Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1972

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)
ATLANTICARE HEALTH SYSTEM, INC.

ATLANTICARE HEALTH PARK
2500 ENGLISH CREEK AVENUE, BLDG. C
EGG HARBOR TOWNSHIP, NJ 08234

2b Employer Identification Number (EIN)
22-3265213

2c Plan Sponsor's telephone number
609-407-2300

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1791
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1067
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	961
b	Retired or separated participants receiving benefits	**6b**	59
c	Other retired or separated participants entitled to future benefits	**6c**	670
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1690
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f	Total. Add lines **6d** and **6e**.	**6f**	1710
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

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

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	274205183
b Actuarial value	**2b**	263638221

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	49	9431686	9431686
b For terminated vested participants	679	44217261	44217261
c For active participants	1067	212129234	213395194
d Total	1795	265778181	267044141

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	13578980
b Expected plan-related expenses	**6b**	765000
c Target normal cost	**6c**	14343980

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

10/07/2026
Date

BRIAN D. EVITTS
Type or print name of actuary

26-05995
Most recent enrollment number

CBIZ
Firm name

215-587-0700
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.59 %	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)		6689675
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 5.11 %		341842
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		7031517
d	Portion of (c) to be added to prefunding balance		7031517
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	7031517

Part III Funding Percentages

14	Funding target attainment percentage	14	96.09 %
15	Adjusted funding target attainment percentage	15	96.09 %
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	111.69 %
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
10/15/2025	600000	0	04/13/2026	950000	0
11/14/2025	600000	0	05/13/2026	950000	0
12/15/2025	600000	0	06/12/2026	950000	0
01/30/2026	475359	0	07/13/2026	950000	0
02/13/2026	475359	0	08/11/2026	950000	0
03/13/2026	475359	0	09/09/2026	950000	0
			Totals ► 18(b)	8926077	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	8340394

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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ 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) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	14343980
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	10437437	973191
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**	15317171

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6976777	6976777

36 Additional cash requirement (line 34 minus line 35)	**36**	8340394
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	8340394

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	198047	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	189675	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	93565	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	43627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE ATLANTICARE HEALTH SYSTEM, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ATLANTICARE HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
22-3265213

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA MSCI EAFE SMALL CAP INDX NL

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

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)
90-0337987-164	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA DAILY MSCI EAFE INDX NL

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

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)
04-0025081-182	C	46969548

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA EMG MKTS INDX NL

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

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)
04-0025081-192	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA LONG US CREDIT INDEX NL

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

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)
04-0025081-146	C	78496076

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA RUSSELL 1000 INDEX NL

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

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)
90-0337987-160	C	96124172

a Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA US REIT INDX NL

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

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)
04-0025081-327	C	8693554

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVT SHORT TERM INVT

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

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)
45-6138589-068	C	1119864

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) 26325429

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) 11555723

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) 18320369

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	45927	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5400000	7126077
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2296043	2313500
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)	4440292	4025440
(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)	264534549	287604735
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	276716811	301069752
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2413519	2061010
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2413519	2061010
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	274303292	299008742

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)	8926077	
(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)		8926077
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	899110	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	701363	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		197747
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	260261	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		260261

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		38429052
(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		102603
d Total income. Add all **income** amounts in column (b) and enter total	2d		47915740
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22495527	
(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)		22495527
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)	335242	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	189675	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	189846	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		714763
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23210290
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		24705450
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 592079.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
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 Distributions

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

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 | 80

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.)

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

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.

