

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 06/01/1955
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) MEDICAL SOCIETY OF NEW JERSEY TWO PRINCESS ROAD LAWRENCEVILLE, NJ 08648
2b Employer Identification Number (EIN) 21-0601684
2c Sponsor's telephone number 609-896-1766
2d Business code (see instructions) 541990
3a Plan administrator's name and address [] Same as Plan Sponsor. ADMINISTRATIVE COMMITTEE TWO PRINCESS ROAD LAWRENCEVILLE, NJ 08648
3b Administrator's EIN 22-2154519
3c Administrator's telephone number 609-896-1766
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 31
b Total number of participants at the end of the plan year 30
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 4
d(2) Total number of active participants at the end of the plan year 3
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Row 1: Filed with authorized/valid electronic signature, 02/19/2026, LAWRENCE DOWNS. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 568160. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4314897	4215802
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4314897	4215802
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	120549	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	374412	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		494961
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	529929	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	64127	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		594056
i Net income (loss) (subtract line 8h from line 8c)	8i		-99095
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b** _____

c Enter the amount contributed by the employer to the plan for this plan year **12c** _____

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d** _____

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

A Name of plan <u>THE MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEDICAL SOCIETY OF NEW JERSEY</u>	D Employer Identification Number (EIN) <u>21-0601684</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>06</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>4313751</u>
b Actuarial value	2b		<u>4266784</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>24</u>	<u>3894822</u>	<u>3894822</u>
b For terminated vested participants	<u>3</u>	<u>70135</u>	<u>70135</u>
c For active participants	<u>4</u>	<u>881195</u>	<u>881195</u>
d Total	<u>31</u>	<u>4846152</u>	<u>4846152</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.05 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>55000</u>
c Target normal cost	6c		<u>55000</u>

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

SIGN HERE			
	Signature of actuary	<u>02/18/2026</u>	Date
	<u>WILLIAM J. PATTI</u>	<u>23-06221</u>	Most recent enrollment number
	<u>BROWN & BROWN INS. SERVICES, INC.</u>	<u>215-561-5389</u>	Telephone number (including area code)
	<u>300 CONSHOHOCKEN STATE RD SUITE 650 WEST CONSHOHOCKEN, PA 19428</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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.03</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		41
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04</u> %		2
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		43
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.04 %
15	Adjusted funding target attainment percentage	15	88.04 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/06/2024	21358						
12/06/2024	21358						
03/13/2025	21358						
07/25/2025	21358						
02/10/2026	35117						
			Totals ▶	18(b)	120549	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	114838
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.05 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 55000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	579368		59825	
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				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 114825
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 114825
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 114838
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 13
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

**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 06/01/2024 and ending 05/31/2025

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

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

A Name of plan The Medical Society of New Jersey Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Medical Society of New Jersey	D Employer Identification Number (EIN) 21-0601684	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>6</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		4,313,751
b Actuarial value	2b		4,266,784
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	24	3,894,822	3,894,822
b For terminated vested participants	3	70,135	70,135
c For active participants	4	881,195	881,195
d Total	31	4,846,152	4,846,152
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.05 %
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		55,000
c Target normal cost	6c		55,000

Statement by Enrolled Actuary

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

SIGN HERE	<u>William J. Patti (CWJPA)</u> Signature of actuary	<u>2/18/2026</u> Date	
	William J. Patti Type or print name of actuary	23-06221 Most recent enrollment number	
	Brown & Brown Ins. Services, Inc. Firm name	(215) 561-5389 Telephone number (including area code)	
	300 Conshohocken State Rd Suite 650 West Conshohocken PA 19428 Address of the firm		

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

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.03%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		41
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04%</u>		2
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		43
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	88.04%
15	Adjusted funding target attainment percentage	15	88.04%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	93.44%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls						
18	Contributions made to the plan for the plan year by employer(s) and employees:						
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	09/06/2024	21,358					
	12/06/2024	21,358					
	03/13/2025	21,358					
	07/25/2025	21,358					
	02/10/2026	35,117					
	Totals ▶			18(b)	120,549	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	114,838	
20	Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:			
	Liquidity shortfall as of end of quarter of this plan year			
	(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
	0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.05 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	55,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	579,368	59,825
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 **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	114,825
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	114,825
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	114,838

