

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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.)

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: 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

<p>1a Name of plan <u>MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>510</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ATLANTIC HEALTH SYSTEM</u></p> <p><u>475 SOUTH STREET</u> <u>MORRISTOWN, NJ 07960</u></p>	<p>1c Effective date of plan <u>12/01/1991</u></p> <p>2b Employer Identification Number (EIN) <u>22-3380375</u></p> <p>2c Plan Sponsor's telephone number <u>973-660-3521</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	NICOLE PETRALIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	580
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	557
	6c	0
	6d	557
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>510</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM</p>	<p>D Employer Identification Number (EIN) 22-3380375</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0211744	1638	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	83707
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM	D Employer Identification Number (EIN) 22-3380375	

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

NORTHERN TRUST COMPANY

36-1561860

(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)

LUMINARE HEALTH BENEFITS, INC.

35-1846036

(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?
12 14 49 50	NONE	156734	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)

MULTIPLAN, INC

13-3068979

(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?
12 14 49 50	NONE	34376	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	28330	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)

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?
10 50	NONE	26500	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)

BPAS

16-1616474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35500	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)

FIDUCIARY INVESTMENT SOLUTIONS, INC

20-2103144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	41033	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)

BRANDYWINE

56-6669869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	22151	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)

PHILLIP RADTKE

36-3046063

(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?
29 50	NONE	6623	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM	D Employer Identification Number (EIN) 22-3380375

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	798544	646692
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3329163	3121299
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4788921	4946000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	78130383	76733505
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	87047011	85447496
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	10413099	7740249
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	10413099	7740249
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	76633912	77707247

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	646692	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		646692
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	139	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	123304	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1348218	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2246096	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2355607	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	83630	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6164626
c Other income	2c		1050
d Total income. Add all income amounts in column (b) and enter total	2d		8258148

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6618234	
(2) To insurance carriers for the provision of benefits	2e(2)	248897	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6867131
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26500	
(5) Investment advisory and investment management fees	2i(5)	63184	
(6) Bank or trust company trustee/custodial fees	2i(6)	28330	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6623	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	193045	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		317682
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7184813

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1073335
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT 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
Memorial Health Foundation, Inc.
Retired Employee Benefit Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the 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 Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental 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 4j - Schedule of Reportable Transactions 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL 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 to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Wiss & Company

WISS & COMPANY, LLP

Florham Park, New Jersey
October 14, 2025

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
ASSETS	2024	2023
	<i>(in thousands)</i>	
INVESTMENTS, AT FAIR VALUE:		
Mutual funds	\$ 76,734	\$ 78,130
Common stocks	4,946	4,789
Money market funds	3,121	3,329
Total Investments	84,801	86,248
 RECEIVABLE -		
Contribution receivable - retirees	647	798
Total Assets	85,448	87,046
 LIABILITIES		
LIABILITIES -		
Accrued medical claims, prescription costs and administrative fees	7,740	10,413
NET ASSETS AVAILABLE FOR BENEFITS	\$ 77,708	\$ 76,633

See accompanying notes to financial statements.

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2024	2023
<i>(in thousands)</i>		
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation fair value of investments	\$ 6,141	\$ 9,575
Interest and dividends	1,472	1,507
Contributions - retirees	647	622
Total Additions	8,260	11,704
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Medical claim and prescription cost benefit payments	6,618	6,507
Insurance premiums	249	274
Administrative expenses	318	282
Total Deductions	7,185	7,063
NET INCREASE	1,075	4,641
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	76,633	71,992
End of year	\$ 77,708	\$ 76,633

See accompanying notes to financial statements.

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan:

The following description of the Memorial Health Foundation, Inc. Retired Employee Benefit Plan (the "Plan") is provided for general information purposes only. Participants and retirees should refer to the Plan document for a more complete description of the Plans' provisions.

General - Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan and related trust is a defined benefit health and welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Atlantic Health System Hospital Corp. (the "Hospital") is the Sponsor of the Plan which only covers eligible employees and dependents of the Morristown Division and the Memorial Health Foundation (the "Foundation") of the Hospital. The Hospital is a wholly owned subsidiary of Atlantic Health System, Inc. (the "Parent"), a not-for-profit organization. The Morristown Division contributes such amounts, as necessary, to provide the Plan with assets sufficient to meet plan benefits based upon information provided by its actuary. Generally, contributions are not made to the Plan by the Hospital as the Hospital pays the quarterly claim amounts outside of the Plan and is reimbursed by the Plan.