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 55.3 % Private Equity: 1.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.8 %
High-Yield Debt: 9.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 0.5 % 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, 2025 and 2024
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

The AtlantiCare Health System, Inc. Pension Plan
Table of Contents
December 31, 2025 and 2024

Independent Auditor's Report 1

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 12

Schedule H, Line 4j - Schedule of Reportable Transactions 13

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, 2025 and 2024, 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, 2025 and 2024, and for the years ended December 31, 2025 and 2024, 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, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 7, 2026

The AtlantiCare Health System, Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	$ -	$ 45,927
Investments		
Investments at fair value	291,630,175	268,974,841
Receivables		
Employer contributions	7,126,077	5,400,000
Receivable for securities sold	2,313,500	2,296,043
Total receivables	9,439,577	7,696,043
Total assets	301,069,752	276,716,811
Liabilities		
Payable for securities purchased	2,061,010	2,413,519
Net assets available for benefits	$ 299,008,742	$ 274,303,292

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, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 137,581	$ 209,822
Net appreciation in fair value of investments	38,852,082	19,423,624
Total investment income	38,989,663	19,633,446
Contributions		
Employer contributions	8,926,077	7,118,500
Total additions	47,915,740	26,751,946
Deductions		
Benefits paid to participants	22,495,527	14,570,182
Administrative expenses	714,763	762,912
Total deductions	23,210,290	15,333,094
Net change in net assets available for benefits	24,705,450	11,418,852
Net assets available for benefits		
Beginning of year	274,303,292	262,884,440
End of year	$ 299,008,742	$ 274,303,292

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

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, excluding leased employees and any individual whose terms and conditions of employment are covered by a collective bargaining agreement that does not provide for participation in the Plan, 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 to new entrants.

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 2025 and 2024.

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.

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 statements of changes in net assets available for benefits.

Subsequent Events
Subsequent events were evaluated through October 7, 2026, the date the financial statements were available to be issued.

3. 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 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, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

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

Participants currently receiving payments	$ 9,106,351
Other participants	248,177,408
Total vested benefits	257,283,759
Nonvested benefits	1,172,623
Total actuarial present value of accumulated plan benefits	$ 258,456,382

A summary of the changes in the actuarial present value of accumulated plan benefits is as follows for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits at beginning of year	$ 273,865,054
Change during the year attributable to	
Change in actuarial assumptions	(27,568,875)
Benefits accumulated	12,601,647
Increase for interest	14,128,738
Benefits paid	(14,570,182)
Net change	(15,408,672)
Actuarial present value of accumulated plan benefits at end of year	$ 258,456,382

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

Discount rate	5.90% and 5.30% for the years ended December 31, 2024 and 2023, respectively
Mortality	Pri-2012 Amount Weighted Total Dataset with generational projection using Scale MP-2021 for the years ended December 31, 2024 and 2023
Retirement age	65
Salary increase	3.0% per year, compounded annually
Assumed rate of return	5.59% and 5.74% for the years ended December 31, 2024 and 2023, respectively

The change in actuarial assumptions represents the effects of updates to the mortality assumptions and segment interest rates used to value lump-sum distributions. Mortality assumptions were updated from the 2024 Applicable Mortality Table to the 2025 Applicable Mortality Table, with future mortality improvements projected using the 2024 Adjusted Scale MP-2021 rates. Segment rates for the 2023 measurement were 3.62%, 4.46%, and 4.52% for the first five years, next 15 years, and all years thereafter, respectively. For the 2024 measurement, segment rates were 5.07%, 5.33%, and 5.36%, 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.

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, 2025 and 2024.

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 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 not 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, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds	$ 287,604,735	$ -	Daily	One to two days
Hedge fund	2,303	-	N/A	N/A
Private equity funds	4,023,137	487,875	N/A	N/A
	$ 291,630,175	$ 487,875		

	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		

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 2025 and 2024. 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, 2025 and 2024, and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024 and the information reported in the supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025.

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.

