

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ATLANTICARE HEALTH SYSTEM, INC.</u> <u>ATLANTICARE HEALTH PARK</u> <u>2500 ENGLISH CREEK AVENUE, BLDG. C</u> <u>EGG HARBOR TOWNSHIP, NJ 08234</u>	1c Effective date of plan <u>01/01/1972</u> 2b Employer Identification Number (EIN) <u>22-3265213</u> 2c Plan Sponsor's telephone number <u>609-407-2300</u> 2d Business code (see instructions) <u>622000</u>

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.	10/15/2025	JAMES MATTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1862
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1159
	6a(2)	1067
	6b	45
	6c	660
	6d	1772
	6e	19
	6f	1791
	6g(1)	
6g(2)		
6h		1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ATLANTICARE HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>22-3265213</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>262643353</u>
	b Actuarial value	2b	<u>288907688</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>32</u>	<u>6301097</u>
	b For terminated vested participants	<u>675</u>	<u>41924403</u>
	c For active participants	<u>1159</u>	<u>209104715</u>
	d Total	<u>1866</u>	<u>257330215</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>14104711</u>
	b Expected plan-related expenses	6b	<u>553000</u>
	c Target normal cost	6c	<u>14657711</u>

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

SIGN HERE			
	Signature of actuary	<u>10/13/2025</u>	Date
	<u>BRIAN D. EVITTS</u>	<u>23-05995</u>	Most recent enrollment number
	Type or print name of actuary	<u>215-587-0700</u>	Telephone number (including area code)
	<u>CBIZ</u>		
	Firm name		
	<u>1845 WALNUT STREET, 10TH FLOOR PHILADELPHIA, PA 19103</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	5325929	2898459
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	5325929	2898459
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.24</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		7166746
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1020545
c	Total available at beginning of current plan year to add to prefunding balance		8187291
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.69 %
15	Adjusted funding target attainment percentage	15	110.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/15/2024	572833		04/15/2025	600000			
11/14/2024	572833		05/15/2025	600000			
12/13/2024	572834		06/16/2025	600000			
01/27/2025	600000		07/14/2025	600000			
02/14/2025	600000		08/11/2025	600000			
03/14/2025	600000		09/08/2025	600000			
			Totals ▶	18(b)	7118500	18(c)	0

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6689675

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 14657711
b Excess assets, if applicable, but not greater than line 31a				31b 14657711
32 Amortization installments:		Outstanding Balance		Installment
a Net shortfall amortization installment		0	0	
b Waiver amortization installment		0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0	0
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 6689675
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 6689675
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTICARE HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 22-3265213	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

STATE STREET BANK & TRUST CO.

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	194930	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CBIZ

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	193469	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST

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	94100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE CONCORD ADVISORY GROUP, LTD

22-3039644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	90840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ATLANTICARE HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>22-3265213</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF SSGA MSCI EAFE SMALL CAP INDX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-164</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5325606</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF SSGA DAILY MSCI EAFE INDX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-182</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33810412</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF SSGA EMG MKTS INDX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-192</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20824207</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF SSGA LONG US CREDIT INDEX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-146</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72994944</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF SSGA RUSSELL 1000 INDEX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-160</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70886202</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF SSGA US REIT INDX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-327</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7984780</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOV'T SHORT TERM INV'T</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>887979</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **CF SSGA US HIGH YIELD BOND INDX NL**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

c EIN-PN 04-3508891-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24275992
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CF SSGA 20 YEAR US TREASURY STRIPS**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10847033
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CF S&P SMALL CAP 600 INDEX NL**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

c EIN-PN 84-4476184-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16697394
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTICARE HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 22-3265213

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	45927
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12637178	5400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4203117	2296043
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	5274265	4440292
(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)	242540882	264534549
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	264655442	276716811
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1771002	2413519
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1771002	2413519
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	262884440	274303292

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)	7118500	
(B) Participants.....	2a(1)(B)		
(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)		7118500
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	51922	
(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)	157900	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		209822
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	918916	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	803728	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		115188
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-65245	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	19373681
(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)	
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	26751946

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14570182
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	14570182
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)	
(5) Investment advisory and investment management fees	2i(5)	381379
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	193469
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	188064
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	762912
j Total expenses. Add all expense amounts in column (b) and enter total	2j	15333094

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	11418852
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559273.

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

A Name of plan <u>THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATLANTICARE HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>22-3265213</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-2723087

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	70
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 54.8 % Private Equity: 1.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 31.2 %
 High-Yield Debt: 9.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 0.3 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**The AtlantiCare Health System, Inc. Pension Plan
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

The AtlantiCare Health System, Inc. Pension Plan
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December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator of
The AtlantiCare Health System, Inc. Pension Plan:

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

We have performed audits of the financial statements of The AtlantiCare Health System, Inc. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related 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 AtlantiCare Health System, Inc. Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 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 Auditor's 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The AtlantiCare Health System, Inc. Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The AtlantiCare Health System, Inc. Pension Plan's ability to continue as a going concern for at least one year following the date that 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.

Auditor's 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 auditor's 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 AtlantiCare Health System, Inc. Pension 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 AtlantiCare Health System, Inc. Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's 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's 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's 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).

Withum Smith & Brown, PC

October 14, 2025

**The AtlantiCare Health System, Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
Assets		
Cash and cash equivalents	\$ 45,927	\$ -
Investments		
Investments at fair value	268,974,841	247,815,147
Receivables		
Employer contributions	5,400,000	12,637,178
Securities sold not yet received	2,296,043	4,203,117
Total receivables	<u>7,696,043</u>	<u>16,840,295</u>
Total assets	<u>276,716,811</u>	<u>264,655,442</u>
Liabilities		
Payable for securities purchased	2,413,519	1,771,002
Net assets available for benefits	<u>\$ 274,303,292</u>	<u>\$ 262,884,440</u>

The Notes to Financial Statements are an integral part of these statements.