Benefits - The Plan provides medical, mental health and substance abuse and life insurance benefits to eligible employees and dependents of the Foundation and the Morristown Division of the Hospital. An eligible employee was an employee of the Morristown Division or Foundation whose regular work schedule was at least 22-1/2 hours (36 hours for life insurance) per week at the time of retirement. An eligible employee must also have retired under the Morristown Division or Foundation pension plan and have been eligible, immediately prior to retirement, for life or medical benefits from the Hospital.

The Plan states that employees hired after May 1, 1996, by the Morristown Division or Foundation are not eligible to participate in the Plan.

Plan Administration - The Plan is sponsored by the Hospital and administered on a day-to-day basis by Luminare Health Benefits, Inc. for medical and mental health and substance abuse claims, Optum RX for prescription claims, and MetLife for basic retiree life insurance. Claims are processed by the respective companies, but the responsibility for payments to participants is retained by the Plan. The Plan is fully insured for life insurance benefits under an experience-rated arrangement. Experience ratings (calculated as the differences between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit. The Plan's assets are held by Northern Trust Company, (the "Trustee"), who is responsible for the custody and management of the Plan's assets.

Self-Insured Benefits - The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan's trust or the general assets of the Hospital. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Contributions - In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The costs of the postretirement benefit payment plan are shared by the Hospital and retirees. The Plan provides for retiree contributions as follows:

Single	\$100 per month
Husband and wife	\$150 per month
Adult with one child	\$140 per month
Family	\$170 per month

The Hospital makes contributions to the Plan as needed to fund claims in excess of participants' contributions. Any deficiency of the Plan's net assets over benefit obligations is funded by the Hospital on a pay-as-you-go basis.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes there in, and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses 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. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment subcommittee determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustee. See Note 4 for a 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.

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

Medicare Subsidy - The Plan's postretirement benefit obligation does not reflect an amount associated with the Medicare subsidy allowed under the Medicare Prescription Drug Improvement and Modernization Act of 2003 because the Plan is not directly entitled to the Medicare subsidy. The Hospital has included the effects of the Medicare subsidy in measuring its postretirement benefit obligation; therefore, the Plan's postretirement benefit obligation differs from that of the Hospital.

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Postretirement Benefits - A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to the employee service rendered to the valuation date (December 31) as well as Incurred but Not Reported (IBNR) claims. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their covered beneficiaries and dependents and (2) active employees and their covered beneficiaries and dependents that are fully eligible for plan benefits and (3) a proportion of active employees and their covered beneficiaries and dependents based on years of service to the measurement date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations are as follows:

	2024	2023
Weighted-average discount rate	6.16% per annum	5.57% per annum
Mortality	Pri.H - 2012 with the Scale MP-2021	Pri.H - 2012 with the Scale MP-2021
Retirement rates	Representative retirement rates based on attained age and eligibility.	Representative retirement rates based on attained age and eligibility.

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

Payment of Benefits - Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as accrued medical claims, prescription costs, and administrative fees in the accompanying statements of net assets available for benefits.

Subsequent Events - The Hospital has reviewed and evaluated all events and transactions from December 31, 2024 through October 14, 2025, the date the financial statements were available to be issued. The effect 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.

As of January 1, 2025 the Plan switched from Optum RX to Capital RX for its prescription claims.

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT 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 Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Trustee, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023.
- 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).
- Investment information included in the Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions, for the year ended December 31, 2024, as shown on the ERISA-required supplemental schedule of reportable transactions.

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 schedules of assets (held at end of year) and reportable transactions.

Note 4 - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements, 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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). 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.

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

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT 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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- *Mutual Funds*: Valued at the closing price in the active market in which the fund is traded.
- *Money Market Funds*: Valued at the closing price of similar assets in the active market in which the similar assets are traded.
- *Common Stocks*: Valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods 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 table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value is as follows:

<i>Investments at Fair Value as of December 31, 2024</i>				
<i>(in thousands)</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 76,734	\$ -	\$ -	\$ 76,734
Common stocks	4,946	-	-	4,946
Money market funds	-	3,121	-	3,121
	<u>\$ 81,680</u>	<u>\$ 3,121</u>	<u>\$ -</u>	<u>\$ 84,801</u>

<i>Investments at Fair Value as of December 31, 2023</i>				
<i>(in thousands)</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 78,130	\$ -	\$ -	\$ 78,130
Common stocks	4,789	-	-	4,789
Money market funds	-	3,329	-	3,329
	<u>\$ 82,919</u>	<u>\$ 3,329</u>	<u>\$ -</u>	<u>\$ 86,248</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 the 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.

