

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CHRISTIANA CARE 403(B) PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHRISTIANA CARE HEALTH SERVICES INC</u> <u>4000 NEXUS DRIVE, SW2-700</u> <u>WILMINGTON, DE 19803</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>51-0103684</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>302-327-5068</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1994</u>		2b Employer Identification Number (EIN) <u>51-0103684</u>		2c Plan Sponsor's telephone number <u>302-327-5068</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
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2b Employer Identification Number (EIN) <u>51-0103684</u>											
2c Plan Sponsor's telephone number <u>302-327-5068</u>											
2d Business code (see instructions) <u>622000</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	CHRISTOPHER COWAN
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	16667
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)	11965
a(2) Total number of active participants at the end of the plan year		6a(2)	13222
b Retired or separated participants receiving benefits.....		6b	372
c Other retired or separated participants entitled to future benefits		6c	4037
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	17631
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	69
f Total. Add lines 6d and 6e		6f	17700
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	16184
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	305
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T 2R 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHRISTIANA CARE 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES INC	D Employer Identification Number (EIN) 51-0103684

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	893745-007	10760	01/01/2021	12/31/2021

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	355609618

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHRISTIANA CARE 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES INC	D Employer Identification Number (EIN) 51-0103684

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR08208	370	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 33572	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS 1300 S CLINTON ST STE #150 FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33572			4

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP VARIABLE ANNUITY W/ GUAR FUND**

b Balance at the end of the previous year	7b	7517313
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	281423	
	7c(4)	120597	
	7c(5)	138710	

▶ **MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS**

(6) Total additions	7c(6)	540730
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d Total of balance and additions (add lines 7b and 7c(6))	7d	8058043
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	784095	
	7e(2)	1522	
	7e(3)		
	7e(4)	33680	

▶ **MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVE AND/OR ADJUSTMENTS**

(5) Total deductions	7e(5)	819297
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7238746
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHRISTIANA CARE 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES INC	D Employer Identification Number (EIN) 51-0103684

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891007+006	223	01/01/2021	12/31/2021

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

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

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

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

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

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

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Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND		
b	Balance at the end of the previous year	7b	5866440
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	247236
	(4) Transferred from separate account.....	7c(4)	418917
	(5) Other (specify below)	7c(5)	92630
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS		
	(6) Total additions	7c(6)	758783
d	Total of balance and additions (add lines 7b and 7c(6))	7d	6625223
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	436536
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	80670
	▶ MAY INCLUDE LOAN ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS		
	(5) Total deductions	7e(5)	517206
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6108017

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHRISTIANA CARE 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES INC	D Employer Identification Number (EIN) 51-0103684	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	1712462	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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?
17	CONSULTANT	42903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHISMAN GIORDANO AND ASSOCIATES LLC

20-3934956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	30300	Yes ☐ No ☒	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)

CAMMACK LARHETTE ADVISORS LLC

20-4668732

(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?
17	CONSULTANT	20000	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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHRISTIANA CARE 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES INC	D Employer Identification Number (EIN) 51-0103684	

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	69883492	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13820429	13909398
(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)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	15880416	16016222
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1020000169	1224333105
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13383753	13346763
(15) Other.....	1c(15)	360696106	366474724

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1493664365 1634080212
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1493664365 1634080212

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	15691654
	(B) Participants	2a(1)(B)	75810681
	(C) Others (including rollovers).....	2a(1)(C)	48632433
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	140134768
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4541
	(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)	821849
	(F) Other	2b(1)(F)	528659
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1355049
(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)	56239558
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	56239558
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		102998831
c Other income.....	2c		11565376
d Total income. Add all income amounts in column (b) and enter total.....	2d		312293582
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	169650508	
(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)		169650508
f Corrective distributions (see instructions).....	2f		6928
g Certain deemed distributions of participant loans (see instructions).....	2g		415342
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1711754	
(3) Investment advisory and management fees.....	2i(3)	93203	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1804957
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		171877735
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		140415847
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WHISMAN GIORDANO & ASSOCIATES, LLC

(2) EIN: 20-3934956

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CHRISTIANA CARE 403(B) PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES INC	D Employer Identification Number (EIN) 51-0103684

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): 04-3157927 35-1140070		
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	2573

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____



WHISMAN GIORDANO
CERTIFIED PUBLIC ACCOUNTANTS

Building Extraordinary Relationships

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021 AND 2020

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

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INDEPENDENT AUDITOR'S REPORT

Christiana Care Health Services, Inc.
403(B) Plan
Newark, Delaware

Scope and Nature of the ERISA Section 103(a)(3)(c) Audit for the 2021 Financial Statements

We were engaged to perform an audit of the financial statements of Christiana Care Health Services, Inc. 403(b) 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, 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Christiana Care Health Services, Inc. 403(b) Plan's 2021 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021 stating that the certified investment information, as described in Note K to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the accompanying 2021 financial statements of Christiana Care Health Services, Inc. 403(b) Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion for the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

