Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 12/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
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

ATLANTIC HEALTH
475 SOUTH STREET
MORRISTOWN, NJ 07960

2b Employer Identification Number (EIN)
22-3380375

2c Plan Sponsor's telephone number
973-660-3521

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	NICOLE PETRALIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1302
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	364
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	288
b	Retired or separated participants receiving benefits	**6b**	987
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1275
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC HEALTH SYSTEM

D Employer Identification Number (EIN)
22-3380375

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	972290	1664	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4430	8721

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

BENEFIT ADVISORS SERVICES GROUP LLC
1125 SANCTUARY PKWY
STE 300
ALPHARETTA, GA 30009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4430	8721	BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	81380
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC HEALTH SYSTEM

D Employer Identification Number (EIN)
22-3380375

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST COMPANY

36-1561860

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

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

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

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

LUMINARE HEALTH BENEFITS, INC.

35-1846036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 49 50	NONE	161823	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MULTIPLAN, INC

13-3068979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 49 50	NONE	56903	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	31032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WISS & COMPANY LLP

22-1732349

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY INVESTMENT SOLUTIONS, INC

20-2103144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	46009	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRANDYWINE

56-6669869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	23316	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEMORIAL HEALTH FOUNDATION, INC. RETIRED EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
ATLANTIC HEALTH SYSTEM

D Employer Identification Number (EIN)
22-3380375

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	646692	128262
(3) Other	1b(3)	0	44104
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3121299	2009667
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	21425796	24714941
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4941000	6092858
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	55312709	58606521
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	85447496	91596353
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	7740249	6406582
1k Total liabilities (add all amounts in lines 1g through1j)	1k	7740249	6406582
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	77707247	85189771

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	867784	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		867784
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	144239	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1442520	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1586759
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4607084	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4272882	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		334202
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	680251	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		680251

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11717393
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15186389
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7320417	
(2) To insurance carriers for the provision of benefits	2e(2)	81380	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7401797
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27000	
(5) Investment advisory and investment management fees	2i(5)	69422	
(6) Bank or trust company trustee/custodial fees	2i(6)	31032	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	174614	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		302068
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7703865
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7482524
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WISS & COMPANY, LLP **(2)** EIN: 22-1732349

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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



MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN

FINANCIAL REPORT
DECEMBER 31, 2025

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

INDEPENDENT AUDITORS' REPORT

To the Plan Trustees of
Memorial Health Foundation, Inc.
Retired Employee Benefit Plan

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

We have performed audits of the accompanying financial statements of the Memorial Health Foundation, Inc. Retired Employee Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 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.

Emphasis of Matter - Restatement of Prior Period Financial Statements

As described in Note 2 to the financial statements, the Plan restated the 2024 financial statements for certain investments previously classified as Level 1 within the fair value hierarchy were reclassified to net asset value (NAV) as a practical expedient, resulting in a reclassification of $12,432 (in thousands). Additionally, the money market funds of $3,121 (in thousands) previously classified as Level 2 within the fair value hierarchy have been restated to Level 1. In addition, the Plan's investments on the face of the Statement of Net Assets Available for Benefits now reflects all investments on one line item. These balances have been restated in the financial statements, and our opinion is not modified with respect to these matters.

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, 2025, and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, 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 13, 2026

MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
ASSETS	2025	2024
	(in thousands)	
Investments, at fair value	$ 91,424	$ 84,801
RECEIVABLES:		
Contribution receivable - retirees	128	647
Interest and dividend receivable	44	-
	172	647
Total Assets	91,596	85,448
LIABILITIES		
LIABILITIES -		
Payable to claims administrators	6,315	7,614
Accrued administrative expenses	91	126
	6,406	7,740
NET ASSETS AVAILABLE FOR BENEFITS	$ 85,190	$ 77,708

See accompanying notes to financial statements.

MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	*(in thousands)*	
Investment income:		
Net appreciation in fair value of investments	$ 12,732	$ 6,141
Interest and dividend income	1,585	1,472
Total net investment return	14,317	7,613
Retiree contributions	868	647
Total Additions, net	15,185	8,260
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	7,320	6,618
Insurance premiums	81	249
Administrative expenses	302	318
Total Deductions	7,703	7,185
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	7,482	1,075
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	77,708	76,633
End of year	$ 85,190	$ 77,708

See accompanying notes to financial statements.

Note 1 - Description of the Plan:

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

General

Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan and related trust is a defined benefit health and welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). AHS Hospital Corp. (the "Hospital") is the Sponsor of the Plan ("Plan Sponsor") which only covers eligible employees and dependents of the Atlantic Health Morristown Medical Center ("AHMMC") and the Foundation for Morristown Medical Center (the "Foundation") of the Hospital. The Hospital is a wholly owned subsidiary of Atlantic Health System, Inc. (the "Parent"), a not-for-profit organization.