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, 2025 and 2024, 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, 2025

(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	$ 2,303
	Commonfund	S&P Small Cap 600 Index Non-Lending CTF	15,580,624	18,320,369
	Commonfund	Russell 1000 Index Non-Lending Fund	48,286,805	96,124,172
	Commonfund Global	Distressed Investors, LLC Series 2	1	1
	Commonfund Global	Distressed Investors, LLC Series 4	1	8,888
	Commonfund International	Private Equity Partners VI	1	1,540
	Commonfund International	Private Equity Partners VII	745,618	480,779
	Commonfund Capital	Natural Resources Partners VIII	205,310	46,318
	Commonfund Capital	Natural Resources Partners IX	654,195	767,348
	Commonfund Capital	Private Equity Partners VII	1	51,874
	Commonfund Capital	Private Equity Partners VIII	344,642	88,617
	Commonfund Capital	Venture Partners VIII	50,459	558,846
	Commonfund Capital	Venture Partners IX	329,920	2,018,926
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	30,472,089	46,969,548
	Commonfund SSGA	U.S. REIT Index Non-Lending CTF	7,259,176	8,693,554
	Commonfund SSGA	U.S. Long Credit Bond Index Non-Lending CTF	74,101,951	78,496,076
	Commonfund SSGA	U.S. High Yield Bond Index Non-Lending CTF	19,757,686	26,325,429
	Commonfund SSGA	20+ Year U.S. Treasury STRIPS Index Non-Lending CTF	14,499,554	11,555,723
*	Northern Trust	Collective Government Short Term Investment Fund	1,119,864	1,119,864
		Total investments	$ 213,407,898	$ 291,630,175

*Denotes a party-in-interest.

See Independent Auditor's Report.

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, 2025

	(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)
Single transactions							
	Commonfund	Russell 1000 Index Non-Lending Fund	$ 14,550,000	$ -	$ 14,550,000	$ 14,550,000	$ -
	Commonfund SSGA	Emerging Markets Index Non-Lending Fund	-	20,000,000	15,963,498	20,000,000	4,036,502
			14,550,000	20,000,000	30,513,498	34,550,000	4,036,502
Series transactions							
	Commonfund	Russell 1000 Index Non-Lending Fund	19,430,000	-	19,430,000	19,430,000	-
	Commonfund	Russell 1000 Index Non-Lending Fund	-	11,280,000	6,041,177	11,280,000	5,238,823
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	10,880,000	-	10,880,000	10,880,000	-
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	-	8,910,000	6,175,116	8,910,000	2,734,884
	Commonfund SSGA	Emerging Markets Index Non-Lending Fund	830,000	-	830,000	830,000	-
	Commonfund SSGA	Emerging Markets Index Non-Lending Fund	-	21,880,000	17,546,843	21,880,000	4,333,157
	* Northern Trust	Collective Government Short-Term Investment Fund	10,258,513	-	10,258,513	10,258,513	-
	* Northern Trust	Collective Government Short-Term Investment Fund	-	10,026,629	10,026,629	10,026,629	-
			$ 41,398,513	$ 52,096,629	$ 81,188,278	$ 93,495,142	$ 12,306,864

*Denotes a party-in-interest.

See Independent Auditor's Report.

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, 2025

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	- -	- -	- -	2 -	1 -	- -	- -	- -	- -	- -	3 -
35 to 39	- -	1 -	2 -	12 -	51 $91,268	2 -	- -	- -	- -	- -	68 $88,509
40 to 44	- -	2 -	4 -	8 -	83 $108,303	34 $107,322	1 -	- -	- -	- -	132 $105,650
45 to 49	- -	2 -	3 -	6 -	71 $118,014	44 $98,811	10 -	- -	- -	- -	136 $105,688
50 to 54	- -	1 -	3 -	10 -	83 $126,855	71 $112,038	25 $157,001	10 -	1 -	- -	204 $122,640
55 to 59	- -	1 -	4 -	6 -	72 $139,208	60 $111,808	31 $108,816	25 $107,687	21 $127,962	- -	220 $120,168
60 to 64	- -	- -	2 -	7 -	59 $95,869	43 $123,663	20 $106,720	34 $129,473	26 $111,507	18 -	209 $110,506
65 to 69	- -	- -	3 -	7 -	26 $132,330	16 -	9 -	6 -	5 -	4 -	76 $131,792
70 & Over	1 -	1 -	1 -	1 -	9 -	2 -	- -	1 -	2 -	1 -	19 -
Total	1 -	8 -	22 $60,077	59 $93,435	455 $116,440	272 $115,283	96 $121,710	76 $128,755	55 $117,757	23 $101,474	1,067 $114,096

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:	5.07%	5.07%
Segment 2:	5.33%	5.31%
Segment 3:	5.36%	5.50%

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.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.35%. For the prior Plan Year, the EIR was 5.11%.