Christiana Care Health Services, Inc. 403(b) Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note B to the financial statements, the Christiana Care Health Services, Inc. 403(b) Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the 2021 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 Christiana Care Health Services, Inc. 403(b) Plan's ability to continue as a going concern for one year after 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 2021 Financial Statements

Our responsibility is to conduct an audit of Christiana Care Health Services 403(b) Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Christiana Care Health Services, Inc. 403(b) Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Item 4(i) Schedule of Assets Held for Investment Purposes at December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor'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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion for the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Christiana Care Health Services, Inc. 403(b) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. Further, Christiana Care Health Services, Inc. 403(b) Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Other Matters (Continued)

Auditor's Report on the 2020 Financial Statements (Continued)

Christiana Care Health Services, Inc. 403(b) Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the 2020 financial statements.

In our report dated September 29, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.

Whisman Giordano & Associates, LLC

Newark, Delaware
September 28, 2022

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
INVESTMENTS		
Value of interest in registered companies	\$ 1,590,797,254	\$ 1,380,685,592
Value of funds held in insurance company general account	13,346,763	13,383,753
Interest bearing cash and money market funds	<u>13,919,973</u>	<u>13,831,112</u>
Total investments	1,618,063,990	1,407,900,457
CONTRIBUTIONS RECEIVABLE	-	-
NOTES RECEIVABLE FROM PARTICIPANTS	<u>16,016,222</u>	<u>15,880,416</u>
TOTAL ASSETS	1,634,080,212	1,423,780,873
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,634,080,212</u></u>	<u><u>\$ 1,423,780,873</u></u>

See accompanying notes to the financial statements.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS		
Additions to net assets attributed to:		
Employee contributions	\$ 75,810,681	\$ 68,200,634
Employer contributions	15,691,654	13,003,700
Other contributions (including rollovers)	48,632,433	74,815,692
Union Hospital of Cecil County merger	69,883,492	-
Unrealized and realized gain on investments	102,998,831	108,414,025
Interest on notes receivable from participants	821,849	854,210
Interest and dividend income	56,772,758	24,057,346
Other income and receipts	11,565,376	10,488,438
Total additions	382,177,074	299,834,045
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	169,650,508	114,321,481
Corrective distributions	6,928	15,515
Distributions of participant loans	415,342	749,908
Administrative expenses	1,804,957	1,132,938
Total deductions	171,877,735	116,219,842
NET INCREASE	210,299,339	183,614,203
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	1,423,780,873	1,240,166,670
End of year	<u>\$ 1,634,080,212</u>	<u>\$ 1,423,780,873</u>

See accompanying notes to the financial statements.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Christiana Care Health Services, Inc. 403(B) 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 tax-sheltered annuity plan covering substantially all employees of Christiana Care Health Services, Inc. and Christiana Care Home Health & Community Services, Inc. (the Organization).

Plan Merger. Effective January 1, 2021, the governing body approved an amendment to merge the Union Hospital of Cecil County 403(b) Plan into the Christiana Care Health Services 403(b) Plan. Total net assets available for benefits as of December 31, 2020, in the amount of \$69,875,042, were deposited to the Christiana Care Health Services 403(b) Plan, effectively terminating the Union Hospital of Cecil County 403(b) Plan.

Contributions. Each year, participants may contribute up to sixty-five percent of pre-tax compensation per pay period, as defined in the Plan. Participants may also contribute amounts representing distributions from other pension plans. The Organization matches fifty percent of employee contributions up to six percent of employee compensation. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with a) the participant's contribution, b) the Organization's contribution and, c) plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from a participant's vested account.

Vesting. Participants are immediately vested in their contributions and, generally, after three years of service with the organization's contributions.

Participant Loans (Notes Receivable from Participants). Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or fifty percent of their vested account balance. Loan transactions are deemed a directed investment from a participant's account. Loan terms require a definite repayment period which provides for payments to be made not less frequently than quarterly, and for the loans to be amortized on a level basis over a reasonable period of time, not to exceed five years except for loans used to purchase a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through each individual's agreement.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits. Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount or equal installments for a period elected by the participant, equal to the value of the participant's vested interest in his or her account. In certain instances, a terminated participant may elect to remain in the Plan. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts. Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures are used to reduce the Organization's contribution to the Plan.

Pension Benefit Guaranty Corporation. Benefits provided by the Plan are not insured by the Pension Benefit Guaranty Corporation (PBGC) since insurance provisions under ERISA are not applicable to the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

The Plan was adopted prior to January 1, 2009. Accordingly, because certain historical records were not maintained, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain accounting and custodial accounts, and related activity, issued to current and former employees prior to January 1, 2009. This accounting policy election is permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, "*Annual Reporting Requirements for 403(b) Plans*"; however, accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The amount of such excluded annuity and custodial accounts and the related income and distributions that may exist are not determinable.

