual obligations may be affected by economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

1. The Plan’s failure to qualify under Section 401(a) of the IRC.
2. Premature termination of the contracts.
3. Plan termination or merger.
4. Changes to the Plan’s prohibition on competing investment options.
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan’s normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events that allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan’s investment guidelines.
2. A breach of material obligation under the contract.
3. A material misrepresentation.
4. A material amendment to the agreements without the consent of the issuers.

The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

## ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

#### **Note 6 – Risks and Uncertainties and Concentration of Investment Risk:**

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the financial statements.

The Plan may allow participants to invest in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by sub-prime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The Plan's investments in one mutual fund comprises approximately 11% of total investments at December 31, 2024. There were no investments in excess of 10% of total investments at December 31, 2023.

#### **Note 7 – Plan Termination:**

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the IRC. In the event of Plan termination, participants' contributions remain fully vested. Under no circumstances may the Hospital take ownership of any of the Plan's assets as a result of such termination.

#### **Note 8 – Notes Receivable from Participants:**

The Plan allows for loans to be extended to participants for financial hardship or financial needs. All loans are considered a direct investment of the participant and payments of principal and interest are credited to the participant's account. The minimum a participant may borrow is \$1,000 and the maximum is 50 percent of their vested account balance, not to exceed \$50,000. At no time may a participant have more than one loan outstanding. All loans shall bear a fixed interest rate, based on the prime rate as of the date of the loan plus 1%. Loans are payable through payroll deductions and are generally paid back within five years.

#### **Note 9 – Tax Status:**

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71 [or the draft Listing of Required Modifications issued April 4, 2009]. The Plan obtained its latest opinion letter on November 14, 2022 in which the IRS stated that the Plan as then designed, was in compliance with the applicable requirements of the IRC. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b).

#### **Note 10 – Party-in-Interest Transactions:**

Certain investments are managed and record kept by the Trustees, and therefore these investments and related transactions qualify as party-in-interest transactions. Fees paid by the Plan for distributions, notes receivable, and administrative and investment advisory fees for 2024 totaled \$1,436,294.

**ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**Note 11 – Prohibited Transaction:**

During the Plan year ended December 31, 2023, the Hospital remitted late participant contributions to the Plan totaling \$8,900 which represented 4 pay periods. As required by ERISA Section 2510.3-102, the Plan Sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which the amounts are withheld from wages. During 2024, the Hospital made additional contributions to the affected participants' accounts to compensate those participants for potential lost income due to delays, totaling \$77.

**Note 12 – Reconciliation of Financial Statements to Form 5500:**

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

	December 31,	
	2024	2023
Net assets available for benefits, per the financial statements	\$ 1,297,256,025	\$ 1,020,003,074
Add:		
Participant contribution receivable	-	6,256
Employer contribution receivable	-	1,244
Net assets available for benefits, per the Form 5500	\$ 1,297,256,025	\$ 1,020,010,574

The following is a reconciliation of net increase per the financial statements to Form 5500 for the year ended December 31, 2024:

Net increase, per the financial statements	\$ 277,252,951
Less:	
Prior year employer contribution receivable	(1,244)
Prior year participant contribution receivable	(6,256)
Net increase, per Form 5500	\$ 277,245,451