**The AtlantiCare Health System, Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Interest and dividends	\$ 209,822	\$ 188,768
Net appreciation in fair value of investments	19,423,624	36,168,799
Total investment income	<u>19,633,446</u>	<u>36,357,567</u>
Contributions		
Employer contributions	7,118,500	16,100,178
Total additions	<u>26,751,946</u>	<u>52,457,745</u>
Deductions		
Benefits paid to participants	14,570,182	83,431,448
Administrative expenses	762,912	1,909,068
Total deductions	<u>15,333,094</u>	<u>85,340,516</u>
Net change in net assets available for benefits	11,418,852	(32,882,771)
Net assets available for benefits		
Beginning of year	262,884,440	295,767,211
End of year	<u>\$ 274,303,292</u>	<u>\$ 262,884,440</u>

The Notes to Financial Statements are an integral part of these statements.

The AtlantiCare Health System, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

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

General

The Plan is a noncontributory defined benefit plan established effective January 1, 1972, as restated January 1, 2014. Prior to the plan freeze, the Plan covered all employees of Atlanticare Health System, Inc. and participating employers, as defined (the "Company"), who had completed one year of service and were age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Plan's Due Diligence Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Effective January 1, 2010, the Plan was frozen and no additional employees were eligible to enter the Plan.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024 and 2023.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their Plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon becoming vested, participants are entitled to one of the following based on their retirement date.

- Effective January 1, 1996, 1.25% of average monthly compensation multiplied by the participant's years of credited service.
- Effective January 1, 1996, with respect to any participant who retires on or after January 1, 1996, if the participant was a participant in the prior plan on December 31, 1980, 75% of average monthly compensation reduced by 1/30 for each year of credited service less than 30, less 62.5% of the participant's primary Social Security benefit payable under the Social Security law in effect on the participant's normal retirement date (or severance date) reduced by 1/25 for each year of credited service less than 25. If the participant is actively employed beyond his or her normal retirement date, (i) monthly retirement income the participant would have received had actual retirement occurred on the participant's normal retirement date increased on an actuarial equivalent basis to the late retirement date or (ii) monthly retirement income the participant would receive computed using the average monthly compensation and credited service at actual date of termination and the primary Social Security benefit payable on the participant's normal retirement date.
- Effective January 1, 2002, a minimum of \$600 per year (\$50 per month). Prior to January 1, 2002, the minimum was payable only if the participant has or would have completed ten or more years of credited service at the participant's normal retirement date.

Effective January 1, 2004, certain participants may receive additional benefits as detailed in the Plan document.

Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

The AtlantiCare Health System, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results 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 Due Diligence Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company, as applicable. See Note 4 for 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.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

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

Reclassification

Certain prior year investments were reclassified from presentation in the fair value hierarchy to presentation at net asset value as a practical expedient. These reclassifications had no impact on the net assets available for benefits or changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through October 14, 2025, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included to the extent that they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

**The AtlantiCare Health System, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

Actuarial present value of accumulated plan benefits as of the most recent actuarial valuation date is as follows:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments	\$ 6,232,888
Other participants	266,408,261
Total vested benefits	<u>272,641,149</u>
Nonvested benefits	1,223,905
Total actuarial present value of accumulated plan benefits	<u><u>\$ 273,865,054</u></u>

A summary of the changes in the actuarial present value of accumulated plan benefits is as follows for the year ended December 31, 2023:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 342,685,963
Change during the year attributable to:	
Change in actuarial assumptions	(15,412,561)
Benefits accumulated	13,319,252
Increase for interest	16,703,848
Benefits paid	(83,431,448)
Net decrease	<u>(68,820,909)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 273,865,054</u></u>

The significant actuarial assumptions used in the valuation were as follows:

Discount rate	5.30% and 5.55% for the years ended December 31, 2023 and 2022, respectively
Mortality	Pri-2012 Amount Weighted Total Dataset
Retirement age	65
Salary increase	3.0% per year, compounded annually
Assumed rate of return	5.74% and 5.92% for the years ended December 31, 2023 and 2022, respectively

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

The AtlantiCare Health System, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

4. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2024 and 2023.

Investments Measured at Net Asset Value: Consisting of collective trust, hedge, and private equity funds (the "funds") valued at the net asset value ("NAV") of units of a beneficial interest in the underlying investment portfolio. NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the the funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have been classified in the fair value hierarchy.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds	\$ 264,534,549	\$ -	Daily	One to two days
Hedge fund	2,602	-	N/A	N/A
Private equity funds	4,437,690	841,525	N/A	N/A
	\$ 268,974,841	\$ 841,525		

The AtlantiCare Health System, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds	\$ 242,540,882	\$ -	Daily	One to two days
Hedge fund	7,120	-	N/A	N/A
Private equity funds	5,267,145	327,400	N/A	N/A
	<u>\$ 247,815,147</u>	<u>\$ 327,400</u>		

For the hedge fund and private equity funds, there is no redemption frequency or notice period as these funds are illiquid and will make distributions over time until the funds are fully paid out.

5. Information Certified by Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, The Northern Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024.

6. Related-Party and Party In Interest Transactions

The Plan's investments are administered under a contract with The Northern Trust Company, the trustee of the Plan. Contributions are held and managed by The Northern Trust Company, who invests cash received, interest, and dividend income and makes distributions to participants. These transactions are party-in-interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) for up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

The AtlantiCare Health System, Inc. Pension Plan Notes to Financial Statements December 31, 2024 and 2023

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated October 14, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and 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. As of December 31, 2024 and 2023, three investments represented a concentration of greater than 10% of the Plan's net assets available for benefits.