As described in Accounting Standards Codification Section (ASC) 962-205-45-3, investment contracts held by a 403(b) plan are required to be reported at fair value. However, contract value is a relevant measurement attribute for the portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. This is further disclosed in Note D hereinafter.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may take in the future, they may ultimately differ from actual results. Accounting measurements most affected by management's estimates of future events include the determination of fair value of investments, the realization of contributions receivable and any accrued interest and dividends. Estimates and assumptions are reviewed periodically and the effects of revisions are reflected in the financial statements in the period determined.

Management does not believe that any of its estimates involve assumptions that are highly uncertain or that different, reasonable estimates, or changes in accounting estimates that are reasonably likely to occur, would have a material impact on the financial statements. To the extent there are material differences between management's estimates and actual results, future results of operations will be affected.

Investment Valuation and Income

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisors, custodians, and insurance company. See Note E 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.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in the fair value of its investments which consist of the realized gains and losses and the changes in unrealized appreciation on those investments.

Payment of Benefits

Benefits are recorded when paid.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - INVESTMENTS

Investments at December 31, 2021 and 2020 are as follows:

	2021	2020
Lincoln Financial Group Stable Value	\$ 355,609,618	\$ 349,694,092
Fidelity Contra Fund	111,709,261	98,888,205
Vanguard Total Bond Market Index	109,841,238	99,773,946
T. Rowe Price Mid-Capital Growth Fund Inc.	93,362,418	89,710,492
MFS International Diversification Class R6	111,542,307	79,921,944
Western Asset Core Bond	87,327,133	75,336,067
American Funds Growth Fund of America	193,653	-
Vanguard Inflation Protection Sec Instl	81,102,250	67,451,111
American Century Mid Cap Value R6	71,122,365	67,100,654
TIAA Cref Real Estate Securities Institutional Class	26,164,947	18,839,860
Vanguard Total International Stock Index Instl	69,518,706	57,544,576
Vanguard Equity Income Admiral Shares	107,982,881	79,310,180
Vanguard Small Cap Index	43,047,765	48,839,181
Vanguard High Yield Corporate Fund	43,189,124	33,183,486
Vanguard High Yield Corporate Investor Shares	2,192	13,967
Vanguard Extended Market Index Instl	37,538,083	24,840,914
Vanguard Institutional Index Institutional Plus Shares	184,773,548	140,387,877
Victory Sycamore Established Value R6	22,087,266	16,729,787
Fixed Account	13,346,763	13,383,753
Vanguard Money Market Reserves Portfolio	13,909,398	13,820,428
TD Ameritrade SDBA	10,865,106	11,002,014
Fidelity Growth Portfolio	5,297,083	4,728,935
LVIP Dimensional U.S. Core	-	3,262,130
Fidelity Asset Manager	2,631,563	2,640,529
LVIP Delaware Mid Cap Value Fund	2,200,584	1,842,199
LVIP SSGA S&P 500 Index	1,915,163	1,710,031
Unrealized and realized gain on investments	1,258,796	1,009,706
LVIP Delaware Wealth Builder	680,247	675,002
LVIP Delaware Foundation Conservative Alloc	13,297	12,481
LVIP JP Morgan Retirement	513,452	503,899
LVIP T. Rowe Price Structured	583,787	713,271
LVIP Delaware Bond	436,170	468,567
LVIP SSGA Small-Cap Index	398,121	471,803
LVIP Mondrian International Value	404,426	372,450
LVIP Blackrock Equity Dividend RPM	442,784	365,663
T. Rowe Price Int'l Stock	381,766	391,001
LVIP Blended Large Cap Growth Managed Volatility	516,802	415,550
Carryforward	1,611,910,063	1,405,355,751

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - INVESTMENTS (CONTINUED)

	2021	2020
<i>Carried Forward</i>	1,611,910,063	1,405,355,751
American Funds Growth Fund	-	430,237
Delaware VIP SMID Cap Growth	344,540	284,747
American Century VP Balanced	169,018	173,408
LVIP Baron Growth Opportunities	194,562	165,564
MFS Utilities	104,069	106,777
Janus Henderson Global Research	51,068	135,509
Fidelity VIP Growth	158,991	130,499
Delaware VIP Diversified Income	80,534	84,828
American Funds International	69,759	69,761
PIMCO VIT Total Return Portfolio	82,221	87,647
Fidelity Contra Fund Portfolio	142,387	112,813
American Funds Growth - Income	121,347	101,043
Delaware VIP Small Cap Value	103,742	81,908
Fidelity VIP Freedom Target 2025	29,571	128,714
Delaware VIP Reit Series	60,024	46,849
American Funds Global Growth	80,167	71,632
Lincoln VIP Social Awareness	14,297	61,720
LVIP Dimensional US Core	4,037,254	-
Fidelity VIP Contrafund	62,052	49,104
LVIP SSGA Emerging Markets 100	27,986	25,988
Delaware VIP High Yield Series	13,062	12,579
LVIP Vanguard Domestic Equity	23,921	19,266
Alliance Bernstein Global Thematic Growth	17,445	15,007
LVIP Money Market	10,575	10,684
LVIP JPMorgan Mid Cap Value	13,416	10,500
LVIP Global Income	9,402	10,010
LVIP SSGA Global Tactical Alloc	11,791	10,579
Neuberger Berman AMT Sustainable Equity	12,787	10,462
LVIP Vanguard International Equity	9,954	9,320
Delaware VIP Value	7,526	6,216
LVIP T Rowe Price 2040 Fund	87,120	74,191
LVIP T Rowe Price 2020 Fund	710	4,861
BNY Mellon VIF OPP SM Cap Port	2,629	2,283
	<u>\$ 1,618,063,990</u>	<u>\$ 1,407,900,457</u>