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

(a) Identity of Issuer, Borrower, Lessor or Similar Party	(b) Description of Investment	(c) Current Value
<b>Mutual Funds:</b>		
Fidelity Investments	Fidelity Investments 500 Index	\$ 135,375,730
The Vanguard Group	The Vanguard Group Instl Target Retirement 2055 Instl	120,399,677
The Vanguard Group	The Vanguard Group Instl Target Retirement 2030 Instl	113,523,475
The Vanguard Group	The Vanguard Group Instl Target Retirement 2040 Instl	103,429,081
T. Rowe Price Investments	T. Rowe Price Investments Instl Large Cap Growth	98,570,873
The Vanguard Group	The Vanguard Group Instl Target Retirement 2050 Instl	97,271,735
The Vanguard Group	The Vanguard Group Instl Target Retirement 2035 Instl	94,628,627
The Vanguard Group	The Vanguard Group Instl Target Retirement 2045 Instl	92,049,770
The Vanguard Group	The Vanguard Group Instl Target Retirement 2025 Instl	78,682,949
The Vanguard Group	The Vanguard Group Instl Target Retirement 2020 Instl	36,670,506
Dimensional Fund Advisors	DFA US Targeted Value I	33,214,283
Dodge & Cox Funds	Dodge & Cox Stock X	32,956,086
The Vanguard Group	The Vanguard Group Instl Target Retirement 2060 Instl	29,593,245
MFS	MFS Instl International Equity	24,172,464
PIMCO	Pimco Total Return Instl	23,545,732
Fidelity Investments	Fidelity Investments Extended Market Index	20,192,809
The Vanguard Group	The Vanguard Group Instl Target Retirement 2065 Instl	15,826,457
Meridian	Meridian Growth Institutional	12,959,668
The Vanguard Group	The Vanguard Group Target Retirement Inc Instl	10,865,017
State Street	State Street Aggregate Bond Index K	8,714,872
Fidelity Investments	Fidelity Investments Total Intl Index Instl Premium	5,000,562
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I	4,683,258
PIMCO	PIMCO Inflation Response Multiasst Instl	3,337,265
The Vanguard Group	The Vanguard Group Instl Target Retirement 2070 Instl	1,159,863
		<u>1,196,824,004</u>
<b>Individual Brokerage Balanced Funds:</b>		
* Schwab Funds	Schwab Treasury Oblig Money Ultra	1,293,789
T. Rowe Price Investments	T. Rowe Price Capital Appreciation	866,175
* Schwab Funds	Schwab S&P 500 Index	762,196
* Schwab Funds	Schwab Government Money	505,622
T. Rowe Price Investments	T. Rowe Price Us High Yield	303,558
* Schwab Funds	Schwab Us Treasury Money Investor	251,846
The Pacific Financial Group	Pfg American Funds Growth Strategy R	250,730
T. Rowe Price Investments	T. Rowe Price All-Cap Opportunities Fund	199,868
Baron Capital Group	Baron Partners Retail	185,434
* Schwab Funds	Schwab Value Advantage Money Investor Shares	179,086
Fidelity Investments	Fidelity Contrafund	173,988
Fidelity Investments	Fidelity Select Semiconductors	172,147
Virtus Opportunities	Virtus Duff & Phelps Water A	152,410
Fidelity Investments	Fidelity Select Gold	137,348
Rydex Funds	Rydex Inverse S&P 500 Strategy Inv	104,061
Amana	Amana Growth Investor	73,630
Eaton Vance	Parametric Commodity Strategy I	66,474
The Vanguard Group	Vanguard Total Stock Mkt Idx Adm	64,801
Columbia Threadneedle Investments	Columbia Global Technology Growth A	62,558
Janus Henderson	Janus Henderson Glb Tech And Innovt T	59,652
Fidelity Investments	Fidelity Japan	56,454