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5 - Benefit Obligations:

The Plan's deficiency of net assets available for benefits over benefit obligations at December 31, 2024, relates primarily to investment performance and is expected to be funded through future increases in contributions.

For measurement purposes, a 5.0% and 8.5% annual rate of increase in the average per capita cost of covered post 65 medical care benefits and prescription drug benefits, respectively, was assumed for 2024; the rate was assumed to decrease gradually to 4.037% for 2075 and to remain at that level thereafter for both post 65 medical care benefits and prescription drug benefits. These assumptions are consistent with those used to measure the benefit obligation at December 31, 2024.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$16,317 and \$17,189, respectively (*in thousands*).

The components of the Plan's benefit obligations are as follows:

	December 31,	
	2024	2023
	<u>(in thousands)</u>	<u>(in thousands)</u>
Retirees and dependents	\$ 84,344	\$ 79,163
Fully eligible active plan participants	44,728	46,594
Other active plan participants not fully eligible for benefits	<u>7,147</u>	<u>10,019</u>
	<u>\$ 136,219</u>	<u>\$ 135,776</u>

The changes in the Plan's benefits obligations (in thousands) for the year ended December 31, 2024 are as follows:

Balance, beginning of year	\$ 135,776
Change during the year attributable to:	
Other actuarial gains and losses	(793)
Benefits earned and interest	7,380
Claim payments	<u>(6,144)</u>
Balance, end of year	<u>\$ 136,219</u>

Note 6 - Claims Incurred But Not Reported:

Plan obligations at December 31, 2024 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7 - Tax Status:

The Internal Revenue Service (IRS) has determined and informed the Plan Administrator by a letter dated February 15, 1995 that the Plan and related trust are designed in accordance with applicable sections of Internal Revenue Code (IRC). The Plan and related trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan has been amended since receiving the determination letter. However, the Plan Sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and that the trust is exempt from Federal income taxes under Section 501(a) of the IRC as an organization under section 501(c)9 of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date, thus, no provision for Federal income taxes has been made in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

Note 8 - Plan Termination:

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to modify the benefits provided to, and contributions required of, participants, to discontinue its contributions at any time, and to terminate the Plan, subject to the provisions of ERISA. In the event of termination, the Hospital's obligation under the Plan will be equal to the difference between claims incurred and the expenses of the Plan up to the date of termination. The Plan Trustee will apply remaining assets of the Trust, applicable to claims incurred before the effective date of the termination, in a uniform and nondiscriminatory manner towards the provision of benefits for or on account of covered participants. No assets of the Plan may revert to the Hospital or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 9 - Party-in-Interest Transactions:

Plan investments are managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. The Plan provides medical, mental health and substance abuse and life insurance benefits that are administered by vendors and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for these services for the years ended December 31, 2024 and 2023 were approximately \$7,183 and \$7,063, respectively (*in thousands*).

Note 10 - Risks and Uncertainties and Concentration of Investment Risk:

The Plan invests in various investment securities. 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.

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

MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

The Plan may 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 investment in three funds comprised approximately 41% of total investments at December 31, 2024. The Plan's investment in four funds comprised approximately 54% of total investments at December 31, 2023.