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE D - GUARANTEED INVESTMENT CONTRACT WITH LINCOLN NATIONAL INSURANCE COMPANY

The Plan entered into a benefit-responsive guaranteed investment contract with Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the issuer and may not be by less than three percent. The crediting rate is revised periodically for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The guaranteed investment contract at December 31, 2021 and 2020 amounted to \$368,956,381 and \$363,077,845, respectively.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Lincoln represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at a contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - FAIR VALUE MEASUREMENTS

The Plan adheres to ASC 820, *“Fair Value Measurements and Disclosures,”*. ASC 820 defines fair value, establishes a framework for measuring fair value under generally accepted accounting principles and enhances disclosures about fair value measurements. Fair value is defined under ASC 820 as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The Plan applies the following fair value hierarchy:

Level 1 - Quoted prices in active markets for identical assets or liabilities. Level 1 assets include money market funds, debt and equity securities that are traded in active exchange markets, as well as certain U.S. Treasury and other U.S. Governments and agencies that are highly liquid and are actively traded in over-the-counter markets.

Level 2 - Observable inputs other than Level 1, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities and include participant loans.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of 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 valuation methodologies used for assets measured at fair value may produce a fair value calculation that may not be indicative of net realizable values or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The tables on pages 14 and 15 present the financial instruments carried at fair value as of December 31, 2021 and 2020 by the ASC 820 valuation hierarchy defined above.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

<i>December 31, 2021</i>	Fair Value	Fair Value Measurement at Reporting Date Using		
		(Level 1)	(Level 2)	(Level 3)
Mutual Funds				
Aggressive Allocation Fund	\$ 692,038	\$ -	\$ 692,038	\$ -
Conservative Allocation Fund	3,145,015	2,631,563	513,452	-
Foreign Large Blend Fund	111,622,020	111,612,066	9,954	-
Foreign Large Value Fund	404,426	-	404,426	-
High-Yield Bond Fund	43,204,378	43,204,378	-	-
Inflation-Protected Bond Fund	81,102,250	81,102,250	-	-
Intermediate-Term Bond Fund	197,767,296	197,331,126	436,170	-
Large Blend Fund	266,139,157	259,618,908	6,520,249	-
Large Growth Fund	114,708,032	112,918,137	1,789,895	-
Large Value Fund	108,304,267	108,276,281	27,986	-
Mid-Cap Blend Fund	37,611,523	37,598,107	13,416	-
Mid-Cap Growth Fund	94,485,307	93,706,958	778,349	-
Mid-Cap Value Fund	95,410,215	93,209,631	2,200,584	-
Real Estate Fund	26,164,947	26,164,947	-	-
Self Directed Brokerage Account	10,865,106	10,865,106	-	-
Small Blend Fund	43,448,515	43,050,394	398,121	-
Small Value Fund	103,742	103,742	-	-
World Bond Fund	9,402	-	9,402	-
Value of Funds Held in Insurance Company General Account	368,956,381	355,609,618	-	13,346,763
Short-Term Investments	13,919,973	13,919,973	-	-
	<u>\$ 1,618,063,990</u>	<u>\$ 1,590,923,185</u>	<u>\$ 13,794,042</u>	<u>\$ 13,346,763</u>
Unrealized and realized gain on investments				