*See independent auditors' report.*

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Current Value
	T. Rowe Price Investments	T. Rowe Price Global Consumer	55,955
	T. Rowe Price Investments	T. Rowe Price Science & Tech	54,446
	The Vanguard Group	Vanguard Energy Inv	51,471
	PIMCO	Pimco Income Instl	49,921
	T. Rowe Price Investments	T. Rowe Price U.S. Equity Research	45,160
	Blackrock Financial	Blackrock Technology Opportunities SVC	44,660
	Rydex Funds	Rydex Nasdaq-100 2X Strategy H	44,004
	Alliance Bernstein	Ab High Income A	41,732
	T. Rowe Price Investments	T. Rowe Price Us Trs Longterm Idx	40,892
	PGIM Investments	Pgim Jennison International Opps Z	40,721
*	Schwab Funds	Schwab Fundamental Us Large Company Idx	39,179
	Invesco Funds	Invesco Gold & Special Minerals A	38,754
	T. Rowe Price Investments	T. Rowe Price European Stock	37,628
	Invesco Funds	Invesco Equally-Wtd S&P 500 A	37,305
	Advisors Preferred	Quantified Common Ground Investor	35,634
	Victory Capital	Victory Nasdaq-100 Index	35,402
	Direxion	Direxion Mthly S&P 500 Bull 1.75X Inv	34,047
	The Vanguard Group	Vanguard 500 Index Admiral	33,994
	T. Rowe Price Investments	T. Rowe Price Comm & Tech Investor	33,274
	Carillon Tower	Carillon Eagle Mid Cap Growth A	32,997
	ProFunds	Profunds Bitcoin Strategy Inv	32,941
	Matthews Asia Funds	Matthews China Small Companies	32,464
	Pear Tree Funds	Pear Tree Quality Ordinary	31,724
	Permanent Portfolio Fund	Permanent Portfolio Permanent I	31,704
*	Schwab Funds	Schwab Us Large-Cap Growth Idx	30,939
	GQG Partners Inc	Gqg Partners Us Select Quality Eq Inv	30,497
	DWS Asset Management	Dws Science and Technology A	30,398
	Fidelity Investments	Fidelity Select Leisure	29,550
	Fidelity Investments	Fidelity Select Banking	29,303
	ProFunds	Profunds Semiconductor Ultrasector Inv	29,192
	ProFunds	Profunds Semiconductor Ultrasector Svc	29,099
	The Vanguard Group	Vanguard Target Retirement 2050 Fund	29,010
	Invesco Funds	Invesco American Franchise A	28,849
	Putnam Funds	Putnam Global Technology A	28,737
	Rydex Funds	Rydex Monthly Rbl Nasdaq-100 2X Strt H	25,256
	ProFunds	Profunds Ultranasdaq-100 Inv	24,927
	Fidelity Investments	Fidelity Select Health Care	24,799
	Fidelity Investments	Fidelity Infrastructure	24,744
	ProFunds	Profunds Ultranasdaq-100 Svc	23,971
	Advisors Preferred	Quantified Market Leaders Investor	22,909
	Fidelity Investments	Fidelity Select Brokerage & Inv Mgmt	22,698
	ProFunds	Profunds Banks Ultrasector Inv	22,592
	The Vanguard Group	Vanguard Interm-Term Invmt-Grade Inv	21,594
	ProFunds	Profunds Internet Ultrasector Inv	21,069
	Rydex Funds	Rydex S&P 500 2X Strategy H	20,999

*See independent auditors' report.*

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Current Value
	ProFunds	Profunds Internet Ultrasector Svc	20,606
	Direxion	Direxion Mthly Nasdaq-100 Bull 1.75X Inv	19,971
	ProFunds	Profunds Ultramid Cap Svc	19,794
	ProFunds	Profunds Ultramid Cap Inv	19,651
	Fidelity Investments	Fidelity Corporate Bond	19,543
	Hennessy Funds	Hennessy Gas Utility Investor	19,394
	Advisors Preferred	Quantified Tactical Fixed Inc Investor	18,321
	Advisors Preferred	Gold Bullion Strategy Investor	17,785
	The Vanguard Group	Vanguard Small Cap Index Admiral Shares	17,761
	Fidelity Investments	Fidelity Select Insurance Port	17,678
	Rydex Funds	Rydex Nasdaq-100 H	17,249
	The Vanguard Group	Vanguard Real Estate Index Admiral	17,142
	Victory Capital	Victory Nasdaq 100 Index Class A	17,107
*	Schwab Funds	Schwab International Index	17,090
	Morgan Stanley	Morgan Stanley Insight A	16,792
	Fidelity Investments	Fidelity Select Consumer Discret Port	16,163
	ProFunds	Profunds Banks Ultrasector Svc	15,952
	The Vanguard Group	Vanguard Growth Index Admiral	15,353
	American Century	American Century Utilities Inv	15,244
	Rydex Funds	Rydex Government Long Bd 1.2X Strat Inv	14,905
	Fidelity Investments	Fidelity Select Utilities	14,691
	Direxion	Direxion Mthly Small Cap Bull 1.75X	14,576
*	Schwab Funds	Schwab Total Stock Market Index	14,539
	ProFunds	Profunds Financials Ultrasector Svc	14,375
	ProFunds	Profunds Ultrasmall Cap Svc	14,310
	ProFunds	Profunds Ultrasmall Cap Inv	14,233
	Rydex Funds	Rydex Russell 2000 2X Strategy H	14,159
	Guinness Atkinson Funds	Guinness Atkinson Global Energy	14,017
	T. Rowe Price Investments	T. Rowe Price New Era	13,938
	BNY Investments	Bny Mellon Natural Resources A	13,905
	The Vanguard Group	Vanguard Mid-Cap Value Index Admiral	13,261
	Blackrock Financial	Blackrock Mid-Cap Growth Equity Inv A	12,775
	Rydex Funds	Rydex Emerging Markets 2X Strategy H	12,663
	ProFunds	Profunds Industrial Ultra Sector Svc	12,478
	ProFunds	Profunds Precious Metals Ultrasector Inv	12,460
	PIMCO	Pimco Total Return Instl	12,434
	Rydex Funds	Rydex Russell 2000 H	12,405
	Rydex Funds	Rydex S&P Smallcap 600 Pure Value H	11,978
	T. Rowe Price Investments	T. Rowe Price Us Large-Cap Core	11,960
	Rydex Funds	Rydex Russell 2000 1.5X Strategy H	11,477
	Fidelity Investments	Fidelity Mega Cap Stock	11,379
	Rydex Funds	Rydex Commodities Strategy H	11,074
	Fidelity Investments	Fidelity Small Cap Index	11,066
	ProFunds	Consumer Staples Ultrasector Profund Inv	11,032