Supplementary Information

The AtlantiCare Health System, Inc. Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-3265213 Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	AG	Superfund	\$ 1	\$ 2,602
	Commonfund	S&P Small Cap 600 Index Non-Lending CTF	14,924,986	16,697,394
	Commonfund	Global Distressed Investors, LLC Series 2	1	14,155
	Commonfund	Global Distressed Investors, LLC Series 4	1	51,113
	Commonfund	International Private Equity Partners VI	1	30,307
	Commonfund	International Private Equity Partners VII	791,408	638,156
	Commonfund Capital	Natural Resources Partners VIII	214,266	62,818
	Commonfund Capital	Natural Resources Partners IX	715,937	900,769
	Commonfund Capital	Private Equity Partners VII	1	148,927
	Commonfund Capital	Private Equity Partners VIII	60,564	164,415
	Commonfund Capital	Venture Partners VIII	377,526	718,560
	Commonfund Capital	Venture Partners IX	402,320	1,708,470
	Commonfund SSGA	MSCI EAFE Small Cap Index Non-Lending CTF	3,837,814	5,325,606
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	25,767,205	33,810,412
	Commonfund SSGA	Emerging Markets Index Non-Lending CTF	18,062,037	20,824,207
	Commonfund SSGA	Russell 1000 Index Non-Lending CTF	33,396,372	70,886,202
	Commonfund SSGA	U.S. REIT Index Non-Lending CTF	6,859,176	7,984,780
	Commonfund SSGA	U.S. Long Credit Bond Index Non-Lending CTF	74,146,904	72,994,944
	Commonfund SSGA	U.S. High Yield Bond Index Non-Lending CTF	19,489,731	24,275,992
	Commonfund SSGA	20+ Year U.S. Treasury STRIPS Index NL CTF	14,330,763	10,847,033
*	Northern Trust	Collective Government Short Term Investment Fund	887,979	887,979
	Total investments		\$ 214,264,993	\$ 268,974,841

*Denotes a party-in-interest.

The AtlantiCare Health System, Inc. Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 22-3265213 Plan Number: 001
Year Ended December 31, 2024

	(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Series Transactions							
	CF SSGA	Russell 1000 (R) Index Non-Lending Fund	\$ 2,950,000	\$ -	\$ 2,950,000	\$ 2,950,000	\$ -
	CF SSGA	Russell 1000 (R) Index Non-Lending Fund	-	12,792,356	6,443,978	12,792,366	6,348,388
	* NT	Collective Govt Short-Term Investment Fund	18,169,207	-	18,169,207	18,169,207	-
	* NT	Collective Govt Short-Term Investment Fund	-	18,033,405	18,033,405	18,033,405	-
Total Series Transactions			\$ 21,119,207	\$ 30,825,761	\$ 45,596,590	\$ 51,944,978	\$ 6,348,388

*Denotes a party-in-interest.

SCHEDULE SB ATTACHMENT

Line 26a - Schedule of Active Participant Data

Plan Name: The AtlantiCare Health System, Inc. Pension Plan

EIN/PN: 22-3265213/001

Valuation Date: January 1, 2024

Compensation is shown below only for cells in which the counts are greater than or equal to 20.

Age	Years of Credited Service										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over		
Under 25	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	5	2	-	-	-	-	-	-	7
35 to 39	-	1	2	37	46	4	-	-	-	-	-	90
	-	-	-	\$86,356	\$82,279	-	-	-	-	-	-	\$82,655
40 to 44	-	3	7	21	86	26	-	-	-	-	-	143
	-	-	-	\$102,999	\$104,984	\$95,190	-	-	-	-	-	\$98,107
45 to 49	-	2	4	14	97	40	16	-	-	-	-	173
	-	-	-	-	\$120,508	\$95,807	-	-	-	-	-	\$112,164
50 to 54	-	1	4	16	87	67	19	13	-	-	-	207
	-	-	-	-	\$111,935	\$116,268	-	-	-	-	-	\$115,104
55 to 59	-	1	5	11	90	51	33	30	21	-	-	242
	-	-	-	-	\$131,827	\$119,235	\$99,541	\$115,766	\$105,610	-	-	\$118,002
60 to 64	1	-	4	12	68	40	14	31	29	12	-	211
	-	-	-	-	\$103,140	\$134,708	-	\$129,860	\$111,523	-	-	\$114,000
65 to 69	-	-	1	12	21	11	7	9	4	1	-	66
	-	-	-	-	\$151,102	-	-	-	-	-	-	\$119,804
70 & Over	1	1	1	3	9	2	-	2	-	1	-	20
	-	-	-	-	-	-	-	-	-	-	-	\$119,998
Total	2	9	28	131	506	241	89	85	54	14	-	1,159
	-	-	\$60,524	\$93,761	\$113,813	\$113,918	\$120,212	\$127,848	\$109,238	-	-	\$110,770

Schedule SB, Part V - Summary of Assumptions/Methods

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	<u>Non-Stabilized</u>	<u>Limited to 25- Year Corridor</u>
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.11%. For the prior Plan Year, the EIR was 5.24%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of a) or b), below:

a) The expected long-term rate of return on assets based on policy trust allocations; or

b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption a)	Seg. III b)	EROA (smaller of a or b)
2023	8.00%	5.74%	5.74%
2022	8.00%	5.92%	5.92%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Funding Administrative Expenses Administrative expenses of \$553,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Salary Scale 3.00% per year, compounded annually.

The assumed rate of compensation increases incorporated into these measurements is based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Consumer Price Index 3.00% per year, compounded annually.

The assumed rate of inflation incorporated into these measurements is based on recent Consumer Price Index data, as well as a review of national price trends.

Funding Mortality §430(h) Generational Mortality Tables for the Current Plan Year.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates Withdrawal rates are based on the Sarason T-6 Table and vary with age. Sample rates are shown below:

Age	Rates
25	7.80%
30	7.50%
35	7.00%
40	6.31%
45	5.52%
50	4.26%
55	2.41%
60	1.69%
65	2.44%
70	3.93%
75	6.24%

The assumed rates of termination from active status incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Disability Incidence None.