Benefits

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

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

Plan Administration

The Plan is sponsored by the Hospital and administered on a day-to-day basis by Luminare Health Benefits, Inc. for medical and mental health and substance abuse claims, Optum RX through December 31, 2024 and Judi RX beginning January 1, 2025 for prescription claims, and MetLife through December 31, 2024 and Sunlife beginning January 1, 2025 for basic retiree life insurance. Claims are processed by the respective companies, but the responsibility for payments to participants is retained by the Plan. The Plan is fully insured for life insurance benefits under an experience-rated arrangement. Experience ratings (calculated as the differences between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit. The Plan's assets are held by Northern Trust Company, (the "Trustee"), who is responsible for the custody and management of the Plan's assets.

Self-Insured Benefits

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

Contributions and Funding Policy

The Hospital contributes such amounts, as necessary, to provide the Plan with assets sufficient to meet plan benefits based upon information provided by its actuary. Generally, contributions are not made to the Plan by the Hospital as the Hospital pays the quarterly claim amounts outside of the Plan and is reimbursed by the Plan.

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

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

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

Note 2 - Restatement:

Certain investments in the Plan's December 31, 2024 Statement of Net Assets Available for Benefits have been restated to conform to the current-year presentation. Certain equities, fixed income and commingled funds that were previously classified within mutual funds and common stock have been restated to more appropriately reflect the nature of those investments as noted below. In addition, $12,432 (in thousands) of Level 1 investments were reclassified and restated to net asset value (NAV) investments as a practical expedient and excluded from the fair value hierarchy. Additionally, the money market funds of $3,121 (in thousands) previously classified as Level 2 within the fair value hierarchy have been restated to Level 1 to more appropriately reflect the nature of those investments. These reclassifications are also reflected in the investment classifications presented in Note 5. In addition, the Plan's investments on the face of the Statement of Net Assets Available for Benefits, is now reflecting all investments on one line item. The above-described changes had no impact on the total net assets available for benefits or the changes in net assets available for benefits.

Description	Fair Value Level	As previously reported	Restatement	As restated
			(in thousands)	
Mutual funds	Level 1	76,734	(26,823)	49,911
Common stock	Level 1	4,946	(4,946)	-
Money market funds	Level 2	3,121	(3,121)	-
Money market funds	Level 1	-	3,121	3,121
Equities	Level 1	-	4,941	4,941
Fixed income	Level 1	-	14,396	14,396
Commingled funds- Equities	NAV	-	5,402	5,402
Commingled funds- Fixed income	NAV	-	7,030	7,030
Total investments		84,801	-	84,801

Note 3 - Summary of Significant Accounting Policies:

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

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results, as determined at a later date, could differ from those estimates.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment subcommittee determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustee. See Note 5 for a discussion of fair value measurements.

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

Administrative Expenses
Administrative expenses incurred in connection with the administration of the Plan are paid from Plan assets and are recorded as deductions in the accompanying statements of changes in net assets available for benefits. 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, for which the Hospital may request reimbursement for, are recorded as payables to claims administrators in the accompanying statement of net assets until the Trust reimburses the Hospital for such expenses. As of the year ended December 31, 2025 and 2024, the Plan includes a payable of $6,315 and $7,614 (in thousands), respectively, which may be reimbursed to the Hospital at a future date. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

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

Payment of Benefits
Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as payables to claims administrators in the accompanying statements of net assets available for benefits.

Note 4 - Certified Investment Information:

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

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.
- Investment information included in the Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2025, 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, 2025, as shown on the ERISA-required supplemental schedule of reportable transactions.

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

Note 5 - Fair Value Measurements:

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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.

The 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, 2025 and 2024.

- *Mutual Funds:* Valued at the closing price in the active market in which the fund is traded.
- *Money Market Funds:* Valued at the closing price in the active market in which the identical assets are traded.
- *Equities:* Valued at the closing price reported on the active market on which the individual securities are traded.
- *Fixed Income Funds:* Valued at the daily closing price as reported by the fund. Fixed income funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The fixed income funds held by the Plan are deemed to be actively traded and are classified as Level 1.
- *Commingled Funds:* Valued at the net asset value (NAV) of units held by the Plan as of the measurement date. The NAV, as provided by the investment manager or 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. The practical expedient is not used when it is probable that the Plan will sell the investment for an amount different from 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 tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value are as follows:

	Investments at Fair Value as of December 31, 2025			
	(in thousands)			
	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds	$ 49,329	$ -	$ -	$ 49,329
Money market	2,010	-	-	2,010
Equities	6,093	-	-	6,093
Fixed income	12,491	-	-	12,491
Total assets in the fair value hierarchy	$ 69,923	$ -	$ -	69,923
Investments measured at net asset value (a):				
Commingled funds - equities				9,278
Commingled funds - fixed income				12,223
Investments at fair value				$ 91,424

	Investments at Fair Value as of December 31, 2024			
	(in thousands)			
	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds	$ 49,911	$ -	$ -	$ 49,911
Money market	3,121	-	-	3,121
Equities	4,941	-	-	4,941
Fixed income	14,396	-	-	14,396
Total assets in the fair value hierarchy	$ 72,369	$ -	$ -	72,369
Investments measured at net asset value (a):				
Commingled funds - equities				5,402
Commingled funds - fixed income				7,030
Investments at fair value				$ 84,801

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 year ended December 31, 2025, there were no significant transfers in or out of Levels 1, 2, or 3. For the year ended December 31, 2024, there was a significant transfer out of Level 1. See Note 2 for further discussion of the restatement.