*See independent auditors' report.*

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Current Value
	John Hancock	Jhancock Regional Bank A	10,990
	GQG Partners Inc	Gqg Partners Emerging Markets Equity Inv	10,493
	Fidelity Investments	Fidelity Real Estate Income	10,181
	ProFunds	Profunds Materials Ultrasector Inv	9,845
	Rydex Funds	Rydex Dow 2X Strategy H	9,647
	T. Rowe Price Investments	T. Rowe Price Latin America	9,540
	Fidelity Investments	Fidelity Select Medical Tech And Devcs	9,336
	ProFunds	Profunds Small Cap Value Inv	9,319
	The Vanguard Group	Vanguard Balanced Index Adm	8,998
	ProFunds	Profunds Consumer Goods Ultrasector Svc	8,989
	Advisors Preferred	Quantified Managed Income Investor	8,988
	Parnassus Investments	Parnassus Value Equity Investor	8,458
*	Schwab Funds	Schwab Large-Cap Growth	7,716
	PIMCO	Pimco All Asset A	7,523
	Advisors Preferred	Quantified Rising Dvd Tcl Investor	7,332
	Advisors Preferred	Quantified Stf Investor	7,301
	T. Rowe Price Investments	T. Rowe Price Blue Chip Growth	7,296
	Fidelity Investments	Fidelity Disruptive Cmnts Etf Iv	7,256
	T. Rowe Price Investments	T. Rowe Price Global Industrials	7,228
	Advisors Preferred	Quantified Pattern Recognition Investor	7,179
	Morgan Stanley	Morgan Stanley Inst Discovery A	7,168
	The Vanguard Group	Vanguard Information Technology Idx Adm	6,833
	T. Rowe Price Investments	T. Rowe Price Small-Cap Stock	6,715
	T. Rowe Price Investments	T. Rowe Price Global Technology	6,535
	Invesco Funds	Invesco Equity And Income A	6,126
	Fidelity Investments	Fidelity Select Transportation	6,057
	Fidelity Investments	Fidelity Advisor Growth Opps A	6,031
	Goldman Sachs	Goldman Sachs Gqg Ptnrs Intl Opps A	5,991
	Fidelity Investments	Fidelity Disruptive Automation Etf	5,954
	Oberweis	Oberweis Micro-Cap	5,766
*	Schwab Funds	Schwab Us Mid-Cap Index	5,736
	The Vanguard Group	Vanguard Dividend Appreciation Index Adm	5,723
	Tortoise Capital	Tortoise Energy Infrastructure Tr A	5,631
	Morgan Stanley	Morgan Stanley Europe Opportunity A	5,287
	PIMCO	Pimco Inflation Response Multiasst Instl	4,799
	Advisors Preferred	Quantified Eckhardt Managed Fut Str Inv	4,786
	Fidelity Investments	Fidelity Disruptive Technology Etf	4,759
	Invesco Funds	Invesco S&P 500 Index A	4,687
	ProFunds	Profunds Precious Metals Ultrasector Svc	4,616
	Dodge & Cox	Dodge & Cox Stock I	4,288
	Baron Capital Group	Baron Focused Growth Retail	4,145
	Baron Capital Group	Baron Health Care Retail	4,017
	T. Rowe Price Investments	T. Rowe Price Overseas Stock	3,907
	T. Rowe Price Investments	T. Rowe Price Financial Services	3,892
	Goldman Sachs	Goldman Sachs China Equity A	3,532