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)
2024	7.00%	5.59%	5.59%
2023	7.00%	5.74%	5.74%

Funding Administrative Expenses

Administrative expenses of $765,000 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.

Consumer Price Index

3.00% per year, compounded annually.

Funding Mortality

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

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%

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%

Spousal Assumptions

70% of employees are assumed to be married.

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

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

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 2025 Applicable Mortality Table, with generational improvement for all future years using 2024 Adjusted Scale MP-2021 Rates.

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 $280,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.
Maximum Salary Limitation	The maximum 2025 salary has been limited to $350,000.
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 2024 Actuarial Valuation Report to the discount rates shown above. The rate of return assumption used in valuing AVA changed from 8.00% to 7.00% for 2024. In accordance with federal law, the funding mortality table was changed from the IRS 2024 Generational Mortality Table to the IRS 2025 Generational Mortality Table. Plan administrative expenses are assumed to be $765,000 compared to $553,000 for the prior year.

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.
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, 2025

	(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)
Single transactions							
	Commonfund	Russell 1000 Index Non-Lending Fund	$ 14,550,000	$ -	$ 14,550,000	$ 14,550,000	$ -
	Commonfund SSGA	Emerging Markets Index Non-Lending Fund	-	20,000,000	15,963,498	20,000,000	4,036,502
			14,550,000	20,000,000	30,513,498	34,550,000	4,036,502
Series transactions							
	Commonfund	Russell 1000 Index Non-Lending Fund	19,430,000	-	19,430,000	19,430,000	-
	Commonfund	Russell 1000 Index Non-Lending Fund	-	11,280,000	6,041,177	11,280,000	5,238,823
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	10,880,000	-	10,880,000	10,880,000	-
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	-	8,910,000	6,175,116	8,910,000	2,734,884
	Commonfund SSGA	Emerging Markets Index Non-Lending Fund	830,000	-	830,000	830,000	-
	Commonfund SSGA	Emerging Markets Index Non-Lending Fund	-	21,880,000	17,546,843	21,880,000	4,333,157
	* Northern Trust	Collective Government Short-Term Investment Fund	10,258,513	-	10,258,513	10,258,513	-
	* Northern Trust	Collective Government Short-Term Investment Fund	-	10,026,629	10,026,629	10,026,629	-
			$ 41,398,513	$ 52,096,629	$ 81,188,278	$ 93,495,142	$ 12,306,864

*Denotes a party-in-interest.

See Independent Auditor's Report.

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

2025

This Form is Open to Public Inspection

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

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	274,205,183
b Actuarial value	**2b**	263,638,221

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	49	9,431,686	9,431,686
b For terminated vested participants	679	44,217,261	44,217,261
c For active participants	1,067	212,129,234	213,395,194
d Total	1,795	265,778,181	267,044,141

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	13,578,980
b Expected plan-related expenses	**6b**	765,000
c Target normal cost	**6c**	14,343,980

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 BDE — Signature of actuary — 10/7/2026 — Date

BRIAN D. EVITTS — Type or print name of actuary — 2605995 — Most recent enrollment number

CBIZ — Firm name — 215-587-0700 — 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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.59%	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)		6,689,675
	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 5.11%		341,842
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7,031,517
	d Portion of (c) to be added to prefunding balance		7,031,517
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	7,031,517

Part III Funding Percentages

14	Funding target attainment percentage	14	96.09 %
15	Adjusted funding target attainment percentage	15	96.09 %
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	111.69 %
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
10/15/2025	600,000	0			
11/14/2025	600,000	0			
12/15/2025	600,000	0			
01/30/2026	475,359	0			
02/13/2026	475,359	0			
03/13/2026	475,359	0			
04/13/2026	950,000	0			
05/13/2026	950,000	0			
06/12/2026	950,000	0			
07/13/2026	950,000	0			
08/11/2026	950,000	0			
09/09/2026	950,000	0			
			Totals ▶ 18(b)	8,926,077	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	8,340,394