Retirement Rates

For active participants, annual unisex rates for eligible participants are as follows:

Age	Rate
55-60	2.5%
61	5.0%
62	7.5%
63	10.0%
64	12.0%
65	25.0%
66-69	30.0%
70 & Older	100.0%

For terminated vested participants, annual unisex rates for eligible participants are as follows:

Age	Rate
55-64	2.5%
65-66	40.0%
67-69	20.0%
70 & Older	100.0%

The assumed rates of retirement incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Spousal Assumptions

70% of employees are assumed to be married.

Wives are assumed to be two years younger than their husbands.

The assumed spousal age difference incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Form of Payment

For active participants assumed to retire:
- 80% elect a lump sum
- 12% elect a single life annuity
- 5% elect a 100% joint & survivor annuity
- 3% elect a 50% joint & survivor annuity

For deferred vested participants assumed to retire:
- 60% elect a lump sum
- 24% elect a single life annuity
- 10% elect a 100% joint & survivor annuity
- 6% elect a 50% joint & survivor annuity

The assumed rates of optional form elections incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Lump Sum Conversion Basis (Funding)

The interest rates used to convert annuities into actuarially equivalent lump sums are the same as the Target Liability interest rates for the associated liability measure.

The mortality table for developing lump sum factors is the 2024 Applicable Mortality Table, with generational improvement for all future years using 2024 Adjusted Scale MP-2021 Rates.

The interest rate and mortality assumptions used to value the Target Liability for determining the lump sum distributions are prescribed by law.

Maximum Benefit Limitation

Plan benefits have been restricted to the maximum dollar limit permitted under the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). This limit is a \$275,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.

Maximum Salary Limitation

The maximum 2024 salary has been limited to \$345,000.

Maximum Taxable Wage

The maximum taxable wage base will increase 4.0% per year.

**Changes in non-required
Funding assumptions
since the prior valuation**

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

In accordance with federal law, the funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

Plan administrative expenses are assumed to be \$553,000 compared to \$2,358,000 for the prior year.

Retirement rates, withdrawal rates, and form of payment assumptions were changed to better reflect actual experience based on an experience study conducted in September 2023.

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

145 participants terminated and elected to receive a lump sum during the final quarter of 2022. Due to administrative timing, these payments were not made until early 2023. The participants received a lump sum in 2023 using the segment rates in effect for the 2022 plan year, and their liabilities were set to equal the amount of their lump sum payment.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

The AtlantiCare Health System, Inc. Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 22-3265213 Plan Number: 001
Year Ended December 31, 2024

	(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Series Transactions							
	CF SSGA	Russell 1000 (R) Index Non-Lending Fund	\$ 2,950,000	\$ -	\$ 2,950,000	\$ 2,950,000	\$ -
	CF SSGA	Russell 1000 (R) Index Non-Lending Fund	-	12,792,356	6,443,978	12,792,366	6,348,388
	* NT	Collective Govt Short-Term Investment Fund	18,169,207	-	18,169,207	18,169,207	-
	* NT	Collective Govt Short-Term Investment Fund	-	18,033,405	18,033,405	18,033,405	-
Total Series Transactions			\$ 21,119,207	\$ 30,825,761	\$ 45,596,590	\$ 51,944,978	\$ 6,348,388

*Denotes a party-in-interest.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ATLANTICARE HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 22-3265213	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	262,643,353	
b Actuarial value	2b	288,907,688	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	32	6,301,097	6,301,097
b For terminated vested participants	675	41,924,403	41,924,403
c For active participants.....	1,159	209,104,715	210,431,592
d Total	1,866	257,330,215	258,657,092
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.11%	
6 Target normal cost			
a Present value of current plan year accruals	6a	14,104,711	
b Expected plan-related expenses	6b	553,000	
c Target normal cost	6c	14,657,711	

Statement by Enrolled Actuary

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

SIGN HERE	Brian D. Evitts <i>BDE</i>	<u>10/13/2025</u>
	Signature of actuary	Date
BRIAN D. EVITTS		2305995
	Type or print name of actuary	Most recent enrollment number
CBIZ		215-587-0700
	Firm name	Telephone number (including area code)
1845 WALNUT STREET, 10TH FLOOR		
PHILADELPHIA PA 19103		
Address of the firm		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	14,657,711	
b Excess assets, if applicable, but not greater than line 31a	31b	14,657,711	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	6,689,675	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,689,675	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	
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SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: The AtlantiCare Health System, Inc. Pension Plan
EIN/PN: 22-3265213/001
Valuation Date: January 1, 2024

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments*</u>	<u>Interest-Adjusted Contribution</u>
10/15/2024	\$ 572,833	2024	5.11%	N/A	\$ 550,803
11/14/2024	\$ 572,833	2024	5.11%	N/A	\$ 548,558
12/13/2024	\$ 572,834	2024	5.11%	N/A	\$ 546,397
1/27/2025	\$ 600,000	2024	5.11%	N/A	\$ 568,772
2/14/2025	\$ 600,000	2024	5.11%	N/A	\$ 567,377
3/14/2025	\$ 600,000	2024	5.11%	N/A	\$ 565,215
4/15/2025	\$ 600,000	2024	5.11%	N/A	\$ 562,754
5/15/2025	\$ 600,000	2024	5.11%	N/A	\$ 560,457
6/16/2025	\$ 600,000	2024	5.11%	N/A	\$ 558,017
7/14/2025	\$ 600,000	2024	5.11%	N/A	\$ 555,891
8/11/2025	\$ 600,000	2024	5.11%	N/A	\$ 553,772
9/8/2025	\$ 600,000	2024	5.11%	N/A	\$ 551,662
Total	\$ 7,118,500				\$ 6,689,675

* This rate was used to discount the portion of the contribution attributable to late quarterly installments from the date of the contribution to the due date of the quarterly installment.

