

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 07/01/1955 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATLANTIC HEALTH SYSTEM 475 SOUTH STREET MORRISTOWN, NJ 07960 2b Employer Identification Number (EIN): 22-3380375 2c Plan Sponsor's telephone number: 973-660-3100 2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	9739
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	5100
	<b>6a(2)</b>	4770
	<b>6b</b>	1728
	<b>6c</b>	2769
	<b>6d</b>	9267
	<b>6e</b>	94
	<b>6f</b>	9361
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		3
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ATLANTIC HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3380375</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month _____ Day _____ Year _____		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>968565561</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>991790312</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1795</u>	<u>197127391</u>
	<b>b</b> For terminated vested participants .....	<u>2857</u>	<u>139257111</u>
	<b>c</b> For active participants .....	<u>5100</u>	<u>577182833</u>
	<b>d</b> Total .....	<u>9752</u>	<u>913100330</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>34498472</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>3517000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>38015472</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/05/2025</u>	Date
	<u>YON-LOON CHEN</u>	<u>23-07138</u>	Most recent enrollment number
	<u>DELOITTE CONSULTING LLP</u>	<u>212-313-1704</u>	Telephone number (including area code)
	<u>30 ROCKEFELLER PLZ NEW YORK, NY 10112</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.64</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		46814197
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> % .....		2467108
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		49281305
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	108.56 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	105.35 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	108.98 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/01/2024	5000000		04/01/2025	1000000			
11/01/2024	5000000		05/01/2025	1000000			
12/02/2024	5000000		06/02/2025	1000000			
01/03/2025	5000000		07/01/2025	1000000			
02/03/2025	1000000		08/01/2025	1000000			
03/03/2025	1000000		09/02/2025	1000000			
			<b>Totals ▶</b>	<b>18(b)</b>	28000000	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	26611102

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 38015472
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 38015472
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	0		0
<b>b</b> Waiver amortization installment.....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 26611102
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 26611102
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

<b>A</b> Name of plan <b>EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ATLANTIC HEALTH SYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3380375</b>	

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

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

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

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

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

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

**NORTHERN TRUST**

**36-1561860**

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

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

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

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

DELOITTE CONSULTING LLP

06-1454513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	1845550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10512	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)

FIDELITY INSTITUTIONAL ASSET MGMT

20-2159373

(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	262948	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

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 28 50	NONE	64167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WISS & COMPANY LLP

22-1732349

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(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	23619	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)

WITMAN STADTMAUER PA

22-2987170

(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	11842	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	24281	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ATLANTIC HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3380375</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF FIAM LONG CORPORATE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-187</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>227299419</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVT SHORT TERM INVT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-068</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2003661</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ATLANTIC HEALTH SYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3380375</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	45000000	21000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	948895	1114657
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	16193155	8015243
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	254801726	229303080
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	652383582	705023426
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	336314

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	969327358	964792720
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	13361921	417624
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	13361921	417624
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	955965437	964375096

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	36000000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		36000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	272002	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		272002
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	16295896	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		16295896
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	-15455115
(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)	36373525
<b>c</b> Other income .....	2c	1500
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	73487808

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	62111304
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	62111304
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> 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)	286568
(6) Bank or trust company trustee/custodial fees .....	2i(6)	64167
(7) Actuarial fees .....	2i(7)	1856062
(8) Legal fees .....	2i(8)	36123
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	697425
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	2966845
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	65078149

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	8409659
<b>l</b> 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548398.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ATLANTIC HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3380375</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	321

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 23.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 76.0 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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



**EMPLOYEES' CASH BALANCE PLAN OF  
ATLANTIC HEALTH SYSTEM, INC.**

**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  
Employees' Cash Balance Plan of  
Atlantic Health System, Inc.

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

We have performed audits of the accompanying financial statements of the Employees' Cash Balance Plan of Atlantic Health System, Inc. (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 audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, 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

**EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

<b>ASSETS</b>	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
	<i>(in thousands)</i>	
<b>INVESTMENTS AT FAIR VALUE:</b>		
Mutual funds	\$ 705,024	\$ 650,879
Money market fund	8,015	16,193
Common collective trusts	229,303	254,802
Alternative investment	336	1,505
Total Investments	<u>942,678</u>	<u>923,379</u>
<b>RECEIVABLES:</b>		
Contribution receivable	21,000	45,000
Accrued income receivable	1,115	949
	<u>22,115</u>	<u>45,949</u>
 Total Assets	 964,793	 969,328
 <b>LIABILITIES</b>		
 <b>LIABILITIES -</b>		
Accrued expenses	<u>418</u>	<u>13,362</u>
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	 <u>\$ 964,375</u>	 <u>\$ 955,966</u>

*See accompanying notes to financial statements.*

**EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.**

**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 in fair value of investments	\$ 20,919	\$ 93,636
Interest and dividends	16,568	17,267
	37,487	110,903
 Contributions - employer	 36,000	 50,000
Total Additions	73,487	160,903
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	62,111	52,729
Administrative expenses	2,967	5,032
Total Deductions	65,078	57,761
 NET INCREASE	 8,409	 103,142
 NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	955,966	852,824
 End of year	 \$ 964,375	 \$ 955,966

*See accompanying notes to financial statements.*

## EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.

### NOTES TO FINANCIAL STATEMENTS

#### Note 1 - Description of the Plan:

The following description of the Employees' Cash Balance Plan of Atlantic Health System, Inc. (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - AHS Hospital Corp. (the "Hospital") is the Sponsor of the Plan ("Plan Sponsor"). The Plan is a noncontributory defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees become eligible for participation in the Plan when they have reached a minimum of 21 years of age and have completed 1,000 hours of service in a twelve-month period. Employees who have completed at least three years of service are 100% vested in their pension benefits. Effective December 15, 2013, employees hired after this date are not eligible to participate in the Plan.

**Plan Administration** - The Plan is administered by the Plan Sponsor. 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.

**Normal Retirement Benefit** - The normal retirement benefit payable to an employee commencing on their retirement date will generally be the employee's accumulated cash balance. Upon retirement, the standard pension benefit is a single life annuity or a qualified joint and one-half survivor annuity (for an employee with a spouse at the retirement date). Subject to certain plan provisions, employees are also able to choose from among several optional forms of benefit payment including lump sum distributions and various annuity plans. Benefit distributions are subject to restrictions based on the Plan's funding status.

**Participants' Accounts** - Each participant's account is credited with the participant's allocation of the Hospital contributions. Refer to Note 6 for more details.

**Early Retirement and Other Benefits** - Participants who have reached age 55 and completed five years of service can become eligible for an early pension benefit which results in reduced benefit payments. If a vested active employee dies, a death benefit equal to 100% of the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Vested active employees, age 45 or older who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

**Forfeitures** - Unclaimed benefit payments are forfeited and applied to reduce future Hospital contributions, provided however, that any forfeited amounts are restored and paid to the proper payee upon any ultimate claim for benefits. There were no forfeited balances at December 31, 2024 and 2023. There were no forfeitures applied against contributions during 2024 or 2023.

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

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

## EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.

### NOTES TO FINANCIAL STATEMENTS

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and 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. 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.

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations of the present value of accumulated plan benefits as were as follows:

Discount rate	5.38% per annum
Estimated long-term rate of return on assets	6.25% per annum
Rate of increase in future compensation levels	4.00% per year
Mortality	Active and retired lives - Pri-2012 for males and females with scale MP- 2021
Retirement age	Range between 55 to 72 based on graded retirement table.

## EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.

### NOTES TO FINANCIAL STATEMENTS

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

Actuarial assumptions for plan funding are the same assumptions used in the calculation of the actuarial present value of accumulated plan benefits for 2024 and 2023.

The actuarial present value of accumulated plan benefits consists of the following at January 1, 2024 (*in thousands*):

Vested benefits:	
Participants currently receiving payments	\$ 192,678
Other participants	<u>699,171</u>
	891,849
Nonvested benefits	<u>480</u>
	<u>\$ 892,329</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024 are as follows (*in thousands*):

Balance, January 1, 2023	\$ 835,897
Increase (decrease) during the year attributed to:	
Benefits accumulated	41,895
Interest on accumulated plan benefits	45,516
Benefits paid	(52,729)
Change in actuarial assumptions	<u>21,750</u>
Balance, January 1, 2024	<u>\$ 892,329</u>

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

***Administrative Expenses*** - Administrative expenses of the Plan, including Trustee 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.

***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.

## EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.

### 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 ("DOL") 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.

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

#### Note 4 - Fair Value Measurements:

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

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

*Level 2* - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

**EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.**

**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 Fund*: Valued at the closing price of similar assets in the active market in which the similar assets are traded.
- *Common Collective Trusts*: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. All collective trusts utilize NAV as the practical expedient to valuing the investment upon sale. See Note 5.
- *Alternative Investment*: Valued at the net asset value (NAV) of the investment as of the investor's measurement date. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The 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 are as follows:

<b><i>Investments at Fair Value as of December 31, 2024</i></b>				
	<i>(in thousands)</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 705,024	\$ -	\$ -	\$ 705,024
Money market fund	-	8,015	-	8,015
Total assets in the fair value hierarchy	<u>\$ 705,024</u>	<u>\$ 8,015</u>	<u>\$ -</u>	713,039
Investments measured at net asset value (a):				
Common collective trusts				229,303
Alternate investment				336
Investments at fair value				<u>\$ 942,678</u>

**EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.**

**NOTES TO FINANCIAL STATEMENTS**

<b><i>Investments at Fair Value as of December 31, 2023</i></b>				
<i>(in thousands)</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 650,879	\$ -	\$ -	\$ 650,879
Money market fund	-	16,193	-	16,193
Total assets in the fair value hierarchy	<u>\$ 650,879</u>	<u>\$ 16,193</u>	<u>\$ -</u>	667,072
Investments measured at net asset value (a):				
Common collective trusts				254,802
Alternate investment				1,505
Investments at fair value				<u>\$ 923,379</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

**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.

**Fair Value of Investments in Entities that Use Net Asset Value:**

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share at December 31, 2024 and 2023:

Description	December 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
	Fair Value <i>(in thousands)</i>	Fair Value <i>(in thousands)</i>			
The Endowment Fund TEI Fund	\$ 336	\$ 1,505	Not Applicable	Quarterly	30-120 days
CF FIAM Long Corporate	227,299	167,940	Not Applicable	Daily	None
NT Collective Govt ST Invt FD	2,004	86,862	Not Applicable	Daily	None
	<u>\$ 229,639</u>	<u>\$ 256,307</u>			

**Note 5 - Common Collective Trusts:**

The Plan invests in investment contracts through its common collective trusts (CCTs). The CCTs' fair values are relevant measure attributes. The CCTs held by the Plan are stable value investments which have an objective to preserve capital and to provide a competitive level of income over time that is consistent with the preservation of capital. To achieve this objective the fund invests primarily in insurance contracts and corporate and government agency bonds.

# EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.

## NOTES TO FINANCIAL STATEMENTS

### Note 6 - Funding Policy:

The Hospital makes contributions to fund the benefits of the Plan plus additional amounts approved by the Hospital from time to time. The yield (interest, dividends, and net change in investments) of the Plan increases or reduces future contributions that would otherwise be required, based on actuarial determination, under the Plan's benefits formula. Employees are not permitted to contribute to the Plan.

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

Employees' cash balance at the beginning of the year is credited with interest of 1% above the three-month Treasury bill rate in effect on the first day of the Plan year, but not less than 5%. At the end of each year, each active participant who completes at least 1,000 hours of service will receive an additional accrual based on their age plus service at the beginning of the year and earnings paid during the year, as shown below:

Age	Basic Earnings Contribution Rate
up to 30	3.0%
31-40	4.0%
41-50	5.0%
51-60	6.0%
61-70	7.0%
71-80	9.0%
81-90	11.0%
91 and over	13.0%

For employees who became participants or were rehired on or after January 1, 2012, were active at the end of the year and worked 1,000 hours, a service credit will be calculated as follows:

Years of Credited Service	Basic Earnings Contribution Rate
up to 5	3.0%
6 - 10	3.5%
11 - 15	4.0%
16 - 20	5.0%
21 - 24	6.0%
25 - 29	7.0%
30 or more	8.0%

The AFTAP for the Plan for the years ending December 31, 2024 and 2023 are 105.35% and 103.40%, respectively. The Hospital's contributions for 2024 and 2023 complied with and exceeded the minimum funding requirements of the Employee Income Security Act of 1974 (ERISA).

## EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.

### NOTES TO FINANCIAL STATEMENTS

#### Note 7 - Plan Termination:

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Should the Plan terminate, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years prior to the termination date of the Plan, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).
- c) All other vested benefits (that is vested benefits not insured by the PBGC).
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the PBGC level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefits that the PBGC guarantees, which is adjusted periodically. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in a form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all the participants receive their benefits should the Plan terminate at some future date will depend on the adequacy, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

#### Note 8 - Tax Status:

The Internal Revenue Service (IRS) has determined and informed the Hospital by a letter dated November 1, 2011 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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. 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.

## EMPLOYEES' CASH BALANCE PLAN OF ATLANTIC HEALTH SYSTEM, INC.

### NOTES TO FINANCIAL STATEMENTS

#### **Note 9 - Party-in-Interest Transactions:**

Plan investments are managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to \$403,113 and \$194,463 for the years ended December 31, 2024 and 2023, respectively. In addition, the Plan utilizes an actuary which provides actuarial services to the Plan and therefore, these transactions qualify as parties-in-interest transactions. Fees paid by the Plan for actuarial services for the years ended December 31, 2024 and 2023 were \$1,366,490 and \$2,303,605 respectively and are included in administrative expenses. In addition, the Plan reimburses the Hospital for PBGC premium payments, and therefore, these transactions qualify as parties-in-interest transactions. Fees reimbursed by the plan to the Hospital for PBGC payments were \$935,441 for the year ended December 31, 2024. There were no fees reimbursed for the year ended December 31, 2023.

#### **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 accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics, all of which are subject to change. Due to the uncertainties inherent in the 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.

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 four funds comprised approximately 71% of total investments at December 31, 2024. The Plan's investment in three funds comprised approximately 49% of total investments at December 31, 2023.

## SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024EIN: 22-3380375  
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments	Cost	Current Value	(in thousands)
	<i>(Shares)/(Units)</i>			
Mutual Funds:				
	Vanguard Intermediate-Term Invt Grade Fund Admiral	20,365,526	\$ 185,912	\$ 173,622
	SSGA Long U.S. Treasury Indx SI Fund	7,069,359	158,979	147,820
	Vanguard Instl Index Fund Instl Plus Shs	256,030	59,885	122,608
	SSGA 3-10 Year U.S. Treasury Indx SI Fund	4,742,885	85,989	87,416
	Vanguard Short-Term Invt Grade Fund Instl CI	4,766,471	50,751	48,962
	Harding Loevner Intl Equity Portfolio Instl CI Z	1,227,172	27,257	30,053
	Eaton Vance Fltg Rate	3,548,334	31,210	29,545
	American Europacific Growth Fund CI R6	377,820	17,881	20,297
	Amg Timesquare Intl Small Cap	1,257,203	17,645	17,727
	Vanguard Horizon Fds Cap	73,518	8,414	13,916
	Wasatch Core Growth Fund Instl CI	142,140	8,629	13,058
	Total Mutual Funds		<u>652,553</u>	<u>705,024</u>
Alternative Investment -				
	The Endowment Fund TEI Fund	423,210	423	336
Money Market Fund -				
	Vanguard Federal Money Market Fund	8,045,728	8,046	8,015
Common Collective Trusts:				
	CF FIAM Long Corporate	23,578,778	227,940	227,299
*	NT Collective Govt Short Term Invt FD	2,003,661	2,004	2,004
	Total Common Collective Trusts		<u>229,944</u>	<u>229,303</u>
			<u>\$ 882,920</u>	<u>\$ 942,678</u>

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

*See independent auditors' report.*

SUPPLEMENTAL INFORMATION

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

EIN: 22-3380375  
PLAN NUMBER: 001

(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)
<b>1. Series of Security Transactions in the same issue in Excess of 5% of Plan Assets:</b>								
<i>(in thousands)</i>								
<b>Purchases:</b>								
Fidelity	CF FIAM Long Corporate	\$ 66,000	\$ -	1	\$ -	\$ 66,000	\$ 66,000	\$ -
* Northern Trust	NT Collective Govt Short Term Invst Fd	123,524	-	54	-	123,524	123,524	-
<b>Sales -</b>								
* Northern Trust	NT Collective Govt Short Term Invst Fd	\$ -	\$ 208,382	57	\$ -	\$ 208,382	\$ 208,382	\$ -
<b>2. Single Security Transactions in the same issue in Excess of 5% of Plan Assets:</b>								
<b>Purchases:</b>								
Fidelity	CF FIAM Long Corporate	\$ 66,000	\$ -	1	\$ -	\$ 66,000	\$ 66,000	\$ -
* Northern Trust	NT Collective Govt Short Term Invst Fd	95,000	-	1	-	95,000	95,000	-
<b>Sales:</b>								
* Northern Trust	NT Collective Govt Short Term Invst Fd	\$ -	\$ 78,119	1	\$ -	\$ 78,119	\$ 78,119	\$ -
* Northern Trust	NT Collective Govt Short Term Invst Fd	-	90,657	1	-	90,657	90,657	-
* Indicates party-in-interest to the Plan.								

See independent auditors' report.

Schedule SB, Line 26a – Schedule of Active Participants

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 22-3380375/001

Employees' Cash Balance Plan of Atlantic Health System, Inc.

**Participant Information for the AHS Cash Balance Plan (Legacy Chilton Memorial Hospital Plan participants only)**

The following table displays the distribution of active participants by age and service, and includes average pay and average Cash Balances for any grouping with 20 or more participants as required on the Form 5500 Schedule SB attachment for Cash Balance plans.

Age Group	Service Group																				Total	
	< 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+			
	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal	No.	Avg. Pay Avg. Bal		
0 - 24																						0
24 - 29					5		2															7
30 - 34			3		42	\$ 78,876 \$ 19,412	127	\$ 89,673 \$ 26,484	3													175
35 - 39			9		34	\$ 55,389 \$ 18,323	250	\$ 89,008 \$ 32,380	97	\$ 94,086 \$ 51,355	3											393
40 - 44			12		41	\$ 71,002 \$ 18,565	207	\$ 105,145 \$ 38,403	201	\$ 103,045 \$ 67,197	51	\$ 108,145 \$ 88,325	1									513
45 - 49	4		16		24	\$ 70,628 \$ 21,132	190	\$ 114,313 \$ 47,861	192	\$ 114,317 \$ 83,381	107	\$ 119,037 \$ 115,729	26	\$ 102,674 \$ 121,274								559
50 - 54	2		13		48	\$ 86,616 \$ 30,649	228	\$ 120,828 \$ 51,753	206	\$ 121,512 \$ 101,091	131	\$ 116,816 \$ 124,246	92	\$ 126,763 \$ 176,318	27	\$ 114,833 \$ 199,445	2					749
55 - 59	4		24	\$ 36,833 \$ 7,316	24	\$ 86,474 \$ 26,477	246	\$ 100,935 \$ 44,448	172	\$ 120,556 \$ 111,966	132	\$ 115,005 \$ 147,706	87	\$ 126,762 \$ 202,190	73	\$ 125,721 \$ 246,222	43	\$ 123,268 \$ 265,180	3			808
60 - 64	1		10		23	\$ 60,017 \$ 21,086	235	\$ 109,394 \$ 48,001	151	\$ 108,949 \$ 118,286	136	\$ 116,345 \$ 167,492	114	\$ 129,986 \$ 244,349	93	\$ 128,505 \$ 287,431	72	\$ 148,225 \$ 361,512	32	\$ 133,947 \$ 394,198		867
65 - 69	3		12		13		147	\$ 105,482 \$ 48,042	74	\$ 120,157 \$ 144,794	64	\$ 126,080 \$ 197,450	49	\$ 117,935 \$ 251,232	62	\$ 131,127 \$ 324,777	38	\$ 136,338 \$ 398,754	19			481
70+			6		8		49	\$ 143,894 \$ 71,538	26	\$ 91,812 \$ 150,298	24	\$ 114,457 \$ 216,117	13		12		13		6			157
<b>Total</b>	<b>14</b>		<b>105</b>		<b>262</b>		<b>1,681</b>		<b>1,122</b>		<b>648</b>		<b>382</b>		<b>267</b>		<b>168</b>		<b>60</b>		<b>4,709</b>	

Schedule SB, Line 26a – Schedule of Active Participants

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 22-3380375/001

Employees' Cash Balance Plan of Atlantic Health System, Inc.

### Participant Information for the AHS Cash Balance Plan (Legacy Chilton Memorial Hospital Plan participants only)

The following table displays the distribution of active participants by age and service, and includes average frozen accrued benefit for any grouping with 20 or more participants as required on the Form 5500 Schedule SB attachment.