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value	Fair Value Measurement at Reporting Date Using		
		(Level 1)	(Level 2)	(Level 3)
<i>December 31, 2020</i>				
Mutual Funds				
Aggressive Allocation Fund	\$ 685,581	\$ -	\$ 685,581	\$ -
Conservative Allocation Fund	3,144,428	2,640,529	503,899	-
Foreign Large Blend Fund	80,001,025	79,991,705	9,320	-
Foreign Large Value Fund	372,450	-	372,450	-
High-Yield Bond Fund	33,210,032	33,210,032	-	-
Inflation-Protected Bond Fund	67,451,111	67,451,111	-	-
Intermediate-Term Bond Fund	175,751,055	175,282,488	468,567	-
Large Blend Fund	208,238,725	202,864,293	5,374,432	-
Large Growth Fund	101,812,026	100,325,050	1,486,976	-
Large Value Fund	79,633,031	79,607,043	25,988	-
Mid-Cap Blend Fund	24,898,263	24,887,763	10,500	-
Mid-Cap Growth Fund	90,874,074	89,710,492	1,163,582	-
Mid-Cap Value Fund	85,672,640	83,830,441	1,842,199	-
Real Estate Fund	18,839,860	18,839,860	-	-
Self Directed Brokerage Account	11,002,014	11,002,014	-	-
Small Blend Fund	49,313,267	48,841,464	471,803	-
Small Value Fund	81,908	81,908	-	-
World Bond Fund	10,010	-	10,010	-
Value of Funds Held in Insurance Company General Account	363,077,845	349,694,092	-	13,383,753
Short-Term Investments	13,831,112	13,831,112	-	-
	<u>\$ 1,407,900,457</u>	<u>\$ 1,382,091,397</u>	<u>\$ 12,425,307</u>	<u>\$ 13,383,753</u>

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) for funds held in insurance company general account (unallocated contracts) are:

	Group Variable <u>Annuity</u>
Balance - December 31, 2019	\$ 13,274,359
Contributions	-
Interest	528,130
Transferred from separate account	388,233
Other	392,328
Disbursed to pay benefits or purchase	
Annuities	(1,052,825)
Administrative charges	(1,654)
Transferred to separate account	-
Other	<u>(144,818)</u>
Balance - December 31, 2020	13,383,753
Contributions	-
Interest	528,659
Transferred from separate account	539,514
Other	231,340
Unrealized and realized gain on investments	
Annuities	(1,220,631)
Administrative charges	(1,522)
Transferred to separate account	-
Other	<u>(114,350)</u>
Balance - December 31, 2021	<u><u>\$ 13,346,763</u></u>

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE F - TAX STATUS

The Internal Revenue Service has determined that the prototype Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although there have been certain amendments to the Christiana Care Health, Inc. 403(B) Plan, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examination by the federal, state or local tax authorities for years before 2018.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of changes in net assets available for benefits per the financial statements as of December 31, 2021 to Form 5500:

Change in net assets available for benefits per the financial statements	\$ 210,299,339
Transfers of assets to this plan due to merger	<u>(69,883,492)</u>
Change in net assets available for benefits per the Form 5500	<u><u>\$ 140,415,847</u></u>

NOTE H - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become one hundred percent vested in their accounts.

NOTE I - RELATED PARTY TRANSACTIONS

Several of the Plan's investments are with Lincoln National Life Insurance Company (the company) or related entity products. The company is the asset custodian and/or third party administrator, as defined by the Plan; therefore, these transactions or holdings qualify as party-in-interest transactions.

At December 31, 2021 and 2020 the Plan held investments (including notes receivable from participants) of \$369,414,235 and \$361,919,527, respectively, which qualify as party-in-interest holdings. The supplemental schedule H, Item 4(i) Schedule of Assets Held for Investment Purposes at December 31, 2021 identifies the specific assets deemed as party-in-interest holdings.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE J - 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE K - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform an auditing procedure with respect to the following information certified by Lincoln National Life Insurance Company, except for comparing such information certified by the custodians with information included in the Plan's financial statements and supplemental Schedule H, line 4(i) – Schedule of Assets (Held at End of Year).

The custodian also certified to the completeness and accuracy of \$172,158,814 and \$143,814,019 of investment (losses) income in the fair value of investments for the years ended December 31, 2021 and 2020, respectively.

NOTE L - SUBSEQUENT EVENTS

Plan Amendments – Effective August 23, 2020, employer contributions to the Plan were suspended. On May 31, 2022, the Board of Directors approved an amendment to the Plan, effective January 10, 2021, such that the foregoing suspension of employer contributions, as in effect beginning on August 23, 2020, shall be lifted effective as of January 10, 2021, and the employer and all participating affiliates shall resume the employer contributions under Section 4.03(a) on or after January 10, 2021.

On May 31, 2022, the Board of Directors approved an amendment to the Plan to add the following participating employers:

ChristianaCare Primary Care at Newark, Springside, Elkton, Northeast (effective September 21, 2020)
ChristianaCare Pathology and Hematology aka DCLP (effective January 11, 2021)
ChristianaCare Women's Health at Glasgow (effective June 28, 2021)

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE L - SUBSEQUENT EVENTS (CONTINUED)

Plan Amendments (Continued) –

ChristianaCare Primary Care at Kirkwood (effective September 20, 2021)
ChristianaCare Pediatrics at Dover (effective February 21, 2022)
ChristianaCare Primary Care at Jennersville (effective March 21, 2022)
ChristianaCare Primary Care at West Grove (effective March 21, 2022)

On May 31, 2022, the Board of Directors approved an amendment to the Plan, effective as of January 1, 2022, such that a Visiting Nurse Association (VNA) participant, who is an eligible employee, shall be eligible to receive employer contributions under Section 4.03 and effective January 1, 2022, VNA participants shall be eligible to receive employer contributions under Section 4.03(a).