SCHEDULE SB ATTACHMENT

Line 22 - Description of Weighted Average Retirement Age

Plan Name: The AtlantiCare Health System, Inc. Pension Plan

EIN/PN: 22-3265213/001

Valuation Date: January 1, 2024

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	<u>Weighted</u>
55	1000.000	2.50%	25.000	1375.000
56	975.000	2.50%	24.375	1365.000
57	950.625	2.50%	23.766	1354.641
58	926.859	2.50%	23.171	1343.946
59	903.688	2.50%	22.592	1332.940
60	881.096	2.50%	22.027	1321.644
61	859.068	5.00%	42.953	2620.158
62	816.115	7.50%	61.209	3794.934
63	754.906	10.00%	75.491	4755.909
64	679.416	12.00%	81.530	5217.912
65	597.886	25.00%	149.471	9715.644
66	448.414	30.00%	134.524	8878.604
67	313.890	30.00%	94.167	6309.190
68	219.723	30.00%	65.917	4482.350
69	153.806	30.00%	46.142	3183.787
70	107.664	100.00%	107.664	7536.500
Average Retirement Age				64.588

SCHEDULE SB ATTACHMENT
Line 24 - Change in Actuarial Assumptions

Plan Name: The AtlantiCare Health System, Inc. Pension Plan

EIN/PN: 22-3265213/001

Valuation Date: January 1, 2024

Retirement rates, withdrawal rates, and form of payment assumptions were changed to better reflect the actual experience of the plan based on an experience study conducted in September 2023.

Plan administrative expenses are assumed to be \$553,000 compared to \$2,358,000 in 2023.

SCHEDULE SB ATTACHMENT

Line 26a - Schedule of Active Participant Data

Plan Name: The AtlantiCare Health System, Inc. Pension Plan

EIN/PN: 22-3265213/001

Valuation Date: January 1, 2024

Compensation is shown below only for cells in which the counts are greater than or equal to 20.

Age	Years of Credited Service										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over		
Under 25	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	5	2	-	-	-	-	-	-	7
35 to 39	-	1	2	37	46	4	-	-	-	-	-	90
	-	-	-	\$86,356	\$82,279	-	-	-	-	-	-	\$82,655
40 to 44	-	3	7	21	86	26	-	-	-	-	-	143
	-	-	-	\$102,999	\$104,984	\$95,190	-	-	-	-	-	\$98,107
45 to 49	-	2	4	14	97	40	16	-	-	-	-	173
	-	-	-	-	\$120,508	\$95,807	-	-	-	-	-	\$112,164
50 to 54	-	1	4	16	87	67	19	13	-	-	-	207
	-	-	-	-	\$111,935	\$116,268	-	-	-	-	-	\$115,104
55 to 59	-	1	5	11	90	51	33	30	21	-	-	242
	-	-	-	-	\$131,827	\$119,235	\$99,541	\$115,766	\$105,610	-	-	\$118,002
60 to 64	1	-	4	12	68	40	14	31	29	12	-	211
	-	-	-	-	\$103,140	\$134,708	-	\$129,860	\$111,523	-	-	\$114,000
65 to 69	-	-	1	12	21	11	7	9	4	1	-	66
	-	-	-	-	\$151,102	-	-	-	-	-	-	\$119,804
70 & Over	1	1	1	3	9	2	-	2	-	1	-	20
	-	-	-	-	-	-	-	-	-	-	-	\$119,998
Total	2	9	28	131	506	241	89	85	54	14	-	1,159
	-	-	\$60,524	\$93,761	\$113,813	\$113,918	\$120,212	\$127,848	\$109,238	-	-	\$110,770

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	20,930,966	6,330,331	525,728	27,787,025
2025	16,486,509	1,934,683	519,860	18,941,052
2026	17,668,728	1,895,160	513,511	20,077,399
2027	16,988,160	1,907,988	506,630	19,402,778
2028	16,875,934	2,676,408	499,162	20,051,504
2029	16,949,775	2,204,030	491,052	19,644,857
2030	16,952,885	2,432,323	482,241	19,867,449
2031	15,906,402	2,433,255	472,581	18,812,238
2032	15,218,200	2,361,258	461,212	18,040,670
2033	14,436,711	2,596,468	445,900	17,479,079
2034	13,433,541	2,123,763	433,481	15,990,785
2035	12,650,634	2,579,635	420,259	15,650,528
2036	11,843,019	2,483,057	406,012	14,732,088
2037	11,062,241	2,284,028	390,734	13,737,003
2038	10,237,415	2,295,560	374,461	12,907,436
2039	9,653,284	2,298,669	357,263	12,309,216
2040	8,889,275	2,477,296	339,235	11,705,806
2041	8,476,702	2,289,428	320,493	11,086,623
2042	7,662,281	2,211,055	301,145	10,174,481
2043	7,056,039	2,194,402	281,290	9,531,731
2044	7,316,093	2,221,322	261,018	9,798,433
2045	6,515,926	2,180,209	240,404	8,936,539
2046	6,279,675	2,171,191	219,539	8,670,405
2047	5,822,093	2,234,729	198,557	8,255,379
2048	5,627,968	2,384,557	177,651	8,190,176
2049	5,285,424	2,080,052	157,068	7,522,544
2050	5,013,577	2,024,748	137,104	7,175,429
2051	4,581,054	2,029,483	118,053	6,728,590
2052	4,205,645	2,056,508	100,189	6,362,342
2053	3,960,814	1,810,304	83,750	5,854,868
2054	3,530,571	1,634,420	68,905	5,233,896
2055	3,313,759	1,529,528	55,762	4,899,049
2056	2,938,215	1,425,205	44,359	4,407,779
2057	2,721,087	1,265,686	34,667	4,021,440
2058	2,507,514	1,118,111	26,602	3,652,227
2059	2,284,835	1,083,595	20,038	3,388,468
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2061	1,910,834	888,039	10,755	2,809,628
2062	1,749,419	816,730	7,671	2,573,820
2063	1,591,503	758,849	5,382	2,355,734
2064	1,445,414	702,874	3,721	2,152,009
2065	1,307,341	648,932	2,541	1,958,814
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2068	943,362	500,176	773	1,444,311
2069	838,775	455,076	516	1,294,367
2070	742,271	412,211	345	1,154,827
2071	653,568	371,541	230	1,025,339
2072	572,323	333,038	153	905,514
2073	498,183	296,689	101	794,973

Schedule SB, Part V - Summary of Assumptions/Methods

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.11%. For the prior Plan Year, the EIR was 5.24%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of a) or b), below:

- a) The expected long-term rate of return on assets based on policy trust allocations; or
- b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption a)	Seg. III b)	EROA (smaller of a or b)
2023	8.00%	5.74%	5.74%
2022	8.00%	5.92%	5.92%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Funding Administrative Expenses Administrative expenses of \$553,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Salary Scale 3.00% per year, compounded annually.