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, 2025 and 2024:

	December 31,				
	2025	2024			
Description	Fair Value *(in thousands)*	Fair Value *(in thousands)*	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Arrowstreet Global Equity	$ 9,278	$ 5,402	Not Applicable	Daily	None
Brandywine Global Multi-Sector	7,655	7,030	Not Applicable	Daily	None
3-10 Year U.S. Treasury Index NL CTF	4,568	-	Not Applicable	Daily	None
	$ 21,501	$ 12,432			

Note 6 - Benefit Obligations:

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

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

The significant assumptions underlying the actuarial computations for the December 31 valuations, are as follows:

	2025	2024
Weighted-average discount rate	6.10% per annum	6.16% per annum
Mortality	Blue Collar adjusted Pri.H - 2012 with MP-2021 Scale	Blue Collar adjusted Pri.H - 2012 with MP-2021 Scale
Retirement rates	Representative retirement rates based on attained age and eligibility.	Representative retirement rates based on attained age and eligibility.

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

The Plan's deficiency of net assets available for benefits over benefit obligations at December 31, 2025, relates primarily to investment performance and is expected to be funded through future increases in contributions.

For measurement purposes, a 7.5% and 10% annual rate of increase in the average per capita cost of covered post 65 medical care benefits and prescription drug benefits, respectively, was assumed for 2025; the rate was assumed to decrease gradually to 4.037% for 2075 and to remain at that level thereafter for both post 65 medical care benefits and prescription drug benefits. These assumptions are consistent with those used to measure the benefit obligation at December 31, 2025.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2025 and 2024 by $17,569 and $17,255, respectively *(in thousands)*.

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

	December 31, 2025 (in thousands)	December 31, 2024 (in thousands)
Retirees and dependents	$ 91,752	$ 84,344
Fully eligible active plan participants	44,246	44,728
Other active plan participants not fully eligible for benefits	6,940	7,147
Total benefit obligations	$ 142,938	$ 136,219

The changes in the Plan's benefit obligations (in thousands) for the year ended December 31, 2025 are as follows:

Balance, beginning of year	$ 136,219
Change during the year attributable to:	
Other actuarial gains and losses	5,132
Benefits earned and interest	8,001
Claim payments	(6,414)
Balance, end of year	$ 142,938

Note 7 - Claims Incurred But Not Reported:

Plan obligations at December 31, 2025 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Note 8 - Tax Status:

The Internal Revenue Service (IRS) has determined and informed the Plan Administrator by a letter dated February 15, 1995 that the Plan and related trust are designed in accordance with applicable sections of Internal Revenue Code (IRC). The Plan and related trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan has been amended since receiving the determination letter. However, the Plan Sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and that the trust is exempt from Federal income taxes under Section 501(a) of the IRC as an organization under section 501(c)9 of the IRC and therefore, believes 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.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plans' management has evaluated tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

The Plans' management believes the Plans are no longer subject to income tax examinations for years prior to 2022.

Note 9 - Plan Termination:

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

Note 10 - Party-in-Interest Transactions:

Certain of the Plan's investments are offered and managed by the Trustee. The Trustee holds the Plan's assets and invests interest and dividend income and cash received and also initiates distributions to participants.

As described in Note 3, the Plan paid certain expenses related to Plan operations and investment activity. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital. No such officer or employee receives compensation from the Plan. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Fees paid by the Plan for those services for the years ended December 31, 2025 and 2024 totaled $7,703 and $7,185 (in thousands), respectively.

Note 11 - Risks and Uncertainties and Concentration of Investment Risk:

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

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

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

The Plan's investment in three funds comprised approximately 36% and 41% of total investments at December 31, 2025 and 2024, respectively.

Note 12 - Subsequent Events

The Hospital has reviewed and evaluated all events and transactions from December 31, 2025 through October 13, 2026, 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.

Effective January 1, 2026, the Plan switched from Luminare to Baker Tilly for the collection of its retiree premiums.

Effective January 1, 2027, The Plan will be amended to provide retirees with a Health Reimbursement Arrangement (HRA), which retirees can use toward eligible healthcare premiums and expenses.