*See independent auditors' report.*

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Current Value
	CBOE Vest	Vest Bitcoin Strategy Mgd Vol Inv	3,527
*	Schwab Funds	Schwab Dividend Equity	3,512
	T. Rowe Price Investments	T. Rowe Price Dividend Growth	3,488
	Advisors Preferred	Quantified Alternative Investment Inv	3,284
	Blackrock Financial	Blackrock Technology Opportunities Inv A	3,058
	American Funds	American Funds Intl Gr And Inc F1	3,047
	Federated Hermes	Federated Hermes MDT Market Neutral Inst	2,953
	The Vanguard Group	Vanguard Inflation-Protected Secs Inv	2,821
	Fidelity Investments	Fidelity Select Consumer Staples Port	2,588
	The Vanguard Group	Vanguard Health Care Inv	2,392
	Wireless Fund	Wireless	2,012
	Baron Capital Group	Baron Real Estate Retail	1,928
	Direxion	Direxion Monthly High Yld Bull 1.2X Inv	1,804
	Advisors Preferred	Quantified Govt Inc Tact Investor	1,681
	Fidelity Investments	Fidelity Advisor Equity Growth A	1,590
	Calvert	Calvert Global Water I	1,548
	ProFunds	Profunds Industrial Ultra Sector Inv	1,439
	Federated Hermes	Federated Hermes Intl Leaders IS	1,005
	Blackrock Financial	Blackrock Advantage Small Cap Core Inv A	858
	Blackrock Financial	Blackrock Energy Opportunities Inv A	710
*	Schwab Funds	Schwab International Core Equity	239
*	Schwab Funds	Schwab Balanced	186
			<u>8,445,920</u>
* Group Annuity Contract with Insurance Company - Empower Annuity Insurance Company of America		Empower Guaranteed Interest Fund	<u>55,391,366</u>
* Notes receivable from participants		Interest rate - 4.25% - 9.50%	<u>15,235,830</u>
			<u>\$ 1,275,897,120</u>

\*Indicates party-in-interest to the Plan.

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**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 2**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF  
DELINQUENT PARTICIPANT CONTRIBUTIONS**

**YEAR ENDED DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

Participant Contributions Transferred Late to the Plan	<u>Total that Constitute Nonexempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and PTE 2001-51
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
\$ 8,900	\$ -	\$ 8,900	\$ -	\$ -

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**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