The assumed rate of compensation increases incorporated into these measurements is based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Consumer Price Index 3.00% per year, compounded annually.

The assumed rate of inflation incorporated into these measurements is based on recent Consumer Price Index data, as well as a review of national price trends.

Funding Mortality §430(h) Generational Mortality Tables for the Current Plan Year.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates Withdrawal rates are based on the Sarason T-6 Table and vary with age. Sample rates are shown below:

Age	Rates
25	7.80%
30	7.50%
35	7.00%
40	6.31%
45	5.52%
50	4.26%
55	2.41%
60	1.69%
65	2.44%
70	3.93%
75	6.24%

The assumed rates of termination from active status incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Disability Incidence None.

Retirement Rates

For active participants, annual unisex rates for eligible participants are as follows:

Age	Rate
55-60	2.5%
61	5.0%
62	7.5%
63	10.0%
64	12.0%
65	25.0%
66-69	30.0%
70 & Older	100.0%

For terminated vested participants, annual unisex rates for eligible participants are as follows:

Age	Rate
55-64	2.5%
65-66	40.0%
67-69	20.0%
70 & Older	100.0%

The assumed rates of retirement incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Spousal Assumptions

70% of employees are assumed to be married.

Wives are assumed to be two years younger than their husbands.

The assumed spousal age difference incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Form of Payment

For active participants assumed to retire:
- 80% elect a lump sum
- 12% elect a single life annuity
- 5% elect a 100% joint & survivor annuity
- 3% elect a 50% joint & survivor annuity

For deferred vested participants assumed to retire:
- 60% elect a lump sum
- 24% elect a single life annuity
- 10% elect a 100% joint & survivor annuity
- 6% elect a 50% joint & survivor annuity

The assumed rates of optional form elections incorporated into these measurements are based on an experience study conducted in September 2023 using census data as of January 1, 2018 through January 1, 2022.

Lump Sum Conversion Basis (Funding)

The interest rates used to convert annuities into actuarially equivalent lump sums are the same as the Target Liability interest rates for the associated liability measure.

The mortality table for developing lump sum factors is the 2024 Applicable Mortality Table, with generational improvement for all future years using 2024 Adjusted Scale MP-2021 Rates.

The interest rate and mortality assumptions used to value the Target Liability for determining the lump sum distributions are prescribed by law.

Maximum Benefit Limitation

Plan benefits have been restricted to the maximum dollar limit permitted under the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). This limit is a \$275,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.

Maximum Salary Limitation

The maximum 2024 salary has been limited to \$345,000.

Maximum Taxable Wage

The maximum taxable wage base will increase 4.0% per year.

**Changes in non-required
Funding assumptions
since the prior valuation**

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

In accordance with federal law, the funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

Plan administrative expenses are assumed to be \$553,000 compared to \$2,358,000 for the prior year.

Retirement rates, withdrawal rates, and form of payment assumptions were changed to better reflect actual experience based on an experience study conducted in September 2023.

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

145 participants terminated and elected to receive a lump sum during the final quarter of 2022. Due to administrative timing, these payments were not made until early 2023. The participants received a lump sum in 2023 using the segment rates in effect for the 2022 plan year, and their liabilities were set to equal the amount of their lump sum payment.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

Schedule SB, Part V - Summary of Principal Plan Provisions

Effective Date	Original Plan: January 1, 1972 Plan Year: Calendar Year
Eligibility	<p>Prior to January 1, 1976 Each full time employee was eligible on the earlier of (1) January 1, 1972 (after meeting the following requirements) or (2) the first day of the month coincident with or following the completion of three years of continuous employment and attainment of age 25, provided he/she was less than age 65.</p> <p>January 1, 1976 to December 31, 1984 Each employee was eligible on the first day of the month coincident with or following the attainment of age 25 and the completion of a 12-month period during which 1,000 hours were worked, provided he/she was last hired before age 60. Upon re-employment after a Break-in-Service, an employee became a participant retroactive to his/her date of rehire after meeting the above requirements.</p> <p>January 1, 1985 to December 31, 1987 Same as above (January 1, 1976 to December 31, 1984), except minimum age 21.</p> <p>On or after January 1, 1988 Same as above (January 1, 1985 to December 31, 1987), except requirement of being hired before age 60 is eliminated.</p> <p>On or after January 1, 2002 Each employee is eligible on the first day coincident with or next following the attainment of age 21 and the completion of a 12-month period during which 1,000 hours were worked.</p> <p>On or after January 1, 2010 Effective January 1, 2010, the plan is closed to new entrants who were hired or rehired after that date.</p>
Credited Service	Number of Plan Years in which employee completes at least 1,000 hours, beginning with date of hire, but no earlier than January 1, 2001 in the case of participants employed by Atlanticare Administrators, Inc.
Vesting Service	Number of Plan Years in which employee completes at least 1,000 hours, beginning with date of hire, but no earlier than January 1, 2001 in the case of participants employed by Atlanticare Administrators, Inc.