MEMORIAL HEALTH FOUNDATION, INC.
RETIRED EMPLOYEE BENEFIT PLAN

Schedule 1

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost	(e) Current value
			(in thousands)	
	Mutual Funds:			
	Hartford Funds	Hartford Mutual Fund II	$ 5,283	$ 7,843
	Capital Group (American Funds)	Eupac Fund R-6 USD Inc	6,304	7,559
	Dodge & Cox	Dodge & Cox Stock Fund	9,305	14,175
	The Vanguard Group, Inc.	Vanguard Capital Opportunity Fund Class Admiral	4,612	7,341
	The Vanguard Group, Inc.	Vanguard Total Stock Market Index Funds	1,846	5,371
	The Vanguard Group, Inc.	Vanguard Small Capital Index Fund	2,858	7,040
	Total Mutual Funds		30,208	49,329
	Money market funds:			
*	Northern Trust (Northern Institutional Funds)	Northern Institutional U.S. Government Portfolio	360	331
	Gabelli Funds, LLC (GAMCO Investors)	Gabelli Money Market Fund	1,650	1,679
	Total Money Market Funds		2,010	2,010
	Equities:			
	ISS A/S	ISS A/S	$ 56	$ 78
	Japan Elevator Service Holdings Co., Ltd.	Japan Elevator Ser NPV	62	70
	Maire S.p.A.	Maire NPV	37	69
	Fagron NV	Fagron NPV	62	67
	Kakaku.com, Inc.	Kakaku.com. Inc NPV	66	63
	Technogym S.p.A.	Technogym S P A	50	62
	Mony Group PLC	Mony Group PLC Ord	71	62
	Gaztransport & Technigaz SA (GTT)	GTT	50	55
	Societe BIC SA	Bic Societe Bic S	58	55
	ALS Limited	ALS Limited	34	54
	Pexip Holding ASA	Pexip Holdings AS	26	53
	IMI plc	IMI Ord	42	52
	Toyo Suisan Kaisha, Ltd.	Toyo Suisan Kaisha NPV	35	51
	Azbil Corporation	Azbil Corp NPV	50	51
	De'Longhi S.p.A.	De Longhi	41	51
	Inchcape plc	Inchcape Ord	45	51
	ASR Nederland N.V.	ASR Nederland NV	32	50
	ChemoMetec A/S	ChemoMetec A/S	33	50
	Relo Group, Inc.	Relo Group Inc	54	49
	USS Co., Ltd.	USS Co Ltd NPV	43	49
	Park24 Co., Ltd.	Park 24 Co Ltd NPV	46	49
	Morgan Sindall Group plc	Morgan Sindall Grp PLC Ord	19	49
	Jet2 plc	Jet2 PLC	42	48
	Hilan Ltd.	Hilan Ltd	36	47
	Compania de Distribucion Integral Logista Holdings, S.A.	Logista Integral S A	35	45
	Topicus.com Inc.	Topicus Com Inc Sub Vtg Shs	53	45
	RS Technologies Co., Ltd.	RS Technologies Co Ltd Common Stock	40	45
	Domino's Pizza Group plc	Domino's Pizza Group PLC Ord	73	44
	Synsam Group AB	Synsam AB NPV	37	44
	TGS ASA	TGS ASA	44	44
	RS Group plc	RS Group PLC Ord	43	43
	Seria Co., Ltd.	Seria Co Ltd NPV	39	42
	Azimut Holding S.p.A.	Azimut Hldg S.P.A NPV	35	42