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

**SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

**EIN: 22-3380375
PLAN NUMBER: 510**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investments	Cost	Current value	
	<i>(Shares)/(Units)</i>	<i>(in thousands)</i>		
Mutual funds:				
Dodge & Cox Stock Fund	59,547	\$ 9,557	\$ 15,314	
Vanguard Capital Opportunity Fund Class Admiral	55,030	6,402	10,417	
Vanguard Institutional Total Bond Market Index Fund	929,627	8,716	8,843	
American Euro Pacific Growth Fund Class A	139,767	6,697	7,508	
CF Brandywine Global Multi-Sector	714,375	6,477	7,030	
Vanguard Small Capital Index Fund	56,176	2,765	6,469	
Hartford Mutual Fund II	335,514	5,151	5,583	
Fidelity Salem STR Inflation Protected	628,001	5,659	5,583	
CF Arrowstreet Global Equity	23,680	5,000	5,402	
Vanguard Total Stock Market Index Funds	32,508	1,785	4,585	
		<u>58,209</u>	<u>76,734</u>	
Common stocks:				
On The Beach Group Ord	19,609	\$ 23	\$ 62	
BIC	888	56	59	
Technopro Hldgs In	2,935	67	59	
Toyo Suisan Kaisha	842	35	58	
ALS Limited	5,938	55	55	
Gildan Activewear	1,124	40	53	
NSD Co LTD	2,378	45	51	
Jet 2 PLC	2,555	42	51	
Logista Holdings	1,630	45	49	
Dominos Pizza Group PLC Ord	12,452	52	49	
Kaken Pharm	1,651	41	47	
Maire	5,191	40	44	
Flatexdegiro	2,834	40	43	
Telecom Plus	1,980	46	43	
Scout24 SE	477	37	42	
Gamma Communication Ord	2,166	31	42	
Mony Group PLC	17,440	52	42	
Noritsu Koki Co	1,252	26	41	
Auto Trader Group	4,160	43	41	
Integrafin Holding Ord	9,562	33	41	
Kakaku.com Inc	2,568	37	40	
Howden Joinery Gr Ord	3,978	38	40	
Softchoice Corp	2,328	32	39	
Park 24 Co LTD	2,767	33	39	
Colliers Intl GP	278	30	38	
Morgan Sindall Grp PLC	778	19	38	
North West Co Inc Var	1,067	30	36	
Irish Control Group	6,771	37	36	
Diploma Ord	674	27	36	
Anima Holdings SPA	5,093	19	35	
B2 Gold Corp Common Stock	13,769	44	34	
Trelleborg AB	993	40	34	
FUCHS SE	788	36	34	
Japan Elevator Ser	1,754	31	33	

See independent auditors' report.

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

**Schedule 1
(Continued)**

SUPPLEMENTAL INFORMATION

**SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

**EIN: 22-3380375
PLAN NUMBER: 510**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investments	Cost	Current value	
	<i>(Shares)/(Units)</i>	<i>(in thousands)</i>		
Common stocks (continued):				
ASR Nederland	701	\$ 32	\$ 33	
ISS A/S	1,742	34	32	
Digital Arts Inc	839	34	32	
Pilot Corp	996	29	32	
Inchcape Ord	3,304	32	32	
IMI	1,376	33	31	
Miniso Group Hldg	4,881	22	30	
Trigano	236	29	30	
B&M European Value Retail	6,558	47	30	
Morinaga & Co	1,704	27	29	
RS Technologies Co LTD	1,289	29	29	
U-Next Holdings Co LTD	2,589	31	29	
Dunelm Group LTD	2,199	32	29	
Rightmove Com	3,569	27	29	
ASMPT LTD	2,929	32	28	
DAH Sing Banking	26,772	19	28	
Senior	14,198	31	28	
MTY Food Group Inc	851	43	27	
WH Group Limited	34,949	20	27	
De Longhi	853	27	27	
Hosiden Corp	1,822	24	27	
Square Enix Holdings Co LTD	679	31	27	
Aalberts	761	33	27	
TGS ASA	2,748	32	27	
Beazley PLC Ord	2,686	19	27	
Moonpig Group PLC	10,192	22	27	
RS Group	3,004	29	27	
Gungho Online Ente	1,229	23	26	
Axfood AB	1,214	33	26	
Betsson AB	2,012	26	26	
Galliford Try Holdings PLC	5,431	14	26	
Technipfmc PLC	911	19	26	
Regis Resources LT	15,921	21	25	
Elmos Semiconduct	360	33	25	
Digital Garage	1,031	21	25	
Paramount Bed Hldg	1,448	24	25	
Ryohin Keikaku Co	1,085	18	25	
SBI Sumishin Net	1,033	15	25	
IG Group Hldgs Ord	2,013	19	25	
Descartes Systems	210	17	24	
Valmet OYJ	978	28	24	
Fuji Seal Intl Inc	1,495	16	24	
Tokyotokeiba Co	826	23	24	
Schoeller Bleckman Eur1	749	37	23	
Element Fleet Mgmt	1,158	19	23	

See independent auditors' report.