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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	14,343,980
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	10,437,437	973,191
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	15,317,171

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6,976,777	6,976,777

36 Additional cash requirement (line 34 minus line 35)	36	8,340,394
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	8,340,394
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

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, 2025

Date	Amount of Contribution	Plan Year Beginning	Effective Interest Rate	Amount Discounted	Penalty Interest Rate	Additional Amount Discounted	Present Value on Valuation Date
10/15/2025	600,000	1/1/2025	5.35%	24,091	N/A	N/A	575,909
11/14/2025	600,000	1/1/2025	5.35%	26,553	N/A	N/A	573,447
12/15/2025	600,000	1/1/2025	5.35%	29,086	N/A	N/A	570,914
1/30/2026	475,359	1/1/2025	5.35%	26,005	N/A	N/A	449,354
2/13/2026	475,359	1/1/2025	5.35%	26,902	N/A	N/A	448,457
3/13/2026	475,359	1/1/2025	5.35%	28,692	N/A	N/A	446,667
4/13/2026	950,000	1/1/2025	5.35%	61,282	N/A	N/A	888,718
5/13/2026	950,000	1/1/2025	5.35%	65,081	N/A	N/A	884,919
6/12/2026	950,000	1/1/2025	5.35%	68,864	N/A	N/A	881,136
7/13/2026	950,000	1/1/2025	5.35%	72,755	N/A	N/A	877,245
8/11/2026	950,000	1/1/2025	5.35%	76,381	N/A	N/A	873,619
9/9/2026	950,000	1/1/2025	5.35%	79,991	N/A	N/A	870,009
Total	8,926,077						8,340,394

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, 2025

Age	Count	Ret. Rate	# Ret	Weighted
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, 2025

Plan administrative expenses are assumed to be $765,000 compared to $553,000 in 2024.

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, 2025

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	- -	- -	- -	2 -	1 -	- -	- -	- -	- -	- -	3 -
35 to 39	- -	1 -	2 -	12 -	51 $91,268	2 -	- -	- -	- -	- -	68 $88,509
40 to 44	- -	2 -	4 -	8 -	83 $108,303	34 $107,322	1 -	- -	- -	- -	132 $105,650
45 to 49	- -	2 -	3 -	6 -	71 $118,014	44 $98,811	10 -	- -	- -	- -	136 $105,688
50 to 54	- -	1 -	3 -	10 -	83 $126,855	71 $112,038	25 $157,001	10 -	1 -	- -	204 $122,640
55 to 59	- -	1 -	4 -	6 -	72 $139,208	60 $111,808	31 $108,816	25 $107,687	21 $127,962	- -	220 $120,168
60 to 64	- -	- -	2 -	7 -	59 $95,869	43 $123,663	20 $106,720	34 $129,473	26 $111,507	18 -	209 $110,506
65 to 69	- -	- -	3 -	7 -	26 $132,330	16 -	9 -	6 -	5 -	4 -	76 $131,792
70 & Over	1 -	1 -	1 -	1 -	9 -	2 -	- -	1 -	2 -	1 -	19 -
Total	1 -	8 -	22 $60,077	59 $93,435	455 $116,440	272 $115,283	96 $121,710	76 $128,755	55 $117,757	23 $101,474	1,067 $114,096