See independent auditors' report.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost	(e) Current value
			(in thousands)	
	Equities (continued):			
	Allfunds Group plc	Allfunds Gp PLC	$ 35	$ 42
	B2Gold Corp.	B2 Gold Corp Common Stock	32	42
	Bufab AB	Bufab AB NPV	34	41
	Elmos Semiconductor SE	Elmos Semiconduct NPV	33	41
	Zehnder Group AG	Zehnder Group (Regd) 'A'	30	41
	MODEC, Inc.	Modec Inc (Japan) NPV	25	41
	flatexDEGIRO SE	Flatexdegiro SE NPV (Reg)	13	40
	Senior plc	Senior PLC	35	40
	Glenveagh Properties plc	Glenveagh Props Ord (CDI)	39	39
	Diploma plc	Diploma Ord	22	39
	Dunelm Group plc	Dunelm Group Ltd W/I	36	38
	Rakus Co., Ltd.	Rakus Co Ltd NPV	47	38
	Nippon Shinyaku Co., Ltd.	Nippon Shinyaku Co NPV	23	37
	Uniphar plc	Uniphar PLC Ord	41	37
	Veidekke ASA	Veidekke	23	36
	Trigano SA	Trigano	21	36
	TP ICAP Group plc	TP ICAP Group PLC Ord	38	36
	SBO AG	SBO AG	43	35
	TechnipFMC plc	TechnipFMC PLC Com	21	35
	Lottomatica Group S.p.A.	Lottomatica Group NPV	22	35
	Max Stock Ltd.	Max Stock Ltd Com	22	34
	ALK-Abello A/S	ALK-Abello A/S Ser'B'	26	34
	Hosiden Corporation	Hosiden Corp NPV	30	34
	Rakuten Bank, Ltd.	Rakuten Bank Ltd	31	34
	Weir Group plc	Weir Group Ord	32	34
	M&A Capital Partners Co., Ltd.	M&A Capital Partne NPV	29	34
	Europris ASA	Europris ASA	30	34
	Valmet Oyj	Valmet OYJ NPV	28	33
	Mitie Group plc	Mitie Group Ord	27	32
	Fuji Seal International, Inc.	Fuji Seal Intl Inc NPV	21	32
	NGK Insulators, Ltd.	NGK Corp	19	32
	Sesa S.p.A.	Sesa S.P.A NPV	29	32
	SWCC Corporation	SWCC Corp NPV	24	31
	Pilot Corporation	Pilot Corp (New) NPV	29	31
	Systena Corporation	Systena Corp NPV	28	31
	Vusion Group SA	Vusion	26	30
	Aurizon Holdings Limited	Aurizon Holdings	29	30
	IG Group Holdings plc	IG Group Hldgs Ord	16	30
	JEOL Ltd.	JEOL Ltd NPV	32	30
	Domino's Pizza Enterprises Limited	Dominos Pizza Ent	50	30
	Tokyo Tokeiba Co., Ltd.	Tokyotokeiba Co NPV	23	30
	Pluxee N.V.	Pluxee NV	37	30
	Brother Industries, Ltd.	Brother Industries NPV	26	29
	A.G. Barr p.l.c.	Barr(AG) Ord	33	29
	Howden Joinery Group Plc	Howden Joinery Gr Ord	25	29
	Carel Industries S.p.A.	Carel Industries S NPV	28	29
	Santen Pharmaceutical Co., Ltd.	Santen Pharm Co NPV	27	29

See independent auditors' report.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost	(e) Current value
			(in thousands)	
	Equities (continued):			
	B&M European Value Retail S.A.	B&M European Value Retail PLC	59	28
	Plus Alpha Consulting Co., Ltd.	Plus Alpha Consult NPV	30	28
	CoinShares International Limited	Coinshares Interna Ord	34	28
	PropNex Limited	Propnex Ltd NPV	14	28
	TKC Corporation	TKC Corporation NPV	30	27
	BPER Banca S.p.A.	BPER Banca NPV	7	27
	Pasona Group Inc.	Pasona Group Inc NPV	31	27
	Puuilo Oyj	Puuilo OYJ NPV	31	27
	Sakata Seed Corporation	Sakata Seed Corp NPV	23	27
	Noritsu Koki Co., Ltd.	Noritsu Koki Co NPV	15	27
	Sodexo SA	Sodexho	33	26
	Vistry Group PLC	Vistry Group PLC	26	26
	Galliford Try Holdings plc	Galliford Try Hold	10	26
	Man Group plc	Man Group PLC (N) Ord	25	25
	Itoham Yonekyu Holdings Inc.	Itoham Yonekyu Holdings	18	25
	Embraer S.A.	ADR Embraer S A Sponsored ADR Repstg 4 Com Shs	17	25
	Solvay SA	Solvay SA NPV	26	25
	Nomura Micro Science Co., Ltd.	Nomura Micro Scien NPV	16	25
	Bankinter, S.A.	Bankinter SA (Regd)	10	25
	WH Smith PLC	WH Smith PLC Ord	40	25
	Clarkson PLC	Clarkson Ord	23	24
	IntegraFin Holdings plc	Integrafin Holding Ord	22	24
	Canada Goose Holdings Inc.	Canada Goose Hldgs Com NPV Sub Vtng Shs	21	24
	Sakai Moving Service Co., Ltd.	Sakai Moving Servi NPV	24	24
	MISUMI Group Inc.	Misumi Group Inc NPV	22	24
	OBIC Business Consultants Co., Ltd.	OBIC Business Cons NPV	22	24
	Krones AG	Krones AG Ord NPV	18	23
	Greencore Group plc	Greencore Group Ord (CDI)	19	23
	Wienerberger AG	Wienerberger AG NPV	25	23
	RENK Group AG	Renk Group AG NPV	21	23
	Element Fleet Management Corp.	Element Fleet Mgmt Com NPV	14	23
	Alzchem Group AG	Alzchem Group AG NPV (Post Split)	18	23
	Telecom Plus PLC	Telecom Plus Ord	30	23
	Konecranes Oyj	Konecranes OYJ NPV	21	23
	AI Holdings Corporation	AI Holdings Corpor NPV	20	23
	DNO ASA	DNO ASA	18	22
	Elior Group SA	Elior Group	19	22
	Tokai Carbon Co., Ltd.	Tokai Carbon Co NPV	29	22
	Hengan International Group Company Limited	Hengan Intl	18	22
	Elecom Co., Ltd.	Elecom Co NPV	24	22
	Tosoh Corporation	Tosoh Corp NPV	19	22
	Banca Generali S.p.A.	Banca Generali	12	21
	Nordnet AB	Nordnet AB NPV	19	21
	Zeon Corporation	Zeon Corporation NPV	20	21
	Forbo Holding AG	Forbo Hldgs AG (Regd)	20	21
	MINISO Group Holding Limited	Miniso Group Hldg Ltd	20	21
	Metropole Television SA (M6)	Metropole TV-(M6)	20	21