Age Group	Service Group																		Total			
	< 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39			40+		
	No.	Avg Frz Ben	No.	Avg Frz Ben	No.	Avg Frz Ben	No.	Avg Frz Ben	No.	Avg Frz Ben	No.	Avg Frz Ben	No.	Avg Frz Ben	No.	Avg Frz Ben	No.	Avg Frz Ben		No.	Avg Frz Ben	
0 - 24																						
25 - 29																						
30 - 34			2																			2
35 - 39			6		9																	15
40 - 44			11		11		4															26
45 - 49			9		16		10		3													38
50 - 54			11		25	\$ 4,555	14		7		2											59
55 - 59			18		25	\$ 4,475	22	\$ 6,831	11		6		7									89
60 - 64			8		33	\$ 4,707	25	\$ 9,007	5		15		8		3							97
65 - 69			6		14		14		5		9		4		4							56
70+					3		2		1		1				1				1			9
<b>Total</b>			<b>71</b>		<b>136</b>		<b>91</b>		<b>32</b>		<b>33</b>		<b>19</b>		<b>8</b>				<b>1</b>			<b>391</b>

## Actuarial Methods for Funding and Present Value of Accrued Benefits

### Liability Valuation Method

#### Funding Target and Target Normal Cost as Defined in PPA

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a plan's Funding Target and Target Normal Cost for a plan year is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a plan amendment is treated as having been adopted on the first day of the plan year (including a Plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

### Asset Valuation Method

Actuarial Value of Assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the fair market value of the assets on the valuation date and the adjusted fair Market Value of Assets determined as of the two prior determination dates. The adjusted fair Market Value of Assets as of a determination date is the Market Value of Assets on that date, increased by contributions that were not included in the Plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the Market Value of Assets plus discounted receivable contributions and no less than 90% of the Market Value of Assets plus discounted contributions.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Attachment to 2024 Form 5500 Schedule SB**  
**EIN/PN 22-3380375/001**  
**Employees' Cash Balance Plan of Atlantic Health System, Inc.**

## **Actuarial Methods for Funding and Present Value of Accrued Benefits**

### **Procedures**

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the Plan Sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The Plan Sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

### **Model Use**

Actuarial Standard of Practice No. 56 – Modeling requires disclosure of certain information regarding the actuary's use of models when issuing actuarial reports for work performed on or after October 1, 2020. For this valuation, the liability calculations were determined using industry-leading defined benefit valuation software developed and maintained by a third party vendor. The model was designed specifically for the measurement of defined benefit pension plan liabilities and the actuary has updated the applicable parameters for the specific plan provisions and assumptions selected for this valuation. An Excel-based model that calculates a supportable long-term rate of return on assets with inputs of a target asset allocation and publicly available capital market assumptions by asset class was used to assess the reasonableness of the long-term rate of return assumption.

### **Method Changes Since Last Year**

There were no method changes since the prior valuation.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Attachment to 2024 Form 5500 Schedule SB**  
**EIN/PN 22-3380375/001**  
**Employees' Cash Balance Plan of Atlantic Health System, Inc.**

**Actuarial Assumptions**

Interest Rates	ARP/IIJA			
	Pre-MAP-21 Segment Rates	25-Year Average Segment Rates	Corridor (95%-105%)	Segment Rates
Lookback Month	September	N/A	N/A	September
First Segment Rate	3.62%	5.00% <sup>1</sup>	4.75% - 5.25%	4.75%
Second Segment Rate	4.46%	5.13%	4.87% - 5.39%	4.87%
Third Segment Rate	4.52%	5.88%	5.59% - 6.17%	5.59%
Effective Rate	4.43%	N/A	N/A	5.13%

<sup>1</sup>Actual Rate of 3.33% was limited to a floor of 5.00% per the provisions of ARP.

Expected Rate of Return	6.25% for plan year beginning on January 1, 2024 6.50% for plan year beginning on January 1, 2023
Salary Increases	4.00% per year
Expenses	Expenses are based on actual non-PBGC-related expenses paid in the prior plan year plus expected PBGC premiums for the current plan year, rounded up to the next \$1,000.
Expected crediting rate on cash balance accounts	6.32% for 2024 and 5.50% for years thereafter for all account balances
Funding Target Mortality – Healthy Participants	As defined in §1.430(h)(3)-1(a)(1)(i). This table is based on the annuitant and non-annuitant mortality rates for males and females from IRS §1.430(h)(3)-1(d) with a base year of 2012 and generational projection of mortality improvements using the IRS 2024 Adjusted Scale MP-2021.
Funding Target Mortality - Disabled Participants	Mortality for disabled participants as defined in Revenue Ruling 96-7.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
Attachment to 2024 Form 5500 Schedule SB  
EIN/PN 22-3380375/001  
Employees' Cash Balance Plan of Atlantic Health System, Inc.

**Actuarial Assumptions**

<b>Withdrawal Rates</b>	<b>Age</b>	<b>Annual Probabilities of Withdrawal</b>
	25	0.12
	30	0.12
	35	0.08
	40	0.06
	45	0.05
	50	0.05
55+	0.07	
<b>Retirement Rates</b>	<b>Age</b>	<b>Annual Probabilities of Retirement</b>
	55-60	0.025
	61	0.035
	62-63	0.065
	64	0.085
	65-66	0.180
	67-69	0.150
	70-71	0.200
72	1.000	
<b>Disability Rates</b>	<b>Age</b>	<b>Number of Disabilities per 1,000 Participants</b>
	25	0.3
	30	0.3
	35	0.3
	40	0.4
	45	0.8
	50	2.1
	55	4.5
	60	10.1
	64	20.0
60	10.1	
64	20.0	
<b>Age of Benefit Commencement - Terminated Vested Participants</b>	Terminated participants who have not yet commenced benefits are assumed to commence benefits at the following ages weighted as follows:	
	<b>Age</b>	<b>Males and Females</b>
	55	20%
	60	25%
	65	45%
72	10%	

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Attachment to 2024 Form 5500 Schedule SB**  
**EIN/PN 22-3380375/001**  
**Employees' Cash Balance Plan of Atlantic Health System, Inc.**

**Actuarial Assumptions**

<b>Lump Sum</b>	
<b>Lump Sum Conversion Rate</b>	Same as underlying valuation interest rates.
<b>Lump Sum Election Rate</b>	75.00% of participants elect a lump sum 12.50% of participants elect a normal form of annuity* 6.25% elect a 50% Joint and Survivor annuity 6.25% elect a 100% Joint and Survivor annuity  <i>*Normal form of annuity for the Cash Balance Plan is single life annuity and for the Legacy Chilton Plan is 10-year certain and life annuity.</i>
<b>Mortality</b>	<b>Funding:</b> Applicable mortality under IRS Section 417(e), projected to the calculation date.
<b>Beneficiary</b>	100% assumed to have beneficiary.  Male participants assumed to have female beneficiary three years younger. Female participants assumed to have male beneficiary two years older.
<b>Maximum Compensation</b>	\$345,000 in 2024 \$330,000 in 2023
<b>Maximum Benefit Provided</b>	Single life annuity of \$275,000 in 2024 Single life annuity of \$265,000 in 2023
<b>Assumption Changes</b>	<b>Funding:</b> <ul style="list-style-type: none"> <li>- The interest rates were updated per IRS requirements, and reflect the provisions of MAP-21 as modified by ARP/IIJA.</li> <li>- The mortality assumption was updated per IRS requirements.</li> <li>- The lump sum mortality assumption was updated to the 2024 IRS 417(e) published table, projected to the calculation date.</li> <li>- The Cash Balance interest crediting rate for 2024 was updated from 5.50% to 6.32% to reflect the actual rate in effect for 2024.</li> <li>- The salary scale changed from 3.00% per annum to 4.00% per annum.</li> <li>- The expected rate of return on assets assumption changed from 6.50% for plan year beginning on January 1, 2023 to 6.25% for plan year beginning on January 1, 2024.</li> </ul>