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
2025	23,045,753	4,352,473	801,257	28,199,483
2026	19,131,123	2,245,942	793,007	22,170,072
2027	17,948,230	2,311,881	784,066	21,044,177
2028	18,132,596	2,651,424	774,359	21,558,379
2029	17,877,452	2,430,556	763,805	21,071,813
2030	17,941,217	2,545,974	752,321	21,239,512
2031	16,827,617	2,879,688	739,731	20,447,036
2032	16,057,948	2,777,642	725,143	19,560,733
2033	15,374,205	2,913,186	706,274	18,993,665
2034	14,201,998	2,690,124	686,277	17,578,399
2035	13,483,962	3,008,543	665,392	17,157,897
2036	12,565,677	2,972,469	645,511	16,183,657
2037	12,002,541	2,682,784	624,097	15,309,422
2038	11,089,417	2,667,692	601,159	14,358,268
2039	10,331,282	2,865,148	576,742	13,773,172
2040	9,735,011	2,841,026	550,927	13,126,964
2041	9,320,600	2,735,779	523,827	12,580,206
2042	8,317,808	2,728,058	495,551	11,541,417
2043	7,776,504	2,560,947	466,213	10,803,664
2044	7,637,419	2,525,151	435,928	10,598,498
2045	6,918,461	2,438,739	404,813	9,762,013
2046	6,640,846	2,520,315	373,008	9,534,169
2047	6,164,028	2,503,577	340,719	9,008,324
2048	5,991,385	2,610,297	308,236	8,909,918
2049	5,619,475	2,377,256	275,936	8,272,667
2050	5,316,663	2,310,604	244,266	7,871,533
2051	4,837,692	2,284,645	213,694	7,336,031
2052	4,427,079	2,244,742	184,666	6,856,487
2053	4,184,970	2,013,696	157,565	6,356,231
2054	3,694,721	1,861,835	132,687	5,689,243
2055	3,484,081	1,708,911	110,236	5,303,228
2056	3,066,336	1,595,235	90,321	4,751,892
2057	2,842,913	1,394,185	72,966	4,310,064
2058	2,621,592	1,259,180	58,107	3,938,879
2059	2,386,144	1,215,387	45,608	3,647,139
2060	2,182,502	1,081,870	35,283	3,299,655
2061	1,997,362	1,000,064	26,903	3,024,329
2062	1,831,673	919,147	20,224	2,771,044
2063	1,668,130	851,945	14,991	2,535,066
2064	1,517,711	786,928	10,957	2,315,596
2065	1,375,272	724,302	7,895	2,107,469
2066	1,241,139	664,241	5,605	1,910,985
2067	1,115,467	606,873	3,920	1,726,260
2068	998,272	552,283	2,699	1,553,254
2069	889,431	500,511	1,827	1,391,769
2070	788,738	451,552	1,216	1,241,506
2071	695,924	405,370	794	1,102,088
2072	610,660	361,915	509	973,084
2073	532,613	321,147	320	854,080
2074	461,463	283,029	197	744,689

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: The AtlantiCare Health System, Inc. Pension Plan
EIN/PN: 22-3265213/001
Valuation Date: January 1, 2025

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
1/1/2025	15.00	15 Year	10,437,437	973,191

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:	5.07%	5.07%
Segment 2:	5.33%	5.31%
Segment 3:	5.36%	5.50%

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.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.35%. For the prior Plan Year, the EIR was 5.11%.

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)
2024	7.00%	5.59%	5.59%
2023	7.00%	5.74%	5.74%

Funding Administrative Expenses

Administrative expenses of $765,000 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.

Consumer Price Index

3.00% per year, compounded annually.

Funding Mortality

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

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%

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%

Spousal Assumptions

70% of employees are assumed to be married.

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

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

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 2025 Applicable Mortality Table, with generational improvement for all future years using 2024 Adjusted Scale MP-2021 Rates.

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 $280,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.
Maximum Salary Limitation	The maximum 2025 salary has been limited to $350,000.
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 2024 Actuarial Valuation Report to the discount rates shown above. The rate of return assumption used in valuing AVA changed from 8.00% to 7.00% for 2024. In accordance with federal law, the funding mortality table was changed from the IRS 2024 Generational Mortality Table to the IRS 2025 Generational Mortality Table. Plan administrative expenses are assumed to be $765,000 compared to $553,000 for the prior year.

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.
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

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.

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.

January 1, 1985 to December 31, 1987
Same as above (January 1, 1976 to December 31, 1984), except minimum age 21.