See independent auditors' report.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost	(e) Current value
			(in thousands)	
	Equities (continued):			
	Shibaura Machine Co., Ltd.	Shibaura Machine Co Ltd	$ 18	$ 20
	HUGO BOSS AG	Hugo Boss AG	23	20
	Aalberts N.V.	Aalberts NV	22	20
	Teleperformance SE	Teleperformance Societe Europeenne	29	20
	Sibanye Stillwater Limited	ADR Sibanye Stillwater Ltd Sponsored ADR	8	20
	Getinge AB	Getinge AB Ser'B' NPV	19	20
	Shoei Co., Ltd.	Shoei Co Ltd NPV	20	20
	Banco Comercial Portugues, S.A.	Banco Com Por SA NPV	11	20
	Synergie SE	Synergie	20	19
	Technip Energies N.V.	Technip Energies	17	19
	Ship Healthcare Holdings, Inc.	Ship Healthcare Holdings Inc NPV	17	19
	Belimo Holding AG	Namen-Akt Belimo Holding AG (Split)	14	19
	SFS Group AG	SFS Group AG (Regd)	17	19
	Parex Resources Inc.	Parex Resources In Com NPV	16	19
	Vetoquinol SA	Vetoquinol	18	18
	Tokuyama Corporation	Tokuyama Corp NPV	12	18
	Remy Cointreau SA	Remy Cointreau	25	18
	TAT Technologies Ltd.	Tat Technologies Ltd Com	15	18
	Ero Copper Corp.	Ero Copper Corp Com NPV	10	18
	Indra Sistemas, S.A.	Indra Sistemas SA Ser 'A'	10	18
	LANXESS AG	Lanxess AG NPV	25	18
	NewMed Energy - Limited Partnership	NewMed Energy Ltd	9	18
	Jupiter Fund Management plc	Jupiter Fund Mgt Ord	17	18
	Kotobuki Spirits Co., Ltd.	Kotobuki Spirits NPV	20	17
	Japan Lifeline Co., Ltd.	Japan Lifeline Co NPV	15	17
	Nippon Electric Glass Co., Ltd.	Nippon Electric Glass Co Ltd	14	17
	Linamar Corporation	Linamar Corp Common Stock	13	17
	Friedrich Vorwerk Group SE	Friedrich Vorwerk NPV	15	16
	UACJ Corporation	UACJ Corporation NPV	8	16
	The Descartes Systems Group Inc.	Descartes Systems Com NPV	16	16
	Close Brothers Group plc	Close Bros Group Ord	14	16
	Neo Performance Materials Inc.	Neo Performance Ma Com NPV	17	16
	Olvi Oyj	Olvi Ser'A'	15	16
	Organo Corporation	Organo Corp NPV	16	16
	SOL S.p.A.	Sol	8	15
	CANCOM SE	Cancom SE NPV	15	15
	CEWE Stiftung & Co. KGaA	Cewe Stiftung & Co NPV	14	15
	S-Pool, Inc.	S-Pool Inc NPV	20	15
	Oddity Tech Ltd.	Oddity Tech Ltd Comstk	23	15
	Ryohin Keikaku Co., Ltd.	Ryohin Keikaku Co NPV	10	15
	Fukuoka Financial Group, Inc.	Fukuoka Financial NPV	12	15
	Sojitz Corporation	Sojitz Corporation	12	15
	Melexis NV	Melexis NPV	14	15
	Silex Systems Limited	Silex Systems NPV	10	14
	SigmaRoc plc	SigmaRoc PLC Common Stock	14	14
	Redcare Pharmacy N.V.	Redcare Pharmacy N.V NPV 144A	23	14
	Gestamp Automocion, S.A.	Gestamp Automocion	15	14