Compensation	Total earnings as reported on the form W-2 (including any elective deferrals not included in the gross income under Sections 125 or 403(b) of the code). Compensation is capped at \$330,000 for 2023.
Final Average Monthly Compensation	One-twelfth of the average of the Compensation during the highest ten consecutive complete calendar years of employment (or over the period of employment, if less than ten calendar years).
Accrued Benefit	Amount earned to date of determination based on benefit formula for Normal Retirement (using Final Average Monthly Compensation at date of determination) multiplied by fraction of completed years of Credited Service at date of determination over projected completed years of Credited Service at Normal Retirement. Effective January 1, 2002, the minimum accrued monthly benefit is \$50.
Normal Retirement Eligibility	Retirement on the first day of the month coincident with or the next following age 65.
Early Retirement Eligibility	Age 55 and ten years of Credited Service
Deferred Retirement Eligibility	Retirement on the first day of any month following Normal Retirement
Termination Benefit Eligibility	Termination after completion of at least five years of Vesting Service.
Pre-Retirement Death Benefit Eligibility	A married participant who has completed at least five years of Vesting Service.

Normal Retirement Benefit	<p>If a participant on December 31, 1980, greatest of (1), (2) or (3); if a participant after December 31, 1980, greater of (1) or (3).</p> <ol style="list-style-type: none">1) 1% of Final Average Monthly Compensation multiplied by Credited Service at Normal Retirement2) [60% of Final Average Monthly Compensation; multiplied by Credited Service at Normal Retirement (max 30) divided by 30]; <i>minus</i> [50% of Primary Social Security Benefit; multiplied by Credited Service at Normal Retirement (max 25) divided by 25]3) \$50 a month. <p>Effective January 1, 1996 the benefits described in (1) and (2) above were increased by 25%.</p> <p>Certain Participants receive an additional benefit as detailed in Appendix B of the plan document (as amended effective January 1, 2002, January 1, 2004, December 31, 2007, December 31, 2012, and January 1, 2017).</p>
Early Retirement Benefit	Accrued Benefit reduced 5/9% for the first 60 months and 5/18% for the next 60 months of early retirement.
Deferred Retirement Benefit	Normal Retirement Benefits actuarially increased to later commencement or the accrued benefit at date of termination, whichever is greater. (Prior to January 1, 1988, only the actuarial increase was applicable.)
Termination Benefit	Accrued Benefit at date of termination payable at Normal Retirement Date, or reduced for early commencement at Early Retirement Date.
Pre-Retirement Death Benefit	Annuity payable to surviving spouse equal to 50% of the benefit the employee would have received had the employee terminated employment the day before his/her death, retired when first eligible for early retirement, and elected the Joint and 50% Survivor Annuity. Benefit commences at date employee would have been eligible for early retirement if not yet eligible at time of death.
Normal Form of Payment	Single employees – Life Annuity Married employees – Joint and 50% Survivor Annuity

Optional Forms of Payment	Life Annuity 120 and 240-months Certain and Life Joint and 50%, 66 2/3%, 75%, and 100% Survivor Annuity Level Income Option Lump Sum
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Changes Since Prior Valuation	None.
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NOTE: The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.

SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: The AtlantiCare Health System, Inc. Pension Plan
EIN/PN: 22-3265213/001
Valuation Date: January 1, 2024

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments*</u>	<u>Interest-Adjusted Contribution</u>
10/15/2024	\$ 572,833	2024	5.11%	N/A	\$ 550,803
11/14/2024	\$ 572,833	2024	5.11%	N/A	\$ 548,558
12/13/2024	\$ 572,834	2024	5.11%	N/A	\$ 546,397
1/27/2025	\$ 600,000	2024	5.11%	N/A	\$ 568,772
2/14/2025	\$ 600,000	2024	5.11%	N/A	\$ 567,377
3/14/2025	\$ 600,000	2024	5.11%	N/A	\$ 565,215
4/15/2025	\$ 600,000	2024	5.11%	N/A	\$ 562,754
5/15/2025	\$ 600,000	2024	5.11%	N/A	\$ 560,457
6/16/2025	\$ 600,000	2024	5.11%	N/A	\$ 558,017
7/14/2025	\$ 600,000	2024	5.11%	N/A	\$ 555,891
8/11/2025	\$ 600,000	2024	5.11%	N/A	\$ 553,772
9/8/2025	\$ 600,000	2024	5.11%	N/A	\$ 551,662
Total	\$ 7,118,500				\$ 6,689,675

* This rate was used to discount the portion of the contribution attributable to late quarterly installments from the date of the contribution to the due date of the quarterly installment.

SCHEDULE SB ATTACHMENT

Line 22 - Description of Weighted Average Retirement Age

Plan Name: The AtlantiCare Health System, Inc. Pension Plan

EIN/PN: 22-3265213/001

Valuation Date: January 1, 2024

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	<u>Weighted</u>
55	1000.000	2.50%	25.000	1375.000
56	975.000	2.50%	24.375	1365.000
57	950.625	2.50%	23.766	1354.641
58	926.859	2.50%	23.171	1343.946
59	903.688	2.50%	22.592	1332.940
60	881.096	2.50%	22.027	1321.644
61	859.068	5.00%	42.953	2620.158
62	816.115	7.50%	61.209	3794.934
63	754.906	10.00%	75.491	4755.909
64	679.416	12.00%	81.530	5217.912
65	597.886	25.00%	149.471	9715.644
66	448.414	30.00%	134.524	8878.604
67	313.890	30.00%	94.167	6309.190
68	219.723	30.00%	65.917	4482.350
69	153.806	30.00%	46.142	3183.787
70	107.664	100.00%	107.664	7536.500
Average Retirement Age				64.588

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	20,930,966	6,330,331	525,728	27,787,025
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2070	742,271	412,211	345	1,154,827
2071	653,568	371,541	230	1,025,339
2072	572,323	333,038	153	905,514
2073	498,183	296,689	101	794,973

Schedule SB, Part V - Summary of Principal Plan Provisions

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Credited Service	Number of Plan Years in which employee completes at least 1,000 hours, beginning with date of hire, but no earlier than January 1, 2001 in the case of participants employed by Atlanticare Administrators, Inc.
Vesting Service	Number of Plan Years in which employee completes at least 1,000 hours, beginning with date of hire, but no earlier than January 1, 2001 in the case of participants employed by Atlanticare Administrators, Inc.