COVID-19 – The outbreak of a novel strain of coronavirus (COVID-19) spread throughout the United States beginning March 2020 and continuing into 2022. Multiple jurisdictions in the U.S. declared various levels of States of Emergency. There is no immediate impact to the Plan's operations and any potential impact cannot be reasonably predicted as of September 28, 2022.

Other Subsequent Events – Management has reviewed and evaluated all other subsequent events through September 28, 2022, the date the financial statements were available to be issued, and has determined there were no other matters that require adjustment to or disclosure in the December 31, 2021 financial statements.

SUPPLEMENTAL SCHEDULE

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN
DECEMBER 31, 2021
EIN 51-0103684
PN 002

SCHEDULE H, ITEM 4(I) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity		
Identity of Issue, Borrower, Lesser or Simple Party	Value	Cost	Current Value	
Fixed Account	Insurance Contract Fund	(a)	\$ 13,346,763	
* Lincoln Financial Group Stable Value	Insurance Contract Fund	(a)	355,609,618	
Vanguard Money Market Reserves Prime Portfolio	Interest Bearing Cash	(a)	13,909,398	
* LVIP Delaware Wealth Builder Fund	Mutual Fund	(a)	680,247	
* LVIP SSGA Global Tactical Alloc	Mutual Fund	(a)	11,791	
Fidelity Asset Manager	Mutual Fund	(a)	2,631,563	
* LVIP JPMorgan Retirement Income Fund	Mutual Fund	(a)	513,452	
American Euro Pacific Growth Fund	Mutual Fund	(a)	-	
American Funds International	Mutual Fund	(a)	69,759	
* LVIP Vanguard International Equity	Mutual Fund	(a)	9,954	
MFS International Diversification Class R6	Mutual Fund	(a)	111,542,307	
* LVIP Mondrian International Value	Mutual Fund	(a)	404,426	
Delaware VIP High Yield Series	Mutual Fund	(a)	13,062	
Vanguard High Yield Corporate Admiral Shares	Mutual Fund	(a)	43,189,124	
Vanguard High Yield Corporate Investor Shares	Mutual Fund	(a)	2,192	
Vanguard Inflation Protected Sec Instl	Mutual Fund	(a)	81,102,250	
Delaware VIP Diversified Income	Mutual Fund	(a)	80,534	
* LVIP Delaware Bond	Mutual Fund	(a)	436,170	
PIMCO VIT Total Return Portfolio	Mutual Fund	(a)	82,221	
Vanguard Total Bond Market Index Instl	Mutual Fund	(a)	109,841,238	

CHRISTIANA CARE HEALTH SERVICES INC.
403(B) RETIREMENT PLAN
DECEMBER 31, 2021
EIN 51-0103684
PN 002

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Identity of Issue, Borrower, Lesser or Simple Party				
Western Asset Core Bond		Mutual Fund	(a)	87,327,133
Fidelity Growth Portfolio		Mutual Fund	(a)	5,297,083
* LVIP Blackrock Equity Dividend RPM		Mutual Fund	(a)	442,784
* LVIP Dimensional U.S. Core Equity 1		Mutual Fund	(a)	4,037,254
* LVIP Blackrck Advtg All Fund		Mutual Fund	(a)	-
* LVIP T Rowe Price 2020 Fund		Mutual Fund	(a)	710
* LVIP Global Conservative Allocation Mrsk		Mutual Fund	(a)	13,297
* LVIP SSGA S&P 500 Index		Mutual Fund	(a)	1,915,163
* LVIP Vanguard Domestic Equity		Mutual Fund	(a)	23,921
Vanguard 500 Index Admiral Shares		Mutual Fund	(a)	
Vanguard Total International Stock Index Instl		Mutual Fund	(a)	69,518,706
Vanguard Institutional Index Institutional Plus Shares		Mutual Fund	(a)	184,773,548
Fidelity VIP Freedom Target 2025		Mutual Fund	(a)	29,571
* LVIP T Rowe Price 2040 Fund		Mutual Fund	(a)	87,120
Alliance Bernstein Global Thematic Growth		Mutual Fund	(a)	17,445
American Funds Global Growth		Mutual Fund	(a)	80,167
American Funds Growth - Income		Mutual Fund	(a)	121,347
American Funds Growth Fund		Mutual Fund	(a)	193,653
Fidelity Contra Fund		Mutual Fund	(a)	111,709,261
Fidelity Contra Fund Portfolio		Mutual Fund	(a)	142,387