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: Employees' Cash Balance Plan of Atlantic Health System, Inc. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 07/01/1955 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) 660-3100 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, Signature of plan administrator, 10/10/2025, Nicole Pertalia. 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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">9739</td> </tr> </table>	<b>5</b>	9739																															
<b>5</b>	9739																																	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">5100</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">4770</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">1728</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">2769</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">9267</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">94</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">9361</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">3</td> </tr> </table>				<b>6a(1)</b>		5100	<b>6a(2)</b>		4770	<b>6b</b>		1728	<b>6c</b>		2769	<b>6d</b>		9267	<b>6e</b>		94	<b>6f</b>		9361	<b>6g(1)</b>			<b>6g(2)</b>			<b>6h</b>		3
<b>6a(1)</b>		5100																																
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<b>6g(2)</b>																																		
<b>6h</b>		3																																
<b>7</b> 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;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>	<b>7</b>																																
<b>7</b>																																		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1C

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

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

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

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

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

---

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

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

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

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<b>Plan Name</b>	<b>Employees' Cash Balance Plan of Atlantic Health System, Inc.</b>
<b>Plan Sponsor EIN</b>	<b>22-3380375</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>December 31, 2024</b>

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).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
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	

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Employees' Cash Balance Plan of Atlantic Health System, Inc.		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Atlantic Health System		<b>D</b> Employer Identification Number (EIN) 22-3380375	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	968,565,561
	<b>b</b> Actuarial value .....	<b>2b</b>	991,790,312
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	1,795	197,127,391
	<b>b</b> For terminated vested participants .....	2,857	139,257,111
	<b>c</b> For active participants .....	5,100	576,715,828
	<b>d</b> Total .....	9,752	913,100,330
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.13 %
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	34,498,472
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	3,517,000
	<b>c</b> Target normal cost .....	<b>6c</b>	38,015,472

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

<b>SIGN HERE</b>	<u>YLLC</u>	<u>9/5/2025</u>
	Signature of actuary	Date
<u>Yon-Loon Chen</u>	Type or print name of actuary	<u>23-07138</u>
<u>Deloitte Consulting LLP</u>	Firm name	Most recent enrollment number
<u>30 Rockefeller Plz</u>	Address of the firm	<u>(212) 313-1704</u>
<u>New York</u>	NY 10112	Telephone number (including area code)

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.64%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		46,814,197
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27%</u> .....		2,467,108
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		49,281,305
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	108.56%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	105.35%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	108.92%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/01/2024	5,000,000		04/01/2025	1,000,000	
11/01/2024	5,000,000		05/01/2025	1,000,000	
12/02/2024	5,000,000		06/02/2025	1,000,000	
01/03/2025	5,000,000		07/01/2025	1,000,000	
02/03/2025	1,000,000		08/01/2025	1,000,000	
03/03/2025	1,000,000		09/02/2025	1,000,000	
<b>Totals ▶</b>			<b>18(b)</b>	28,000,000	<b>18(c)</b> 0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	26,611,102

<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>					
21 Discount rate:					
a Segment rates:		1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code) .....				<b>21b</b>	4
22 Weighted average retirement age .....				<b>22</b>	66
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute					

<b>Part VI Miscellaneous Items</b>					
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
26 Demographic and benefit information					
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....				<b>27</b>	

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>					
28 Unpaid minimum required contributions for all prior years .....				<b>28</b>	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....				<b>29</b>	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b>	0

<b>Part VIII Minimum Required Contribution For Current Year</b>					
31 Target normal cost and excess assets (see instructions):					
a Target normal cost (line 6c) .....				<b>31a</b>	38,015,472
b Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b>	38,015,472
32 Amortization installments:					
			Outstanding Balance	Installment	
a Net shortfall amortization installment .....			0	0	
b Waiver amortization installment .....			0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....				<b>34</b>	0
		Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement .....		0	0	0	
36 Additional cash requirement (line 34 minus line 35) .....				<b>36</b>	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b>	26,611,102
38 Present value of excess contributions for current year (see instructions)					
a Total (excess, if any, of line 37 over line 36) .....				<b>38a</b>	26,611,102
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b>	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b>	0
40 Unpaid minimum required contributions for all years .....				<b>40</b>	0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**Attachment to the 2024 Schedule SB (Form 5500),  
Line 15 – Reconciliation of Differences between Valuation Results and Amounts used to  
Calculate AFTAP  
Plan Name: Employees' Cash Balance Plan of Atlantic Health System, Inc.  
EIN/PN: 22-3380375/001**

The 2024 AFTAP is different than the 2024 FTAP because the Actuarial Value of Assets only reflected receivable contributions made as of March 29, 2024, the date of the certification.

**Attachment to the 2024 Schedule SB (Form 5500)**  
**Line 22 - Description of Weighted Average Retirement Age**  
**Employees' Cash Balance Plan of Atlantic Health System, Inc.**  
**EIN / PN: 22-3380375/001**

<u>Age</u>	<u>Count</u>	<u>Retirement Rate</u>	<u>Retirements</u>	<u>Weighted Age</u>
55	1,000	2.5%	25	1,375
56	975	2.5%	24	1,344
57	951	2.5%	24	1,368
58	927	2.5%	23	1,334
59	904	2.5%	23	1,357
60	881	2.5%	22	1,320
61	859	3.5%	30	1,830
62	829	6.5%	54	3,348
63	775	6.5%	50	3,150
64	725	8.5%	62	3,968
65	663	18.0%	119	7,735
66	544	18.0%	98	6,468
67	446	15.0%	67	4,489
68	379	15.0%	57	3,876
69	322	15.0%	48	3,312
70	274	20.0%	55	3,850
71	219	20.0%	44	3,124
72	175	100.0%	175	12,600
				65,848
<b>Weighted Average Retirement Age</b>				65.85

## Funding Cash Flow

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 22-3380375/001

Employees' Cash Balance Plan of Atlantic Health System, Inc.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	43,709,534	31,412,808	20,139,201	95,261,543
2025	34,090,947	6,027,644	19,569,446	59,688,037
2026	37,555,793	6,959,057	18,976,428	63,491,278
2027	38,290,102	5,557,734	18,327,658	62,175,494
2028	38,463,508	7,378,119	17,661,439	63,503,066
2029	40,395,323	6,301,965	16,957,918	63,655,206
2030	39,400,402	6,564,827	16,247,197	62,212,426
2031	39,663,163	7,193,474	15,507,418	62,364,055
2032	40,021,151	7,027,732	14,749,179	61,798,062
2033	38,574,898	8,184,643	13,961,800	60,721,341
2034	37,074,970	7,253,704	13,165,425	57,494,099
2035	36,941,739	8,339,885	12,339,927	57,621,551
2036	35,130,954	7,653,818	11,514,717	54,299,489
2037	34,745,127	6,928,360	10,694,629	52,368,116
2038	34,645,175	7,702,680	9,873,173	52,221,028
2039	33,276,858	6,573,122	9,057,362	48,907,342
2040	32,767,981	7,843,142	8,258,476	48,869,599
2041	32,091,371	7,488,635	7,475,282	47,055,288
2042	31,166,129	7,720,243	6,714,063	45,600,435
2043	30,533,559	6,970,211	5,981,077	43,484,847
2044	29,367,444	6,703,609	5,282,282	41,353,335
2045	28,722,637	7,269,738	4,623,058	40,615,433
2046	26,863,356	6,024,710	4,007,980	36,896,046
2047	25,828,894	6,706,910	3,440,650	35,976,454
2048	24,555,232	6,465,980	2,923,588	33,944,800
2049	23,196,378	5,827,677	2,458,152	31,482,207
2050	22,796,002	6,235,276	2,044,494	31,075,772
2051	20,747,521	5,503,133	1,681,616	27,932,270