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

**Schedule 1
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SUPPLEMENTAL INFORMATION

**SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

**EIN: 22-3380375
PLAN NUMBER: 510**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investments	Cost	Current value	
	<i>(Shares)/(Units)</i>	<i>(in thousands)</i>		
Common stocks (continued):				
Newmed Energy LTD ILS1	7,503	\$ 20	\$ 23	
Camtek LTD	280	24	23	
Kotobuki Spirits	1,686	22	23	
Veidekke	1,814	21	23	
AGL Energy	3,105	25	22	
Aubay	463	23	22	
Lanxess AG	885	26	22	
Intercos SPA	1,545	24	22	
M&A Capital Partners	1,324	23	22	
Mixi Inc	1,125	21	22	
Tokuyama Corp	1,292	21	22	
Tosoh Corp	1,640	21	22	
Vaudoise Assurances Holdings	40	20	22	
Man Group PLC Ord	8,219	25	22	
Synergie	654	24	21	
Jeol LTD	580	22	21	
NGK Insulators LTD	1,658	22	21	
Pasona Group Inc	1,604	25	21	
Sakai Moving Service	1,330	24	21	
Hiag Immobilien HL	226	21	21	
Trustpilot Group	5,415	18	21	
WH Smith PLC Ord	1,397	24	21	
Itoham Yonekyu Holdings	808	21	20	
S-Pool Inc	9,464	23	20	
Valuecommerce Co	2,647	21	20	
Zehnder Group	395	30	20	
Avon Technologies PLC Ord	1,069	11	20	
Aurizon Holdings	9,622	24	19	
Dominos Pizza Ent	1,057	34	19	
Teleperformance Societe Europe	220	26	19	
Redcare Pharmacy N.V	139	21	19	
Glanbia Ord	1,320	23	19	
Yangzijiang Shipbu	8,615	11	19	
DO & CO AG	97	13	18	
Pluxee NV	941	20	18	
CTS Eventim AG & C	217	16	18	
Krones AG Ord	147	18	18	
Sakata Seed Corp	835	20	18	
Santen Pharm Co	1,743	17	18	
TKC Corporation	724	19	18	
Corp Financ Alba	211	11	18	
Coca-Cola HBC	538	16	18	
Bendigo and Adelaide Bank LTD	2,063	13	17	
Yancoal Australia LTD	4,182	15	17	
Zealand Pharma A/S	172	12	17	
Elior group	5,783	15	17	
Wynn Macau LTD	23,974	21	17	

See independent auditors' report.

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

**Schedule 1
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SUPPLEMENTAL INFORMATION

**SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

**EIN: 22-3380375
PLAN NUMBER: 510**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investments	Cost	Current value	
	<i>(Shares)/(Units)</i>	<i>(in thousands)</i>		
Common stocks (continued):				
Banca Generali	368	\$ 13	\$ 17	
Relo Group Inc	1,364	16	17	
Systema Corp	7,332	15	17	
Tokai Carbon Co	2,893	25	17	
Essent Group LTD	309	17	17	
Derichebourg	2,967	16	16	
GTT	119	15	16	
BPER Banca	2,531	9	16	
Nomura Micro Scien	1,108	12	16	
Shibaura Machine Co	682	17	16	
DNO ASA NOK	16,948	18	16	
Bankinter SA	2,019	13	16	
Aperam S.A.	587	17	15	
SESA S.P.A	240	32	15	
Sol Euro	389	11	15	
IHI Corporation	261	7	15	
Ulvac Inc	376	16	15	
Pharming Group	15,407	18	15	
Burberry Group	1,245	13	15	
Steadfast Group	3,858	16	14	
Vusiongroup	74	10	14	
Hensoldt AG	381	14	14	
Crystal Intl Group	24,102	9	14	
Japan Aviatn Elect	755	13	14	
JTC PLC Ord	1,161	11	14	
Oxford Instruments Ord	514	16	14	
Technology One	647	6	13	
Fagron	741	13	13	
Ionos Group SE	589	15	13	
Fukui Computer Hld	683	13	13	
Japan Steel Works	354	9	13	
Sanrio Co LTD	370	6	13	
ADR Vista Energy S A B DE C V	242	10	13	
Bumitama Agri LTD	20,586	9	13	
Propnex LTD	18,900	14	13	
Berkeley GP Hldgs Ord	268	15	13	
Breville Group LTD	556	8	12	
Peugeot Invest	161	16	12	
Fukuoka Financial	469	12	12	
TS Tech Co LTD	1,077	14	12	
ADR Sibanye Stillwater LTD	3,690	21	12	
Baltic Classifieds	3,040	13	12	
Games Workshop Group Ord	71	10	12	
Intermed Cap Grp Ord	462	9	12	
Rotork Ord	3,032	12	12	
Lotus Bakeries	1	8	11	
ADR Embraer S A	313	12	11	