See independent auditors' report.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost	(e) Current value
			(in thousands)	
	Equities (continued):			
	IHI Corporation	IHI Corporation NPV	$ 3	$ 14
	Peugeot Invest SA	Peugeot Invest	15	14
	Avon Technologies plc	Avon Technologies PLC Ord	8	14
	Volution Group plc	Volution Grp PLC Ord	9	14
	Reply S.p.A.	Reply SPA	14	14
	Capital Power Corporation	Capital Pwr Corp Com	14	14
	Regis Resources Limited	Regis Resources LT	4	14
	Brembo N.V.	Brembo N.V.	12	14
	Marex Group plc	Marex Group PLC Com	14	13
	Essent Group Ltd.	Essent Group Ltd Com Stk	11	13
	Tonies SE	Tonies SE	8	13
	Imdex Limited	Imdex LTD	7	13
	DO & CO Aktiengesellschaft	DO & CO AG	7	13
	Addtech AB	Addtech AB Ser'B' NPV	7	13
	Games Workshop Group PLC	Games Workshop Grp Ord	7	13
	SPIE SA	Spie SA	10	13
	Yancoal Australia Ltd	Yancoal Australia Ltd	13	13
	Sohgo Security Services Co., Ltd. (ALSOK)	Alsok Co Ltd	12	12
	Kalmar Oyj	Kalmar OYJ Ser'B' NPV	6	12
	Brunello Cucinelli S.p.A.	Brunello Cucinelli	12	12
	NSD Co., Ltd.	NSD Co Ltd NPV	10	12
	Anritsu Corporation	Anritsu Corp NPV	10	12
	Lagercrantz Group AB	Lagercrantz Group Ser'B' NPV	12	12
	Television Francaise 1 SA (TF1)	TF1 - TV Francaise	10	12
	Sanwa Holdings Corporation	Sanwa Holdings NPV	11	11
	Lifenet Insurance Company	Lifenet Insurance NPV	8	11
	MGM China Holdings Limited	MGM China Hldgs Lt	10	11
	Nordex SE	Nordex SE NPV	8	11
	Camtek Ltd.	Camtek Ltd Com Stk	9	11
	Hokuhoku Financial Group, Inc.	Hokuhoku Financial NPV	9	11
	Digital Garage, Inc.	Digital Garage NPV	14	11
	Hiscox Ltd	Hiscox Ord (DI)	10	11
	Tel Aviv Stock Exchange Ltd.	Tel Aviv Stk Com	10	11
	Pfisterer Holding SE	Pfisterer Holding NPV	10	11
	The Japan Steel Works, Ltd.	Japan Steel Works Ltd NPV	5	10
	Nippon Television Holdings, Inc.	Nippon TV Hldgs In NPV	11	10
	Premium Brands Holdings Corporation	Premium Brands Hld Com NPV	11	10
	Bumitama Agri Ltd.	Bumitama Agri Ltd NPV	5	10
	Yangzijiang Shipbuilding (Holdings) Ltd.	Yangzijiang Shipbu NPV (SGD)	5	10
	Vossloh AG	Vossloh AG Ord NPV	11	10
	Finning International Inc.	Finning Intl Inc Com NPV	10	10
	Trican Well Service Ltd.	Trican Well Servic Com NPV	7	10
	Munters Group AB	Munters Group AB NPV	9	10
	The 77 Bank, Ltd.	77th Bank NPV	10	10
	Kyoritsu Maintenance Co., Ltd.	Kyoritsu Maintenan NPV	10	9
	Lotus Bakeries NV	Lotus Bakeries	8	9
	Zegona Communications plc	Zegona Communicati Ord	4	9

See independent auditors' report.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost	(e) Current value
			(in thousands)	
	Equities (continued):			
	Exosens SA	Exosens SA	$ 4	$ 9
	Asmodee Group AB	Asmodee Group AB NPV B	10	9
	Craneware plc	Craneware PLC Ord	9	9
	Technoprobe S.p.A.	Technoprobe SPA	8	9
	NexGen Energy Ltd.	NexGen Energy Ltd Com NPV	8	9
	Kinaxis Inc.	Kinaxis Inc Com NPV	9	9
	Rightmove plc	Rightmove Com Stck	10	9
	Beazley plc	Beazley PLC (UK) Ord	5	8
	Acomo N.V.	Acomo	7	8
	Happinet Corporation	Happinet Corp NPV	10	8
	SHIFT Inc.	Shift Inc NPV	13	8
	Food & Life Companies Ltd.	Food & Life Compan NPV	8	8
	Buzzi S.p.A.	Buzzi SPA	5	8
	Victrex plc	Victrex Ord	12	8
	F.C.C. Co., Ltd.	F.C.C. Co Ltd NPV	5	8
	JBCC Holdings Inc.	JBCC Holdings Inc NPV	8	8
	SUSS MicroTec SE	Suss Microtec SE NPV	8	8
	Luzerner Kantonalbank AG	Luzerner Ktbk (Regd)	6	8
	DIP Corporation	DIP Corporation NPV	9	8
	Sanrio Company, Ltd.	Sanrio Co Ltd NPV	7	7
	BIPROGY Inc.	BIPROGY Inc NPV	6	7
	Zealand Pharma A/S	Zealand Pharma A/S	8	7
	Baltic Classifieds Group PLC	Baltic Classifieds Ord	12	7
	Exail Technologies SA	Exail Technologies	10	7
	Pharming Group N.V.	Pharming Group NV	4	6
	Crest Nicholson Holdings plc	Crest Nicholson H Ord	9	6
	Burberry Group plc	Burberry Group Ord	4	6
	Atoss Software SE	Atoss Software SE	7	6
	Integra Resources Corp.	Integra Res Corp Com NPV (Post Rev Split)	6	6
	Ashtead Technology Holdings plc	Ashtead Technology Ord	9	6
	Wynn Macau, Limited	Wynn Macau Ltd	5	5
	bpost SA	Bpost SA NPV	7	4
	ABC-MART, Inc.	ABC-Mart Inc NPV	5	4
	China Shineway Pharmaceutical Group Limited	China Shineway Pha	4	4
	Synthomer plc	Synthomer PLC Common Stock	15	3
	John Wood Group PLC	John Wood Group Pl Ord	11	2
	Flow Traders Ltd.	Flow Traders Ltd	2	2
	Prosegur Cash, S.A.	Prosegur Cash	1	1
	Total Equities		5,383	6,093
	Fixed Income Funds:			
	Fidelity Investments	Fidelity Salem STR Inflation Protected	3,013	3,046
	The Vanguard Group, Inc.	Vanguard Institutional Total Bond Market Index Fund	9,075	9,445
	Total Fixed Income Funds		12,088	12,491