## Funding Cash Flow

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	20,240,213	5,236,464	1,367,515	26,844,192
2053	18,722,111	4,738,490	1,099,334	24,559,935
2054	17,200,015	4,518,740	873,536	22,592,291
2055	15,747,225	4,236,584	686,102	20,669,911
2056	14,380,264	3,704,141	532,733	18,617,138
2057	13,140,765	3,520,273	409,042	17,070,080
2058	12,050,808	3,157,512	310,730	15,519,050
2059	10,841,897	2,814,623	233,723	13,890,243
2060	9,599,992	2,553,782	174,266	12,328,040
2061	8,742,371	2,342,273	128,998	11,213,642
2062	8,002,511	2,182,232	94,993	10,279,736
2063	7,184,105	2,017,173	69,757	9,271,035
2064	6,462,913	1,763,936	51,224	8,278,073
2065	5,903,280	1,623,671	37,719	7,564,670
2066	5,278,208	1,456,986	27,917	6,763,111
2067	4,710,904	1,327,372	20,805	6,059,081
2068	4,287,766	1,216,961	15,622	5,520,349
2069	3,898,349	1,116,096	11,816	5,026,261
2070	3,531,002	1,034,053	8,986	4,574,041
2071	3,185,463	928,924	6,856	4,121,243
2072	2,861,411	842,062	5,233	3,708,706
2073	2,558,451	759,724	3,985	3,322,160

## Plan Provisions Summary

Employer ID and Plan Number	22-3380375 / 001
<b>PLAN PROVISIONS FOR AHS CASH BALANCE PLAN PARTICIPANTS</b>	
1. Effective Date	The original effective date of the Plan was July 1, 1955. Provisions shown below include plan amendments adopted through January 1, 2024.
2. Plan Year	January 1 to December 31.
3. Eligibility for Participation	<p>An employee is eligible to participate in the Plan on the first of the month coincident with or next following the attainment of age 21 and the completion of 1,000 hours of service in his or her first twelve months of employment of a subsequent calendar year.</p> <p>Newton Medical Center (NMC) employees who have met the requirements will enter the Cash Balance Plan as of January 1, 2012. As detailed in the plan amendment, NMC employees received vesting service back to their original date of hire with NMC and will be eligible to receive credited service from January 1, 2012.</p> <p>The Plan was closed to new entrants effective December 15, 2013. Any employee hired after this date would not be eligible to participate in the Plan.</p> <p>Effective December 31, 2014, the Chilton Memorial Hospital Pension Plan was merged into the Employees' Cash Balance Plan of Atlantic Health System, Inc. The Legacy Chilton plan provisions and benefits remained unchanged, and Legacy Chilton participants are not entitled to any additional benefits under the Atlantic Health System Cash Balance Plan.</p>
4. Credited Service	For benefit accrual purposes, an employee earns a year of credit for each plan year during which he or she works 1,000 or more hours.
5. Normal Retirement Date	The first day of the month coincident with or next following the attainment of age 65.
6. Normal Retirement	
a. Eligibility	Retires on or after normal retirement date.
b. Benefit	<p>Effective January 1, 1997, employees had their accrued benefit converted to an opening cash balance (the present value of their benefit). The beginning balance is credited with interest 1.0% above the three-month Treasury bill rate in effect on the first day of the plan year, subject to a minimum interest crediting rate of 5%. The Plan was amended to lower the minimum interest crediting for accruals after May 31, 2010, to 4%, with the 5% minimum interest crediting rate still applicable to balances accrued prior to May 31, 2010. The Plan was subsequently amended to lower the minimum interest crediting rate from 5% to 4% for all accruals. Beginning July 1, 2011, the total account balance with the 4% minimum interest crediting rate is subject to a minimum balance, where the minimum balance includes only accruals through June 30, 2011. For the portion of the minimum balance attributable to accruals prior to May 31, 2010, the minimum interest crediting rate remains at 5%; likewise, for the portion of the minimum balance attributable to accruals between June 1, 2010, and June 30, 2011, the minimum interest crediting rate remains at 4%.</p> <p>At the end of each calendar year, each active participant who completes at least 1,000 hours of service will receive an additional accrual based on their service or age plus service at the beginning of the calendar year and pensionable earnings paid during the calendar year, as shown in the tables on the following page.</p>

**Plan Provisions Summary**

	Employees who became Participants on or after January 1, 2012, or were rehired on or after January 1, 2012, following a Break-in-Service:																	
	<table border="0"> <thead> <tr> <th style="text-align: center;"><u>Years of Credited Service</u></th> <th style="text-align: center;"><u>Basic Earnings Contribution Rate</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Up to 5</td> <td style="text-align: center;">3.0%</td> </tr> <tr> <td style="text-align: center;">6 - 10</td> <td style="text-align: center;">3.5%</td> </tr> <tr> <td style="text-align: center;">11 - 15</td> <td style="text-align: center;">4.0%</td> </tr> <tr> <td style="text-align: center;">16 - 20</td> <td style="text-align: center;">5.0%</td> </tr> <tr> <td style="text-align: center;">21 - 24</td> <td style="text-align: center;">6.0%</td> </tr> <tr> <td style="text-align: center;">25 - 29</td> <td style="text-align: center;">7.0%</td> </tr> <tr> <td style="text-align: center;">30 or more</td> <td style="text-align: center;">8.0%</td> </tr> </tbody> </table>	<u>Years of Credited Service</u>	<u>Basic Earnings Contribution Rate</u>	Up to 5	3.0%	6 - 10	3.5%	11 - 15	4.0%	16 - 20	5.0%	21 - 24	6.0%	25 - 29	7.0%	30 or more	8.0%	
	<u>Years of Credited Service</u>	<u>Basic Earnings Contribution Rate</u>																
	Up to 5	3.0%																
	6 - 10	3.5%																
	11 - 15	4.0%																
	16 - 20	5.0%																
	21 - 24	6.0%																
	25 - 29	7.0%																
	30 or more	8.0%																
All other Participants:																		
<table border="0"> <thead> <tr> <th style="text-align: center;"><u>Years of Age + Credited Service</u></th> <th style="text-align: center;"><u>Basic Earnings Contribution Rate</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Up to 30</td> <td style="text-align: center;">3.0%</td> </tr> <tr> <td style="text-align: center;">31 - 40</td> <td style="text-align: center;">4.0%</td> </tr> <tr> <td style="text-align: center;">41 - 50</td> <td style="text-align: center;">5.0%</td> </tr> <tr> <td style="text-align: center;">51 - 60</td> <td style="text-align: center;">6.0%</td> </tr> <tr> <td style="text-align: center;">61 - 70</td> <td style="text-align: center;">7.0%</td> </tr> <tr> <td style="text-align: center;">71 - 80</td> <td style="text-align: center;">9.0%</td> </tr> <tr> <td style="text-align: center;">81 - 90</td> <td style="text-align: center;">11.0%</td> </tr> <tr> <td style="text-align: center;">91 and over</td> <td style="text-align: center;">13.0%</td> </tr> </tbody> </table>	<u>Years of Age + Credited Service</u>	<u>Basic Earnings Contribution Rate</u>	Up to 30	3.0%	31 - 40	4.0%	41 - 50	5.0%	51 - 60	6.0%	61 - 70	7.0%	71 - 80	9.0%	81 - 90	11.0%	91 and over	13.0%
<u>Years of Age + Credited Service</u>	<u>Basic Earnings Contribution Rate</u>																	
Up to 30	3.0%																	
31 - 40	4.0%																	
41 - 50	5.0%																	
51 - 60	6.0%																	
61 - 70	7.0%																	
71 - 80	9.0%																	
81 - 90	11.0%																	
91 and over	13.0%																	
The accumulated cash balance will be converted into a monthly annuity based on the adjusted first, second and third segment rates as are prescribed by the Secretary of the Treasury under Code Section 417(e)(3)(C) and ERISA Section 205(g)(3)(B) for the September immediately preceding the plan year in which the distribution occurs.																		
<b>c. Prior Plan Benefit</b>	This normal retirement benefit may not be less than a participant's accrued benefit as of December 31, 1996 under the Prior Plan formula for participants of the former Morristown, Mountainside, and Overlook Plans and December 31, 1998 for participants of the former Passaic Plan.																	
<b>d. Grandfathered Provision</b>	For participants of the former Morristown, Mountainside and Overlook Plans who attained age 50 with 5 years of service by December 31, 1996, the normal retirement benefit may not be less than the Prior Plan formulas would have provided at retirement.																	
<b>e. Payment</b>	Commencing on the first of the month coincident with or next following retirement.																	
<b>7. Accrued Benefit</b>	A participant's accrued benefit as of any date prior to his or her normal retirement date is equal to the normal retirement benefit, but based upon the account balance as of the date of computation (or the grandfathered provision, if applicable).																	
<b>8. Early Retirement</b>																		
<b>a. Eligibility</b>	Retires prior to normal retirement date after attainment of age 55 and completion of at least 5 years of vesting service.																	
<b>b. Benefit</b>	Accrued benefit at date of retirement.																	
<b>c. Payment</b>	Deferred to normal retirement date. Reduced for earlier commencement if grandfathered with the reduction equal to 3/12 of 1% for each of the first 60 months and 5/12 of 1% for each subsequent month by which commencement precedes normal retirement date. If a participant is not grandfathered, the annuity paid out is actuarially reduced for early retirement.																	