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.

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.

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.

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

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).

1) 1% of Final Average Monthly Compensation multiplied by Credited Service at Normal Retirement

2) [60% of Final Average Monthly Compensation; multiplied by Credited Service at Normal Retirement (max 30) divided by 30];

   minus

   [50% of Primary Social Security Benefit; multiplied by Credited Service at Normal Retirement (max 25) divided by 25]

3) $50 a month.

Effective January 1, 1996 the benefits described in (1) and (2) above were increased by 25%.

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).

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
Changes Since Prior Valuation	None.

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, 2025

Date	Amount of Contribution	Plan Year Beginning	Effective Interest Rate	Amount Discounted	Penalty Interest Rate	Additional Amount Discounted	Present Value on Valuation Date
10/15/2025	600,000	1/1/2025	5.35%	24,091	N/A	N/A	575,909
11/14/2025	600,000	1/1/2025	5.35%	26,553	N/A	N/A	573,447
12/15/2025	600,000	1/1/2025	5.35%	29,086	N/A	N/A	570,914
1/30/2026	475,359	1/1/2025	5.35%	26,005	N/A	N/A	449,354
2/13/2026	475,359	1/1/2025	5.35%	26,902	N/A	N/A	448,457
3/13/2026	475,359	1/1/2025	5.35%	28,692	N/A	N/A	446,667
4/13/2026	950,000	1/1/2025	5.35%	61,282	N/A	N/A	888,718
5/13/2026	950,000	1/1/2025	5.35%	65,081	N/A	N/A	884,919
6/12/2026	950,000	1/1/2025	5.35%	68,864	N/A	N/A	881,136
7/13/2026	950,000	1/1/2025	5.35%	72,755	N/A	N/A	877,245
8/11/2026	950,000	1/1/2025	5.35%	76,381	N/A	N/A	873,619
9/9/2026	950,000	1/1/2025	5.35%	79,991	N/A	N/A	870,009
Total	8,926,077						8,340,394

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, 2025

Age	Count	Ret. Rate	# Ret	Weighted
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
2025	23,045,753	4,352,473	801,257	28,199,483
2026	19,131,123	2,245,942	793,007	22,170,072
2027	17,948,230	2,311,881	784,066	21,044,177
2028	18,132,596	2,651,424	774,359	21,558,379
2029	17,877,452	2,430,556	763,805	21,071,813
2030	17,941,217	2,545,974	752,321	21,239,512
2031	16,827,617	2,879,688	739,731	20,447,036
2032	16,057,948	2,777,642	725,143	19,560,733
2033	15,374,205	2,913,186	706,274	18,993,665
2034	14,201,998	2,690,124	686,277	17,578,399
2035	13,483,962	3,008,543	665,392	17,157,897
2036	12,565,677	2,972,469	645,511	16,183,657
2037	12,002,541	2,682,784	624,097	15,309,422
2038	11,089,417	2,667,692	601,159	14,358,268
2039	10,331,282	2,865,148	576,742	13,773,172
2040	9,735,011	2,841,026	550,927	13,126,964
2041	9,320,600	2,735,779	523,827	12,580,206
2042	8,317,808	2,728,058	495,551	11,541,417
2043	7,776,504	2,560,947	466,213	10,803,664
2044	7,637,419	2,525,151	435,928	10,598,498
2045	6,918,461	2,438,739	404,813	9,762,013
2046	6,640,846	2,520,315	373,008	9,534,169
2047	6,164,028	2,503,577	340,719	9,008,324
2048	5,991,385	2,610,297	308,236	8,909,918
2049	5,619,475	2,377,256	275,936	8,272,667
2050	5,316,663	2,310,604	244,266	7,871,533
2051	4,837,692	2,284,645	213,694	7,336,031
2052	4,427,079	2,244,742	184,666	6,856,487
2053	4,184,970	2,013,696	157,565	6,356,231
2054	3,694,721	1,861,835	132,687	5,689,243
2055	3,484,081	1,708,911	110,236	5,303,228
2056	3,066,336	1,595,235	90,321	4,751,892
2057	2,842,913	1,394,185	72,966	4,310,064
2058	2,621,592	1,259,180	58,107	3,938,879
2059	2,386,144	1,215,387	45,608	3,647,139
2060	2,182,502	1,081,870	35,283	3,299,655
2061	1,997,362	1,000,064	26,903	3,024,329
2062	1,831,673	919,147	20,224	2,771,044
2063	1,668,130	851,945	14,991	2,535,066
2064	1,517,711	786,928	10,957	2,315,596
2065	1,375,272	724,302	7,895	2,107,469
2066	1,241,139	664,241	5,605	1,910,985
2067	1,115,467	606,873	3,920	1,726,260
2068	998,272	552,283	2,699	1,553,254
2069	889,431	500,511	1,827	1,391,769
2070	788,738	451,552	1,216	1,241,506
2071	695,924	405,370	794	1,102,088
2072	610,660	361,915	509	973,084
2073	532,613	321,147	320	854,080
2074	461,463	283,029	197	744,689