(a) Identity of Issuer, Borrower, Lessor or Similar Party	(b) Description of Investment	(c) Current Value
<b>Mutual Funds:</b>		
Fidelity Investments	Fidelity Investments 500 Index	\$ 135,375,730
The Vanguard Group	The Vanguard Group Instl Target Retirement 2055 Instl	120,399,677
The Vanguard Group	The Vanguard Group Instl Target Retirement 2030 Instl	113,523,475
The Vanguard Group	The Vanguard Group Instl Target Retirement 2040 Instl	103,429,081
T. Rowe Price Investments	T. Rowe Price Investments Instl Large Cap Growth	98,570,873
The Vanguard Group	The Vanguard Group Instl Target Retirement 2050 Instl	97,271,735
The Vanguard Group	The Vanguard Group Instl Target Retirement 2035 Instl	94,628,627
The Vanguard Group	The Vanguard Group Instl Target Retirement 2045 Instl	92,049,770
The Vanguard Group	The Vanguard Group Instl Target Retirement 2025 Instl	78,682,949
The Vanguard Group	The Vanguard Group Instl Target Retirement 2020 Instl	36,670,506
Dimensional Fund Advisors	DFA US Targeted Value I	33,214,283
Dodge & Cox Funds	Dodge & Cox Stock X	32,956,086
The Vanguard Group	The Vanguard Group Instl Target Retirement 2060 Instl	29,593,245
MFS	MFS Instl International Equity	24,172,464
PIMCO	Pimco Total Return Instl	23,545,732
Fidelity Investments	Fidelity Investments Extended Market Index	20,192,809
The Vanguard Group	The Vanguard Group Instl Target Retirement 2065 Instl	15,826,457
Meridian	Meridian Growth Institutional	12,959,668
The Vanguard Group	The Vanguard Group Target Retirement Inc Instl	10,865,017
State Street	State Street Aggregate Bond Index K	8,714,872
Fidelity Investments	Fidelity Investments Total Intl Index Instl Premium	5,000,562
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I	4,683,258
PIMCO	PIMCO Inflation Response Multiasst Instl	3,337,265
The Vanguard Group	The Vanguard Group Instl Target Retirement 2070 Instl	1,159,863
		<u>1,196,824,004</u>
<b>Individual Brokerage Balanced Funds:</b>		
* Schwab Funds	Schwab Treasury Oblig Money Ultra	1,293,789
T. Rowe Price Investments	T. Rowe Price Capital Appreciation	866,175
* Schwab Funds	Schwab S&P 500 Index	762,196
* Schwab Funds	Schwab Government Money	505,622
T. Rowe Price Investments	T. Rowe Price Us High Yield	303,558
* Schwab Funds	Schwab Us Treasury Money Investor	251,846
The Pacific Financial Group	Pfg American Funds Growth Strategy R	250,730
T. Rowe Price Investments	T. Rowe Price All-Cap Opportunities Fund	199,868
Baron Capital Group	Baron Partners Retail	185,434
* Schwab Funds	Schwab Value Advantage Money Investor Shares	179,086
Fidelity Investments	Fidelity Contrafund	173,988
Fidelity Investments	Fidelity Select Semiconductors	172,147
Virtus Opportunities	Virtus Duff & Phelps Water A	152,410
Fidelity Investments	Fidelity Select Gold	137,348
Rydex Funds	Rydex Inverse S&P 500 Strategy Inv	104,061
Amana	Amana Growth Investor	73,630
Eaton Vance	Parametric Commodity Strategy I	66,474
The Vanguard Group	Vanguard Total Stock Mkt Idx Adm	64,801
Columbia Threadneedle Investments	Columbia Global Technology Growth A	62,558
Janus Henderson	Janus Henderson Glb Tech And Innovt T	59,652
Fidelity Investments	Fidelity Japan	56,454

*See independent auditors' report.*

**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

**EIN: 52-1958352  
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Current Value
	T. Rowe Price Investments	T. Rowe Price Global Consumer	55,955
	T. Rowe Price Investments	T. Rowe Price Science & Tech	54,446
	The Vanguard Group	Vanguard Energy Inv	51,471
	PIMCO	Pimco Income Instl	49,921
	T. Rowe Price Investments	T. Rowe Price U.S. Equity Research	45,160
	Blackrock Financial	Blackrock Technology Opportunities SVC	44,660
	Rydex Funds	Rydex Nasdaq-100 2X Strategy H	44,004
	Alliance Bernstein	Ab High Income A	41,732
	T. Rowe Price Investments	T. Rowe Price Us Trs Longterm Idx	40,892
	PGIM Investments	Pgim Jennison International Opps Z	40,721
*	Schwab Funds	Schwab Fundamental Us Large Company Idx	39,179
	Invesco Funds	Invesco Gold & Special Minerals A	38,754
	T. Rowe Price Investments	T. Rowe Price European Stock	37,628
	Invesco Funds	Invesco Equally-Wtd S&P 500 A	37,305
	Advisors Preferred	Quantified Common Ground Investor	35,634
	Victory Capital	Victory Nasdaq-100 Index	35,402
	Direxion	Direxion Mthly S&P 500 Bull 1.75X Inv	34,047
	The Vanguard Group	Vanguard 500 Index Admiral	33,994
	T. Rowe Price Investments	T. Rowe Price Comm & Tech Investor	33,274
	Carillon Tower	Carillon Eagle Mid Cap Growth A	32,997
	ProFunds	Profunds Bitcoin Strategy Inv	32,941
	Matthews Asia Funds	Matthews China Small Companies	32,464
	Pear Tree Funds	Pear Tree Quality Ordinary	31,724
	Permanent Portfolio Fund	Permanent Portfolio Permanent I	31,704
*	Schwab Funds	Schwab Us Large-Cap Growth Idx	30,939
	GQG Partners Inc	Gqg Partners Us Select Quality Eq Inv	30,497
	DWS Asset Management	Dws Science and Technology A	30,398
	Fidelity Investments	Fidelity Select Leisure	29,550
	Fidelity Investments	Fidelity Select Banking	29,303
	ProFunds	Profunds Semiconductor Ultrasector Inv	29,192
	ProFunds	Profunds Semiconductor Ultrasector Svc	29,099
	The Vanguard Group	Vanguard Target Retirement 2050 Fund	29,010
	Invesco Funds	Invesco American Franchise A	28,849
	Putnam Funds	Putnam Global Technology A	28,737
	Rydex Funds	Rydex Monthly Rbl Nasdaq-100 2X Strt H	25,256
	ProFunds	Profunds Ultranadaq-100 Inv	24,927
	Fidelity Investments	Fidelity Select Health Care	24,799
	Fidelity Investments	Fidelity Infrastructure	24,744
	ProFunds	Profunds Ultranadaq-100 Svc	23,971
	Advisors Preferred	Quantified Market Leaders Investor	22,909
	Fidelity Investments	Fidelity Select Brokerage & Inv Mgmt	22,698
	ProFunds	Profunds Banks Ultrasector Inv	22,592
	The Vanguard Group	Vanguard Interm-Term Invmt-Grade Inv	21,594
	ProFunds	Profunds Internet Ultrasector Inv	21,069
	Rydex Funds	Rydex S&P 500 2X Strategy H	20,999