See independent auditors' report.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART IV LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost	(e) Current value
			(in thousands)	
	Commingled Funds- Equities:			
	Arrowstreet Capital, L.P.	Arrowstreet Global Equity	7,000	9,278
	Total Commingled Funds- Equities		7,000	9,278
	Commingled Funds- Fixed Income:			
	Brandywine Global Investment Management, LLC	Brandywine Global Multi-Sector	6,457	7,655
	State Street Global Advisors	3-10 Year U.S Treasury Index NL CTF	4,500	4,568
	Total Commingled Funds- Fixed Income		10,957	12,223
			$ 67,646	$ 91,424

* Indicates party-in-interest to the Plan.

See independent auditors' report.

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

Schedule 2

SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

EIN: 22-3380375
PLAN NUMBER: 510

	(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	Number of Transactions	(e) Expense Incurred w/ Transaction	(f) Cost of Assets	(g) Fair Value of Asset on Transaction Date	(h) Net Gain/(Loss)
1. Series of Security Transactions in the same issue in Excess of 5% of Plan Assets:						*(in thousands)*			
Purchases -									
*	Northern Trust	Northern Instl Fds Govt Portfolio Cl A Sedol	$ 14,181	$ -	151	$ -	$ 14,181	$ 14,181	$ -
		Currency Euro Sedol: EUR	-	-	975	-	$ 4,989	$ 4,989	-
		Currency Japanese Yen Sedol: JPY	-	-	1,154	-	$ 5,088	$ 5,088	-
Sales:									
*	Northern Trust	Northern Instl Fds Govt Portfolio Cl A Sedol	$ -	$ 14,377	134	$ -	$ 14,377	$ 14,377	$ -
2. Single Security Transactions in the same issue in Excess of 5% of Plan Assets:									
Purchases:									
	State Street Global Advisors	CF 3-10 Year U.S. Treasury Index NL CTF	$ 4,500	$ -	1	$ -	$ 4,500	$ 4,500	$ -
*	Northern Trust	Northern Instl Fds Govt Portfolio Cl A Cusip	4,500	-	1	-	4,500	4,500	-
Sales:									
*	Northern Trust	Northern Instl Fds Govt Portfolio CL A Cusip	$ -	$ 4,496	1	$ -	$ 4,496	$ 4,496	$ -

* Indicates party-in-interest to the Plan.

See independent auditors' report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
Memorial Health Foundation, Inc. Retired Employee Benefit Plan

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 12/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
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

Atlantic Health

475 South Street

Morristown, NJ 07960

2b Employer Identification Number (EIN)
22-3380375

2c Plan Sponsor's telephone number
(973) 660-3521

2d Business code (see instructions)
622000

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

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

SIGN HERE	Nicole C. Petralia	10/14/26	Nicole Petralia
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1302
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	364
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	288
b	Retired or separated participants receiving benefits	**6b**	987
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1275
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Plan Name	**Memorial Health Foundation, Inc. Retired Employee Benefit Plan**
Plan Sponsor EIN	**22-3380375**
ERISA Plan #	**510**
Plan Year Ending	**December 31, 2025**

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

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

Plan Name	**Memorial Health Foundation, Inc. Retired Employee Benefit Plan**
Plan Sponsor EIN	**22-3380375**
ERISA Plan #	**510**
Plan Year Ending	**December 31, 2025**

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

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