CHRISTIANA CARE HEALTH SERVICES, INC.
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(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity		
	Identity of Issue, Borrower, Lesser or Simple Party	Value	Cost	Current Value
	Fidelity VIP Contrafund	Mutual Fund	(a)	62,052
	Fidelity VIP Growth	Mutual Fund	(a)	158,991
	Janus Henderson Global Research	Mutual Fund	(a)	51,068
*	Lincoln VIP Social Awareness	Mutual Fund	(a)	14,297
*	LVIP Delaware Social Awareness	Mutual Fund	(a)	1,258,796
*	LVIP Blended Large Cap Growth Managed Volatility	Mutual Fund	(a)	516,802
	T. Rowe Price Int'l Stock	Mutual Fund	(a)	381,766
	American Century VP Balanced	Mutual Fund	(a)	169,018
	American Mutual Fund	Mutual Fund	(a)	-
	Delaware VIP Value	Mutual Fund	(a)	7,526
*	LVIP SSGA Emerging Markets 100	Mutual Fund	(a)	27,986
	MFS Utilities	Mutual Fund	(a)	104,069
	Neuberger Berman Amt Sustainable Equity Portfolio	Mutual Fund	(a)	12,787
	Vanguard Equity Income Admiral Shares	Mutual Fund	(a)	107,982,881
	Delaware VIP Reit Series	Mutual Fund	(a)	60,024
*	LVIP JPMorgan Mid Cap Value	Mutual Fund	(a)	13,416
	Vanguard Extended Market Index Inst	Mutual Fund	(a)	37,538,083
	Delaware VIP SMID Cap Growth	Mutual Fund	(a)	344,540
*	LVIP Baron Growth Opportunities	Mutual Fund	(a)	194,562
*	LVIP T. Rowe Price Structured Mid-Cap	Mutual Fund	(a)	583,787

CHRISTIANA CARE HEALTH SERVICES INC.
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DECEMBER 31, 2021
EIN 51-0103684
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(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Identity of Issue, Borrower, Lesser or Simple Party			
	T. Rowe Price Mid-Capital Growth Fund Inc	Mutual Fund	(a)	93,362,418
	American Century Mid Cap Value R6	Mutual Fund	(a)	71,122,365
*	LVIP Delaware Mid Cap Value Fund	Mutual Fund	(a)	2,200,584
	Victory Sycamore Established Value R6	Mutual Fund	(a)	22,087,266
	T. Rowe Price Real Estate Fund	Mutual Fund	(a)	-
	TIAA CREF Real Estate Securities Institutional Class	Mutual Fund	(a)	26,164,947
	TD Ameritrade SDBA	Mutual Fund	(a)	10,865,106
*	LVIP Money Market	Mutual Fund	(a)	10,575
	BNY Mellon VIF OPP SM Cap Port	Mutual Fund	(a)	2,629
*	LVIP SSGA Small-Cap Index	Mutual Fund	(a)	398,121
	Vanguard Small Cap Index	Mutual Fund	(a)	43,047,765
	Delaware VIP Small Cap Value	Mutual Fund	(a)	103,742
*	LVIP Global Income	Mutual Fund	(a)	9,402

Loans

Identity	Interest rate	Cost	Current Value
Notes receivable from participants	4.25% to 9.25%	-	\$ 16,016,222

* Represents a related party or party-in-interest

(a) Cost value not available from third party administrator.

CHRISTIANA CARE HEALTH SERVICES, INC.
403(B) PLAN
DECEMBER 31, 2021
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PN 002

SCHEDULE H, ITEM 4(I) - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Identity of Issue, Borrower, Lesser or Simple Party				
	Fixed Account	Insurance Contract Fund	(a)	\$ 13,346,763
*	Lincoln Financial Group Stable Value	Insurance Contract Fund	(a)	355,609,618
	Vanguard Money Market Reserves Prime Portfolio	Interest Bearing Cash	(a)	13,909,398
*	LVIP Delaware Wealth Builder Fund	Mutual Fund	(a)	680,247
*	LVIP SSGA Global Tactical Alloc	Mutual Fund	(a)	11,791
	Fidelity Asset Manager	Mutual Fund	(a)	2,631,563
*	LVIP JPMorgan Retirement Income Fund	Mutual Fund	(a)	513,452
	American Euro Pacific Growth Fund	Mutual Fund	(a)	-
	American Funds International	Mutual Fund	(a)	69,759
*	LVIP Vanguard International Equity	Mutual Fund	(a)	9,954
	MFS International Diversification Class R6	Mutual Fund	(a)	111,542,307
*	LVIP Mondrian International Value	Mutual Fund	(a)	404,426
	Delaware VIP High Yield Series	Mutual Fund	(a)	13,062
	Vanguard High Yield Corporate Admiral Shares	Mutual Fund	(a)	43,189,124
	Vanguard High Yield Corporate Investor Shares	Mutual Fund	(a)	2,192
	Vanguard Inflation Protected Sec Instl	Mutual Fund	(a)	81,102,250
	Delaware VIP Diversified Income	Mutual Fund	(a)	80,534
*	LVIP Delaware Bond	Mutual Fund	(a)	436,170
	PIMCO VIT Total Return Portfolio	Mutual Fund	(a)	82,221
	Vanguard Total Bond Market Index Instl	Mutual Fund	(a)	109,841,238