Compensation	Total earnings as reported on the form W-2 (including any elective deferrals not included in the gross income under Sections 125 or 403(b) of the code). Compensation is capped at \$330,000 for 2023.
Final Average Monthly Compensation	One-twelfth of the average of the Compensation during the highest ten consecutive complete calendar years of employment (or over the period of employment, if less than ten calendar years).
Accrued Benefit	Amount earned to date of determination based on benefit formula for Normal Retirement (using Final Average Monthly Compensation at date of determination) multiplied by fraction of completed years of Credited Service at date of determination over projected completed years of Credited Service at Normal Retirement. Effective January 1, 2002, the minimum accrued monthly benefit is \$50.
Normal Retirement Eligibility	Retirement on the first day of the month coincident with or the next following age 65.
Early Retirement Eligibility	Age 55 and ten years of Credited Service
Deferred Retirement Eligibility	Retirement on the first day of any month following Normal Retirement
Termination Benefit Eligibility	Termination after completion of at least five years of Vesting Service.
Pre-Retirement Death Benefit Eligibility	A married participant who has completed at least five years of Vesting Service.

Normal Retirement Benefit	<p>If a participant on December 31, 1980, greatest of (1), (2) or (3); if a participant after December 31, 1980, greater of (1) or (3).</p> <ol style="list-style-type: none">1) 1% of Final Average Monthly Compensation multiplied by Credited Service at Normal Retirement2) [60% of Final Average Monthly Compensation; multiplied by Credited Service at Normal Retirement (max 30) divided by 30]; <i>minus</i> [50% of Primary Social Security Benefit; multiplied by Credited Service at Normal Retirement (max 25) divided by 25]3) \$50 a month. <p>Effective January 1, 1996 the benefits described in (1) and (2) above were increased by 25%.</p> <p>Certain Participants receive an additional benefit as detailed in Appendix B of the plan document (as amended effective January 1, 2002, January 1, 2004, December 31, 2007, December 31, 2012, and January 1, 2017).</p>
Early Retirement Benefit	Accrued Benefit reduced 5/9% for the first 60 months and 5/18% for the next 60 months of early retirement.
Deferred Retirement Benefit	Normal Retirement Benefits actuarially increased to later commencement or the accrued benefit at date of termination, whichever is greater. (Prior to January 1, 1988, only the actuarial increase was applicable.)
Termination Benefit	Accrued Benefit at date of termination payable at Normal Retirement Date, or reduced for early commencement at Early Retirement Date.
Pre-Retirement Death Benefit	Annuity payable to surviving spouse equal to 50% of the benefit the employee would have received had the employee terminated employment the day before his/her death, retired when first eligible for early retirement, and elected the Joint and 50% Survivor Annuity. Benefit commences at date employee would have been eligible for early retirement if not yet eligible at time of death.
Normal Form of Payment	Single employees – Life Annuity Married employees – Joint and 50% Survivor Annuity

Optional Forms of Payment	Life Annuity 120 and 240-months Certain and Life Joint and 50%, 66 2/3%, 75%, and 100% Survivor Annuity Level Income Option Lump Sum
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Changes Since Prior Valuation	None.
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NOTE: The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.

The AtlantiCare Health System, Inc. Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-3265213 Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	AG	Superfund	\$ 1	\$ 2,602
	Commonfund	S&P Small Cap 600 Index Non-Lending CTF	14,924,986	16,697,394
	Commonfund	Global Distressed Investors, LLC Series 2	1	14,155
	Commonfund	Global Distressed Investors, LLC Series 4	1	51,113
	Commonfund	International Private Equity Partners VI	1	30,307
	Commonfund	International Private Equity Partners VII	791,408	638,156
	Commonfund Capital	Natural Resources Partners VIII	214,266	62,818
	Commonfund Capital	Natural Resources Partners IX	715,937	900,769
	Commonfund Capital	Private Equity Partners VII	1	148,927
	Commonfund Capital	Private Equity Partners VIII	60,564	164,415
	Commonfund Capital	Venture Partners VIII	377,526	718,560
	Commonfund Capital	Venture Partners IX	402,320	1,708,470
	Commonfund SSGA	MSCI EAFE Small Cap Index Non-Lending CTF	3,837,814	5,325,606
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	25,767,205	33,810,412
	Commonfund SSGA	Emerging Markets Index Non-Lending CTF	18,062,037	20,824,207
	Commonfund SSGA	Russell 1000 Index Non-Lending CTF	33,396,372	70,886,202
	Commonfund SSGA	U.S. REIT Index Non-Lending CTF	6,859,176	7,984,780
	Commonfund SSGA	U.S. Long Credit Bond Index Non-Lending CTF	74,146,904	72,994,944
	Commonfund SSGA	U.S. High Yield Bond Index Non-Lending CTF	19,489,731	24,275,992
	Commonfund SSGA	20+ Year U.S. Treasury STRIPS Index NL CTF	14,330,763	10,847,033
*	Northern Trust	Collective Government Short Term Investment Fund	887,979	887,979
	Total investments		\$ 214,264,993	\$ 268,974,841

*Denotes a party-in-interest.

SCHEDULE SB ATTACHMENT
Line 24 - Change in Actuarial Assumptions

Plan Name: The AtlantiCare Health System, Inc. Pension Plan

EIN/PN: 22-3265213/001

Valuation Date: January 1, 2024

Retirement rates, withdrawal rates, and form of payment assumptions were changed to better reflect the actual experience of the plan based on an experience study conducted in September 2023.

Plan administrative expenses are assumed to be \$553,000 compared to \$2,358,000 in 2023.