Schedule SB, Part V - Summary of Principal Plan Provisions

Effective Date

Original Plan: January 1, 1972
Plan Year: Calendar Year

Eligibility

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.

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.

January 1, 1985 to December 31, 1987
Same as above (January 1, 1976 to December 31, 1984), except minimum age 21.

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.

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.

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.

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

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).

1) 1% of Final Average Monthly Compensation multiplied by Credited Service at Normal Retirement

2) [60% of Final Average Monthly Compensation; multiplied by Credited Service at Normal Retirement (max 30) divided by 30];

   minus

   [50% of Primary Social Security Benefit; multiplied by Credited Service at Normal Retirement (max 25) divided by 25]

3) $50 a month.

Effective January 1, 1996 the benefits described in (1) and (2) above were increased by 25%.

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).

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
Changes Since Prior Valuation	None.

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, 2025

(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	$ 2,303
	Commonfund	S&P Small Cap 600 Index Non-Lending CTF	15,580,624	18,320,369
	Commonfund	Russell 1000 Index Non-Lending Fund	48,286,805	96,124,172
	Commonfund Global	Distressed Investors, LLC Series 2	1	1
	Commonfund Global	Distressed Investors, LLC Series 4	1	8,888
	Commonfund International	Private Equity Partners VI	1	1,540
	Commonfund International	Private Equity Partners VII	745,618	480,779
	Commonfund Capital	Natural Resources Partners VIII	205,310	46,318
	Commonfund Capital	Natural Resources Partners IX	654,195	767,348
	Commonfund Capital	Private Equity Partners VII	1	51,874
	Commonfund Capital	Private Equity Partners VIII	344,642	88,617
	Commonfund Capital	Venture Partners VIII	50,459	558,846
	Commonfund Capital	Venture Partners IX	329,920	2,018,926
	Commonfund SSGA	Daily MSCI EAFE Index Non-Lending CTF	30,472,089	46,969,548
	Commonfund SSGA	U.S. REIT Index Non-Lending CTF	7,259,176	8,693,554
	Commonfund SSGA	U.S. Long Credit Bond Index Non-Lending CTF	74,101,951	78,496,076
	Commonfund SSGA	U.S. High Yield Bond Index Non-Lending CTF	19,757,686	26,325,429
	Commonfund SSGA	20+ Year U.S. Treasury STRIPS Index Non-Lending CTF	14,499,554	11,555,723
*	Northern Trust	Collective Government Short Term Investment Fund	1,119,864	1,119,864
		Total investments	$ 213,407,898	$ 291,630,175

*Denotes a party-in-interest.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: The AtlantiCare Health System, Inc. Pension Plan
EIN/PN: 22-3265213/001
Valuation Date: January 1, 2025

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
1/1/2025	15.00	15 Year	10,437,437	973,191

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, 2025

Plan administrative expenses are assumed to be $765,000 compared to $553,000 in 2024.