**Schedule SB, Part V – Summary of Plan Provisions**  
**Attachment to 2024 Form 5500 Schedule SB**  
**EIN/PN 22-3380375/001**  
**Employees' Cash Balance Plan of Atlantic Health System, Inc.**

**Plan Provisions Summary**

<b>9. Deferred Vested Retirement</b>	
<b>a. Eligibility</b>	Terminates employment after completion of 3 years of vesting service.
<b>b. Benefit</b>	Accrued benefit at date of termination.
<b>c. Payment</b>	Either (i) or (ii) below: (i) Deferred to early or normal retirement date: A participant may elect commencement at or after age 55 with 5 years of vesting service, in which case payments are reduced for early retirement or defer to normal retirement at age 65. (ii) For participants who terminate on or after August 1, 2019, option to elect an immediate lump sum benefit or immediate annuity in the normal form to commence within one year of termination; benefit reduced actuarially from normal retirement benefit at age 65.
<b>10. Disability Retirement</b>	
<b>a. Eligibility</b>	Becomes completely disabled prior to normal retirement date after attainment of age 45 and completion of 3 years of vesting service.
<b>b. Benefit</b>	Accrued benefit at date of disability.
<b>c. Payment</b>	Commencing on the first of the month coincident with or next following disability date.
<b>11. Normal Form of Payment</b>	
<b>a. Unmarried Participants</b>	Monthly payments for life.
<b>b. Married Participants</b>	Actuarially equivalent 50% Joint and Survivor annuity, under which an employee receives a reduced benefit with 50% of the reduced benefit payable to the eligible surviving spouse for life.
<b>12. Optional Forms of Benefit</b>	Participants are entitled to elect one of the following optional forms of benefit.
<b>a. 5-Year Certain and Life Annuity</b>	A monthly benefit payable for the life of the participant, with 60 monthly payments guaranteed. If the participant dies before receiving all 60 payments, these monthly payments will continue to the designated beneficiary until a combined total of 60 payments have been made.
<b>b. 10-Year Certain and Life Annuity</b>	A monthly benefit payable for the life of the participant, with 120 monthly payments guaranteed. If the participant dies before receiving all 120 payments, these monthly payments will continue to the designated beneficiary until a combined total of 120 payments have been made.
<b>c. 15-Year Certain and Life Annuity</b>	A monthly benefit payable for the life of the participant, with 180 monthly payments guaranteed. If the participant dies before receiving all 180 payments, these monthly payments will continue to the designated beneficiary until a combined total of 180 payments have been made.
<b>d. 50%, 75% or 100% Joint and Survivor Annuity</b>	Actuarially equivalent monthly benefit under which an employee receives a reduced benefit with either 50%, 75% or 100% of the reduced benefit payable to the eligible surviving spouse for life.
<b>e. Lump Sum</b>	A one-time payment with no further benefits.
<b>f. Partial Lump Sum</b>	A one-time payment of 50% of the distribution the participant would be entitled to under the lump sum option, with the Actuarial Equivalence value of the remainder payable under any of the other available forms of payment.
<b>13. Pre-Retirement Spouse's Death Benefit</b>	
<b>a. Eligibility</b>	Dies in service after eligibility for a vested benefit.
<b>b. Benefit</b>	50% of reduced monthly amount participant would have received had he or she retired on date of his or her death and elected a 50% Joint and Survivor annuity or 100% of his or her Cash Balance Account.

Schedule SB, Part V – Summary of Plan Provisions  
Attachment to 2024 Form 5500 Schedule SB  
EIN/PN 22-3380375/001  
Employees' Cash Balance Plan of Atlantic Health System, Inc.

### Plan Provisions Summary

c. Payment Date	First of the month following death of participant.
d. Form of Payment	Monthly benefit payable to surviving beneficiary for his or her lifetime or single lump sum payment.
14. Employee Contributions	None are required or permitted.
15. Plan Amendments	None.