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

a Total (excess, if any, of line 37 over line 36)	38a	13
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN
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 2024 SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

<u>Date Paid</u>	<u>Date Due</u>	<u>Amount</u>	<u>Value at Due Date</u>	<u>Late?</u>	<u>Late Discount Period (Days)</u>	<u>Late Interest Rate</u>	<u>Late Contribution Discounted to Date Due</u>	<u>Normal Discount Period (Days)</u>	<u>Effective Interest Rate</u>	<u>Discounted Contribution</u>
9/6/2024	9/15/2024	21,358	21,384	N	N/A	N/A	N/A	97	5.05%	21,080
12/6/2024	12/15/2024	21,358	21,384	N	N/A	N/A	N/A	188	5.05%	20,823
3/13/2025	3/15/2025	21,358	21,364	N	N/A	N/A	N/A	285	5.05%	20,552
7/25/2025	6/15/2025	21,358	21,358	Y	40	10.05%	21,135	379	5.05%	20,081
2/10/2026	2/15/2026	<u>35,117</u>	35,117	N	N/A	N/A	N/A	619	5.05%	<u>32,302</u>
	Total:	120,549							Total:	114,838

MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN

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2024 Schedule SB Attachment, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 40	40 & up
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59	1									
60 to 64			1							
65 to 69			1							
70 & up						1				
Total	1	0	2	0	0	1	0	0	0	0

MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN
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2024 SCHEDULE SB ATTACHMENT, LINE 32 – SCHEDULE OF AMORTIZATION
BASES

Shortfall Amortization Charge

The shortfall amortization charge is the sum of the shortfall amortization installments. The shortfall amortization installment is the level annual payment of the shortfall amortization base amortized over 15 years based on interest rates in effect for the first 14 years. The shortfall amortization charge as of the valuation date for the current plan year is shown below.

Original Shortfall Amortization <u>Base</u>	Inception <u>Date</u>	Shortfall Amortization Balance on <u>6/1/2024</u>	Remaining <u>Years</u>	Shortfall Amortization <u>Installment</u>
\$ 582,164	6/1/2020	\$ 477,037	11	\$ 54,657
(327,596)	6/1/2021	(284,366)	12	(30,546)
(69,468)	6/1/2022	(63,321)	13	(6,420)
193,700	6/1/2023	184,311	14	17,739
265,707	6/1/2024	265,707	15	24,395
		<u>579,368</u>		<u>59,825</u>

MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN

EIN: 21-0601684 PN: 001

2024 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

(1) Eligibility for Participation

Employees of the Medical Society of New Jersey enter the plan on the first of the month coincident with or next following the attainment of age 21 and completion of twelve months of service following date of hire, or any subsequent plan year, in which 1,000 hours of service are credited. No new employees can enter the plan after February 28, 2007.

(2) Definitions

Plan Year: June 1 through May 31.

Compensation: Basic compensation, excluding commissions, overtime pay, bonuses, ancillary benefit payments and any other special pay. Compensation is limited by IRC Section 401(a)(17) with the provision that for Plan Years beginning on or after June 1, 2002, Compensation is limited to \$170,000.

Average Compensation: Annual average of the highest 60 consecutive complete months of Compensation.

Service: One year of Service is credited for each Plan Year in which 1,000 hours of service are credited. If less than 1,000 hours are credited in the Plan Year of hire or termination, then one month is credited for each full calendar month of employment, provided the hours of service in that year exceed the product of 83.3 and the number of full calendar months of employment. Prior to June 1, 1976, service is credited for completed years and full calendar months of employment.

Credited Service: Completed months from date of participation.

Accrued Benefit: 1.5% of Average Compensation multiplied by Service at Normal Retirement Date, plus .59% of Average Compensation in excess of \$10,000 multiplied by Service at Normal Retirement Date to a maximum of 35 years, with the resulting sum multiplied by Credited Service at termination date divided by Credited Service at Normal Retirement Date. Benefit accruals were frozen as of February 28, 2007.

(3) Normal Retirement Benefit

(a) Eligibility: Age 65.

(b) Normal Retirement Date: The June 1 nearest the participant's 65th birthday.

(c) Benefit: Accrued Benefit determined at Normal Retirement Date.

(4) Early Retirement Benefit

(a) Eligibility: Age 55 and 10 years of Service.

MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN

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2024 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

- (b) Benefit: Accrued Benefit determined at Early Retirement, actuarially-reduced for commencement of payments prior to Normal Retirement Date.
- (5) Postponed Retirement Benefit
 - (a) Eligibility: After age 65.
 - (b) Benefit: The greater of the Accrued Benefit determined as of the Late Retirement Date or the Accrued Benefit determined as of the Normal Retirement Date actuarially-increased to the Late Retirement Date.
- (6) Termination Benefit
 - (a) Eligibility: 5 years of Service.
 - (b) Benefit: Accrued Benefit determined at termination, reduced in the same manner as 4(b) for benefits commencing prior to age 65.
- (7) Preretirement Spouse's Death Benefit
 - (a) Eligibility: Spouses of vested participants who die prior to retirement.
 - (b) Benefit: 50% of the actuarially-reduced 50% joint and survivor annuity, based on the Accrued Benefit determined as of the date of death; payable at the participant's earliest possible retirement age had he not died.
- (8) Disability Benefit
 - (a) Eligibility: Satisfy the requirements for Social Security disability benefits.
 - (b) Benefit: The benefit in 4(b).
- (9) Forms of Payment
 - (a) Normal Form: Life annuity with 10 years certain if single; actuarially-equivalent 50% joint and survivor if married.
 - (b) Optional Forms: Actuarially-increased life annuity; life annuity with 10 years certain; actuarially-equivalent 50%, 75% or 100% joint and survivor annuity.
 - (c) Actuarial Equivalence: For life annuity with 10 years certain to other annuity form of payment alternatives, 8% interest and the UP84 Mortality table, set back 0 years for the participant and set back 0 years for the beneficiary.

Changes Since Prior Valuation

None.

MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN
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2024 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS

Actuarial Methods

Actuarial Cost Method

The actuarial cost method used to determine the Plan's funding requirements is the Unit Credit method. Under this method, the funding target is the actuarial present value of accrued benefits as of the valuation date for all participants. The target normal cost is the actuarial present value of benefits expected to accrue in the current Plan year for each active participant under the assumed retirement age.

Asset Valuation Method

Plan assets used to determine the Plan's funding requirements are equal to a 3-year averaged fair market value of assets. Under this asset valuation method, Plan assets are equal to the average of (1) the adjusted fair market value of assets based on the May 31, 2022 market value of assets modified to reflect 2022 and 2023 distributions, contributions and expected investment income, (2) the adjusted fair market value of assets based on the May 31, 2023 market value of assets modified to reflect 2023 distributions, contributions and expected investment income and (3) the fair market value of assets as of the current Plan year. Expected investment income for the 2024 Plan year is based on a 5.5% return, limited to 5.59%, and for the 2023 Plan year was based on a 5.5% return, limited to 5.74%, and for the 2022 Plan year was based on a 5.5% return, limited to 5.92%. The resulting value cannot be less than 90%, nor greater than 110%, of the fair market value of assets.

Changes Since Prior Valuation

None.

MEDICAL SOCIETY OF NEW JERSEY PENSION PLAN
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2024 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS

Actuarial Assumptions

Discount Rate MAP-21 segment rates with 4-month lookback (4.75%, 5.05% and 5.59%, which produce an effective interest rate of 5.05%) for determining Plan's minimum funding requirements. Pre-MAP-21 segment rates with 4-month lookback (4.52%, 5.05% and 5.04%, which produce an effective interest rate of 4.96%) for determining Plan's maximum funding requirements.

Compensation Increases N/A, Plan is frozen.

Mortality 2024 Static Optional Combined Mortality Table as set forth in Treasury Regulation Section 1.430(h)(3)-1(a)(1)(ii) for determining Plan's minimum funding requirements.

Termination Annual sex-distinct rates are shown below for representative ages:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	12.8%	14.5%
25	8.5	13.9
30	6.8	9.9
35	5.3	6.4
40	3.9	4.5
45	3.1	3.8
50	2.3	3.0
55	1.2	1.8
60	0.0	0.0

Retirement Age 65.

Form of Payment Life annuity with 10 years certain.

Preretirement Spouse's Death Benefit 80% married, with wives 3 years younger than husbands.

Expenses An amount approximately equal to the current Plan year expected expenses.

Benefits Not Valued The disability benefit was not valued.