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**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

**SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

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(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Current Value
	ProFunds	Profunds Internet Ultrasector Svc	20,606
	Direxion	Direxion Mthly Nasdaq-100 Bull 1.75X Inv	19,971
	ProFunds	Profunds Ultramid Cap Svc	19,794
	ProFunds	Profunds Ultramid Cap Inv	19,651
	Fidelity Investments	Fidelity Corporate Bond	19,543
	Hennessy Funds	Hennessy Gas Utility Investor	19,394
	Advisors Preferred	Quantified Tactical Fixed Inc Investor	18,321
	Advisors Preferred	Gold Bullion Strategy Investor	17,785
	The Vanguard Group	Vanguard Small Cap Index Admiral Shares	17,761
	Fidelity Investments	Fidelity Select Insurance Port	17,678
	Rydex Funds	Rydex Nasdaq-100 H	17,249
	The Vanguard Group	Vanguard Real Estate Index Admiral	17,142
	Victory Capital	Victory Nasdaq 100 Index Class A	17,107
*	Schwab Funds	Schwab International Index	17,090
	Morgan Stanley	Morgan Stanley Insight A	16,792
	Fidelity Investments	Fidelity Select Consumer Discret Port	16,163
	ProFunds	Profunds Banks Ultrasector Svc	15,952
	The Vanguard Group	Vanguard Growth Index Admiral	15,353
	American Century	American Century Utilities Inv	15,244
	Rydex Funds	Rydex Government Long Bd 1.2X Strat Inv	14,905
	Fidelity Investments	Fidelity Select Utilities	14,691
	Direxion	Direxion Mthly Small Cap Bull 1.75X	14,576
*	Schwab Funds	Schwab Total Stock Market Index	14,539
	ProFunds	Profunds Financials Ultrasector Svc	14,375
	ProFunds	Profunds Ultrasmall Cap Svc	14,310
	ProFunds	Profunds Ultrasmall Cap Inv	14,233
	Rydex Funds	Rydex Russell 2000 2X Strategy H	14,159
	Guinness Atkinson Funds	Guinness Atkinson Global Energy	14,017
	T. Rowe Price Investments	T. Rowe Price New Era	13,938
	BNY Investments	Bny Mellon Natural Resources A	13,905
	The Vanguard Group	Vanguard Mid-Cap Value Index Admiral	13,261
	Blackrock Financial	Blackrock Mid-Cap Growth Equity Inv A	12,775
	Rydex Funds	Rydex Emerging Markets 2X Strategy H	12,663
	ProFunds	Profunds Industrial Ultra Sector Svc	12,478
	ProFunds	Profunds Precious Metals Ultrasector Inv	12,460
	PIMCO	Pimco Total Return Instl	12,434
	Rydex Funds	Rydex Russell 2000 H	12,405
	Rydex Funds	Rydex S&P Smallcap 600 Pure Value H	11,978
	T. Rowe Price Investments	T. Rowe Price Us Large-Cap Core	11,960
	Rydex Funds	Rydex Russell 2000 1.5X Strategy H	11,477
	Fidelity Investments	Fidelity Mega Cap Stock	11,379
	Rydex Funds	Rydex Commodities Strategy H	11,074
	Fidelity Investments	Fidelity Small Cap Index	11,066
	ProFunds	Consumer Staples Ultrasector Profund Inv	11,032