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**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

**Schedule 1
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SUPPLEMENTAL INFORMATION

**SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

**EIN: 22-3380375
PLAN NUMBER: 510**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investments	Cost	Current value	
	<i>(Shares)/(Units)</i>	<i>(in thousands)</i>		
Common stocks (continued):				
Celestica Inc	116	\$ 7	\$ 11	
Vallourec SA	645	10	11	
Integral Corporati	383	11	11	
Fluidra SA	443	9	11	
Loomis AK	361	10	11	
Tritax Big Box Reit PLC	6,467	13	11	
Galapagos NV	373	15	10	
Elis S.A.	502	13	10	
MGM China Holdings	8,148	11	10	
Biprogy Inc	335	10	10	
Lifenet Insurance	904	8	10	
Rakuten Bank LTD	354	8	10	
Sojitz Corporation	468	12	10	
Takara Holdings Inc	1,198	10	10	
UACJ Corporation	296	8	10	
BE Semiconductor Industries	75	9	10	
Intercorp Financial Services Inc	357	9	10	
Addtech AB	361	7	10	
Ashtead Technology Ord	1,499	10	10	
Volution Grp PLC Ord	1,388	7	10	
Imdex LTD	6,382	8	9	
Monadelphous Group	1,044	9	9	
Cargotec OYJ Serb	163	6	9	
Remy Cointreau	147	11	9	
Buzzi Spa	210	8	9	
Japan Lifeline Co	1,030	7	9	
Obic Business Cons	207	10	9	
Rakus Co LTD	767	11	9	
Sanwa HoldingS NPV	334	8	9	
IMCD	63	10	9	
Camurus AB	182	12	9	
Hemnet Group AB	289	9	9	
SFS Group	67	8	9	
Yellow Cake PLC	1,429	12	9	
Arcos Dorados Holdings Inc	1,036	12	8	
CDN Western Bank	206	4	8	
Kinaxis Inc	68	9	8	
Kalmar OYJ	258	6	8	
Round One Corp	976	9	8	
Fugro NV	359	8	8	
Bufab AB	205	6	8	
Xvivo Perfusion AB	173	5	8	
AKT Comet Holding	29	10	8	
Dormakaba Holding	11	5	8	
Crest Nicholson H Ord	3,982	11	8	
Orica Limited	657	7	7	
Bpost SA	3,273	13	7	

See independent auditors' report.

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN**

**Schedule 1
(Continued)**

SUPPLEMENTAL INFORMATION

**SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

**EIN: 22-3380375
PLAN NUMBER: 510**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investments	Cost	Current value	
	<i>(Shares)/(Units)</i>	<i>(in thousands)</i>		
Common stocks (continued):				
China Shineway PHA	5,972	\$ 6	\$ 7	
Royal Unibrew A/S	102	8	7	
GDR Mol Magyar OLAJ - ES Gazipari RT	1,836	9	7	
Cellebrite DI	339	6	7	
Daiwabo Holdings	367	6	7	
Gmo Payment Gatewa	140	8	7	
Corbion N.V.	312	8	7	
Indutrade AB	291	6	7	
Conduit Holdings LTD	1,221	7	7	
Mitie Group PLC	5,120	8	7	
Vistry Group PLC	943	10	7	
Ero Copper Corp	474	9	6	
Pason System Incor	572	6	6	
Trican Well Servic	1,608	5	6	
Prosiebensat Media SE	930	7	6	
Great Eagle Holdings	4,094	7	6	
Azbil Corp	806	6	6	
F.C.C. Co	309	4	6	
Craneware PLC	216	6	6	
Synthomer Plc Common Stock	3,013	15	6	
Victrex Ord	409	7	6	
ATS Corporation	175	7	5	
Topicus Com Inc	65	5	5	
Subsea 7	361	5	5	
Prosegur Cash	8,784	6	5	
John Wood Group Pl Ord	5,946	11	5	
Marks & Spencer Group Ord	1,043	3	5	
Premium Brands Hld	77	6	4	
Hilan LTD ILS1	69	4	4	
Cembra Money Bank	45	4	4	
NTG Nordic Transport Group	84	6	3	
Sodexho	40	4	3	
Atoss Software AG	25	3	3	
Seven Bank	1,597	3	3	
Tomy Company LTD NPV	112	3	3	
Qinetiq Group	359	2	2	
Metropole	109	2	1	
Costamare Inc	82	1	1	
Dowa Holdings Co	36	1	1	
		<u>4,770</u>	<u>4,946</u>	
Money market funds:				
* Northern Institutional U.S. Government Portfolio	555,519	556	538	
Gabelli Money Market Fund	2,582,935	<u>2,583</u>	<u>2,583</u>	
		<u>3,139</u>	<u>3,121</u>	
		<u>\$ 66,118</u>	<u>\$ 84,801</u>	