**Plan Provisions Summary**

PLAN PROVISIONS FOR THE LEGACY CHILTON MEMORIAL HOSPITAL PENSION PLAN	
1. Effective Date	January 1, 1963. Provisions below are based upon the Plan as amended through April 30, 2012 reflecting any changes in IRS limitations. Effective December 31, 2014, the Legacy Chilton Memorial Hospital Pension Plan merged into the Employees' Cash Balance Plan of Atlantic Health System, Inc.
2. Eligibility for Participation	All employees become participants on the first day of the plan year (January 1st) coincident with or next following the completion of one year of service or the date on which the participant completes one and one half years of service. Effective January 1, 2010, the Plan closed participation for employees hired on and after January 1, 2010.
3. Years of Service	A 12 consecutive month period coincident with the plan year in which the participant is credited with at least 1,000 hours. If the Participant is employed for part of a year, then credit is given for each month provided that at least 83 hours per month were worked.
4. Vesting Service	Five-year "cliff" vesting schedule is used. A participant shall become entitled to a nonforfeitable interest in his Accrued Benefit after he has completed 5 years of service.
5. Average Compensation	The average of the 5 highest consecutive years' earnings.
6. Covered Compensation	The amount of compensation which would be used to calculate the participant's old age benefits under the Social Security Act if the annual compensation for each year until Social Security retirement age equaled the taxable wage base.
7. Normal Retirement Date	The earlier of a participant's attainment of age 65 with 5 years of service for vesting purposes or the later of age 65 and the fifth anniversary of the date the employee became a participant.
8. Normal Retirement	
a. Eligibility	Retires on or after normal retirement date.
b. Payment	Commencing at date of retirement and payable monthly as a 10-Year Certain and Life Annuity for unmarried participants. (If married, must get spousal consent for any form that is not a Qualified Joint and Survivor Annuity.)
c. Benefit	<p>Subject to the maximum benefit limitations under the law, the monthly normal retirement benefit commencing at normal retirement date shall be 1/12 the sum of (1) and (2) below, but no less than \$50.</p> <p>1) 1.1% of the participant's Average Compensation multiplied by the participant's years and months of service.</p> <p>2) 0.75%* of the Average Compensation in excess of covered compensation multiplied by the participant's years and months of service for benefit accruals before 7/1/2006.</p> <p>*0.75% is reduced to 0.70% if the participant's Social Security Normal Retirement Age (SSNRA) is 66 and reduced to 0.65% if the participant's SSNRA is 67.</p> <p>The Plan was amended effective June 30, 2006. Key changes include:</p> <ul style="list-style-type: none"> <li>- The Pension Plan formula has been reduced for future benefit accruals. The new formula is no longer integrated with the Social Security Covered Compensation Limit.</li> <li>- Long-term employees near retirement will be grandfathered. The retirement benefit for employees age 55 or older with 15 or more years of credited pension service (a year of credited pension service is a year in which at least 1,000 hours are worked) on June 30, 2006 will retain the same pension plan formula which will continue to be integrated with the Social Security Covered Compensation Limit.</li> <li>- The Special Unreduced Early Retirement feature is eliminated. The accrued benefit as of June 30, 2006 will be the minimum amount for participants that meet the age and service requirement (age 60 or older and at least 25 years of service).</li> <li>- The Pension Plan formula for employees hired July 1, 2006 or after will be different. For employees hired July 1, 2006 or after, the Pension Plan formula will be a percentage (1.1%) of each year's compensation.</li> </ul> <p>The Plan was amended in April 2012 to eliminate future benefit accruals effective June 30, 2012.</p>

### Plan Provisions Summary

9. Accrued Benefit	Benefit calculated in accordance with normal retirement benefit provisions but based on average compensation, service, and the covered compensation in effect at the date of determination.  Accrued benefits were frozen effective June 30, 2012.
10. Early Retirement	
a. Eligibility	Retirement after attainment of age 55 and completion of 10 years of service.
b. Benefit	Accrued benefit at early retirement date.
c. Payment	Deferred to normal retirement date. Participant may elect actuarially reduced payments commencing at an earlier date. (The Accrued Benefit will be reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which benefit commencement precedes normal retirement date.)
d. Benefit Reduction	If the participant has attained age 60 and completed 25 years of service, then no reduction is applied and the benefit commences immediately. This option was eliminated with the plan amendment effective June 30, 2006. For participants retiring after June 30, 2006 who meet the age 60 and 25 years of service requirement, the early retirement benefit will be the greater of the accrued benefit as of June 30, 2006 with no reduction and the accrued benefit at the date of retirement with the reduction factors from (c) above applied.
11. Postponed Retirement	Postponed retirement date shall be the first day of any month following normal retirement date. The benefit payable shall be the greater of the normal retirement benefit actuarially increased to reflect the deferred commencement of benefit payments, and the participant's accrued benefit at the actual postponed retirement date.
12. Disability Retirement	A participant shall be considered disabled if eligible to collect Social Security disability benefits. They are provided to participants who have attained age 50 with 10 years of service. They are eligible to receive their accrued benefit reduced in the same manner as the early retirement benefit.
13. Benefits Payable Upon Other Termination of Employment	
a. Eligibility	Termination of employment after completion of 5 years of service.
b. Benefit	Accrued benefit at date of termination.
c. Payment	Either (i) or (ii) below: (i) Commencing at normal retirement date and payable monthly as a 10-Year Certain and Life Annuity. A participant may elect actuarially reduced payments commencing at or after age 55 if eligible for early retirement. (ii) For participants who terminate on or after August 1, 2019, option to elect an immediate lump sum benefit or immediate annuity in the normal form to commence within one year of termination; benefit reduced actuarially from normal retirement benefit at age 65.
14. Normal Form of Benefit	
a. Unmarried Participants	10-Year Certain and Life Annuity
b. Married Participants	Actuarially equivalent 50% Joint and Survivor annuity, under which an employee receives a reduced benefit with 50% of the reduced benefit payable to the eligible surviving spouse for life.
15. Optional Forms of Benefit	Participants are entitled to elect one of the following optional forms of benefit.
a. Life Annuity	Monthly payments for life.
b. 50%, 75% or 100% Joint and Survivor Annuity	Actuarially equivalent monthly benefit under which an employee receives a reduced benefit with either 50%, 75% or 100% of the reduced benefit payable to the eligible surviving spouse for life.
c. 10-Year, 15-Year or 20-Year Certain & Life Annuity	Actuarially equivalent monthly benefit under which an employee receives a benefit with payments guaranteed for either 10 years, 15 years or 20 years.
d. Lump Sum	For terminations on or after August 1, 2019, a one-time payment within one year of termination with no further benefits due.

**Plan Provisions Summary**

16. Pre-Retirement Spouse's Death Benefit	
a. Eligibility	Participant dies in service after normal retirement, or after earning a vested benefit, and is survived by an eligible spouse.
b. Benefit	50% of the benefit the participant would have received had he retired on the date preceding his death and elected the 50% Joint & Survivor annuity.
c. Payment	Commencing on first day of the month following the participant's earliest retirement age.
17. Employee Contributions	None are permitted.
18. Plan Amendments	None.

<b>Plan Name</b>	<b>Employees' Cash Balance Plan of Atlantic Health System, Inc.</b>
<b>Plan Sponsor EIN</b>	<b>22-3380375</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>December 31, 2024</b>

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).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
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	

Schedule SB, Line 24 – Change in Actuarial Assumptions  
Attachment to 2024 Form 5500 Schedule SB  
EIN/PIN 22-3380375/001  
Employees' Cash Balance Plan of Atlantic Health System, Inc.

## Actuarial Assumptions

### Assumption Changes

#### Funding:

- The interest rates were updated per IRS requirements, and reflect the provisions of MAP-21 as modified by ARP/IIJA.
  - The mortality assumption was updated per IRS requirements.
  - The lump sum mortality assumption was updated to the 2024 IRS 417(e) published table, projected to the calculation date.
  - The Cash Balance interest crediting rate for 2024 was updated from 5.50% to 6.32% to reflect the actual rate in effect for 2024.
  - The salary scale changed from 3.00% per annum to 4.00% per annum.
  - The expected rate of return on assets assumption changed from 6.50% for plan year beginning on January 1, 2023 to 6.25% for plan year beginning on January 1, 2024.
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