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**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

**SUPPLEMENTAL INFORMATION**

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**DECEMBER 31, 2024**

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(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Current Value
	John Hancock	Jhancock Regional Bank A	10,990
	GQG Partners Inc	Gqg Partners Emerging Markets Equity Inv	10,493
	Fidelity Investments	Fidelity Real Estate Income	10,181
	ProFunds	Profunds Materials Ultrasector Inv	9,845
	Rydex Funds	Rydex Dow 2X Strategy H	9,647
	T. Rowe Price Investments	T. Rowe Price Latin America	9,540
	Fidelity Investments	Fidelity Select Medical Tech And Devcs	9,336
	ProFunds	Profunds Small Cap Value Inv	9,319
	The Vanguard Group	Vanguard Balanced Index Adm	8,998
	ProFunds	Profunds Consumer Goods Ultrasector Svc	8,989
	Advisors Preferred	Quantified Managed Income Investor	8,988
	Parnassus Investments	Parnassus Value Equity Investor	8,458
*	Schwab Funds	Schwab Large-Cap Growth	7,716
	PIMCO	Pimco All Asset A	7,523
	Advisors Preferred	Quantified Rising Dvd Tcl Investor	7,332
	Advisors Preferred	Quantified Stf Investor	7,301
	T. Rowe Price Investments	T. Rowe Price Blue Chip Growth	7,296
	Fidelity Investments	Fidelity Disruptive Cmnts Etf Iv	7,256
	T. Rowe Price Investments	T. Rowe Price Global Industrials	7,228
	Advisors Preferred	Quantified Pattern Recognition Investor	7,179
	Morgan Stanley	Morgan Stanley Inst Discovery A	7,168
	The Vanguard Group	Vanguard Information Technology Idx Adm	6,833
	T. Rowe Price Investments	T. Rowe Price Small-Cap Stock	6,715
	T. Rowe Price Investments	T. Rowe Price Global Technology	6,535
	Invesco Funds	Invesco Equity And Income A	6,126
	Fidelity Investments	Fidelity Select Transportation	6,057
	Fidelity Investments	Fidelity Advisor Growth Opps A	6,031
	Goldman Sachs	Goldman Sachs Gqg Ptnrs Intl Opps A	5,991
	Fidelity Investments	Fidelity Disruptive Automation Etf	5,954
	Oberweis	Oberweis Micro-Cap	5,766
*	Schwab Funds	Schwab Us Mid-Cap Index	5,736
	The Vanguard Group	Vanguard Dividend Appreciation Index Adm	5,723
	Tortoise Capital	Tortoise Energy Infrastructure Tr A	5,631
	Morgan Stanley	Morgan Stanley Europe Opportunity A	5,287
	PIMCO	Pimco Inflation Response Multiasst Instl	4,799
	Advisors Preferred	Quantified Eckhardt Managed Fut Str Inv	4,786
	Fidelity Investments	Fidelity Disruptive Technology Etf	4,759
	Invesco Funds	Invesco S&P 500 Index A	4,687
	ProFunds	Profunds Precious Metals Ultrasector Svc	4,616
	Dodge & Cox	Dodge & Cox Stock I	4,288
	Baron Capital Group	Baron Focused Growth Retail	4,145
	Baron Capital Group	Baron Health Care Retail	4,017
	T. Rowe Price Investments	T. Rowe Price Overseas Stock	3,907
	T. Rowe Price Investments	T. Rowe Price Financial Services	3,892
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**ATLANTIC HEALTH SYSTEM 403(b)  
RETIREMENT SAVINGS PLAN**

**Schedule 1**

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