CHRISTIANA CARE HEALTH SERVICES INC.
403(B) RETIREMENT PLAN
DECEMBER 31, 2021
EIN 51-0103684
PN 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lesser or Simple Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Western Asset Core Bond	Mutual Fund	(a)	87,327,133	
Fidelity Growth Portfolio	Mutual Fund	(a)	5,297,083	
* LVIP Blackrock Equity Dividend RPM	Mutual Fund	(a)	442,784	
* LVIP Dimensional U.S. Core Equity 1	Mutual Fund	(a)	4,037,254	
* LVIP Blackrck Advtg All Fund	Mutual Fund	(a)	-	
* LVIP T Rowe Price 2020 Fund	Mutual Fund	(a)	710	
* LVIP Global Conservative Allocation Mrsk	Mutual Fund	(a)	13,297	
* LVIP SSGA S&P 500 Index	Mutual Fund	(a)	1,915,163	
* LVIP Vanguard Domestic Equity	Mutual Fund	(a)	23,921	
Vanguard 500 Index Admiral Shares	Mutual Fund	(a)		
Vanguard Total International Stock Index Instl	Mutual Fund	(a)	69,518,706	
Vanguard Institutional Index Institutional Plus Shares	Mutual Fund	(a)	184,773,548	
Fidelity VIP Freedom Target 2025	Mutual Fund	(a)	29,571	
* LVIP T Rowe Price 2040 Fund	Mutual Fund	(a)	87,120	
Alliance Bernstein Global Thematic Growth	Mutual Fund	(a)	17,445	
American Funds Global Growth	Mutual Fund	(a)	80,167	
American Funds Growth - Income	Mutual Fund	(a)	121,347	
American Funds Growth Fund	Mutual Fund	(a)	193,653	
Fidelity Contra Fund	Mutual Fund	(a)	111,709,261	
Fidelity Contra Fund Portfolio	Mutual Fund	(a)	142,387	

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Fidelity VIP Contrafund		Mutual Fund	(a)	62,052
Fidelity VIP Growth		Mutual Fund	(a)	158,991
Janus Henderson Global Research		Mutual Fund	(a)	51,068
* Lincoln VIP Social Awareness		Mutual Fund	(a)	14,297
* LVIP Delaware Social Awareness		Mutual Fund	(a)	1,258,796
* LVIP Blended Large Cap Growth Managed Volatility		Mutual Fund	(a)	516,802
T. Rowe Price Int'l Stock		Mutual Fund	(a)	381,766
American Century VP Balanced		Mutual Fund	(a)	169,018
American Mutual Fund		Mutual Fund	(a)	-
Delaware VIP Value		Mutual Fund	(a)	7,526
* LVIP SSGA Emerging Markets 100		Mutual Fund	(a)	27,986
MFS Utilities		Mutual Fund	(a)	104,069
Neuberger Berman Amt Sustainable Equity Portfolio		Mutual Fund	(a)	12,787
Vanguard Equity Income Admiral Shares		Mutual Fund	(a)	107,982,881
Delaware VIP Reit Series		Mutual Fund	(a)	60,024
* LVIP JPMorgan Mid Cap Value		Mutual Fund	(a)	13,416
Vanguard Extended Market Index Inst		Mutual Fund	(a)	37,538,083
Delaware VIP SMID Cap Growth		Mutual Fund	(a)	344,540
* LVIP Baron Growth Opportunities		Mutual Fund	(a)	194,562
* LVIP T. Rowe Price Structured Mid-Cap		Mutual Fund	(a)	583,787

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	T. Rowe Price Mid-Capital Growth Fund Inc	Mutual Fund	(a)	93,362,418
	American Century Mid Cap Value R6	Mutual Fund	(a)	71,122,365
*	LVIP Delaware Mid Cap Value Fund	Mutual Fund	(a)	2,200,584
	Victory Sycamore Established Value R6	Mutual Fund	(a)	22,087,266
	T. Rowe Price Real Estate Fund	Mutual Fund	(a)	-
	TIAA CREF Real Estate Securities Institutional Class	Mutual Fund	(a)	26,164,947
	TD Ameritrade SDBA	Mutual Fund	(a)	10,865,106
*	LVIP Money Market	Mutual Fund	(a)	10,575
	BNY Mellon VIF OPP SM Cap Port	Mutual Fund	(a)	2,629
*	LVIP SSGA Small-Cap Index	Mutual Fund	(a)	398,121
	Vanguard Small Cap Index	Mutual Fund	(a)	43,047,765
	Delaware VIP Small Cap Value	Mutual Fund	(a)	103,742
*	LVIP Global Income	Mutual Fund	(a)	9,402

Loans

Identity	Interest rate	Cost	Current Value
Notes receivable from participants	4.25% to 9.25%	-	\$ 16,016,222

* Represents a related party or party-in-interest

(a) Cost value not available from third party administrator.