* Indicates party-in-interest to the Plan.

See independent auditors' report.

**MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN
SUPPLEMENTAL INFORMATION**

Schedule 2

**SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

**EIN: 22-3380375
PLAN NUMBER: 510**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	Number of Transactions	(e) Expense Incurred w/ Transaction	(f) Cost of Assets	(g) Fair Value of Asset on Transaction Date	(h) Net Gain/(Loss)
1. Series of Security Transactions in the same issue in Excess of 5% of Plan Assets:								
<i>(in thousands)</i>								
Purchases -								
* Northern Trust	Northern Instl Fds Govt Portfolio Cl A Sedol	\$ 19,911	\$ -	168	\$ -	\$ 19,911	\$ 19,911	\$ -
Fidelity	Fidelity Salem Str Tr Spartan Inflation Protected BD Index Fd Cusip	7,221	-	5	-	7,221	7,221	-
Sales:								
* Northern Trust	Northern Instl Fds Govt Portfolio Cl A Sedol	\$ -	\$ 19,592	123	\$ -	\$ 19,592	\$ 19,592	\$ -
Vanguard	Vanguard Horizon Fds Cap Opportunity Fd Admiral	-	4,000	2	-	2,070	4,000	1,930
2. Single Security Transactions in the same issue in Excess of 5% of Plan Assets:								
Purchases:								
Arrowstreet Global	Arrowstreet Global Equity ACWI Trust Fund Cl A Cusip	\$ 5,000	\$ -	1	\$ -	\$ 5,000	\$ 5,000	\$ -
* Northern Trust	Northern Instl Fds Govt Portfolio Cl A Cusip	10,489	-	1	-	10,489	10,489	-
* Northern Trust	Northern Instl Fds Govt Portfolio Cl A Cusip	5,000	-	1	-	5,000	5,000	-
Fidelity	Fidelity Salem Str Tr Spartan Inflation Protected BD Index Fd Cusip	7,000	-	1	-	7,000	7,000	-
Sales:								
* Northern Trust	Northern Instl Fds Govt Portfolio CL A Cusip	\$ -	\$ 10,458	1	\$ -	\$ 10,458	\$ 10,458	\$ -
* Northern Trust	Northern Instl Fds Govt Portfolio CL A Cusip	-	5,000	1	-	5,000	5,000	-
Vanguard	Vanguard Malvern Fds Short-Term Infat Protected Secs Index Fd Instl Sh Cusip	-	7,394	1	-	7,805	7,394	411

* Indicates party-in-interest to the Plan.

See independent auditors' report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: Memorial Health Foundation, Inc. Retired Employee Benefit Plan
1b Three-digit plan number (PN): 510
1c Effective date of plan: 12/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): Atlantic Health System
2b Employer Identification Number (EIN): 22-3380375
2c Plan Sponsor's telephone number: (973) 660-3521
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, Date, and Name. Row 1: Nicole C. Petralia, 10/10/2025, Nicole Petralia. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																																																																																														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																																																																																														
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">580</td> </tr> </table>	5	580																																																																																																												
5	580																																																																																																														
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">557</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">557</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											6a(1)									0	6a(2)									0	6b									557	6c									0	6d									557	6e										6f										6g(1)										6g(2)										6h									
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																																																																																																													
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4A 4B

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

Plan Name	Memorial Health Foundation, Inc. Retired Employee Benefit Plan
Plan Sponsor EIN	22-3380375
ERISA Plan #	510
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Memorial Health Foundation, Inc. Retired Employee Benefit Plan
Plan Sponsor EIN	22-3380375
ERISA Plan #	510
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	