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

Part I Annual Report Identification Information

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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHRISTIANA CARE VISITING NURSE ASSOCIATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1980

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)
CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC.

4000 NEXUS DRIVE
SUITE SW2-700
WILMINGTON, DE 19803

2b Employer Identification Number (EIN) 51-0064334

2c Plan Sponsor's telephone number 302-327-5068

2d Business code (see instructions) 621610

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.	06/26/2023	CHRISTOPHER COWAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/26/2023	CHRISTOPHER COWAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	542
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)**	146
a(2) Total number of active participants at the end of the plan year	**6a(2)**	120
b Retired or separated participants receiving benefits	**6b**	210
c Other retired or separated participants entitled to future benefits	**6c**	181
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	511
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f Total. Add lines **6d** and **6e**	**6f**	520
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
CHRISTIANA CARE VISITING NURSE ASSOCIATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC.

D Employer Identification Number (EIN)
51-0064334

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	45129589
b Actuarial value	**2b**	41256154

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	219	9411044	9411044
b For terminated vested participants	177	3397088	3397088
c For active participants	146	13387495	13387495
d Total	542	26195627	26195627

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.62 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	990160
b Expected plan-related expenses	**6b**	115000
c Total (line 6a + line 6b)	**6c**	1105160

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/20/2022
Date

YON-LOON CHEN
Type or print name of actuary

20-07138
Most recent enrollment number

DELOITTE CONSULTING LLP
Firm name

212-313-1704
Telephone number (including area code)

30 ROCKEFELLER PLZ
NEW YORK, NY 10112
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9834433
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	9834433
10	Interest on line 9 using prior year's actual return of 12.86 %	0	1264708
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4060528
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.43 %		220487
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		4281015
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	11099141

Part III Funding Percentages

14	Funding target attainment percentage	14	115.12 %
15	Adjusted funding target attainment percentage	15	157.49 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/03/2022	1000000				
			Totals ► 18(b)	1000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	925337

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment			☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment			☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment			☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1105160
b Excess assets, if applicable, but not greater than line 31a	**31b**	1105160

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	925337
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	925337
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC.

D Employer Identification Number (EIN)
51-0064334

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

WILMINGTON TRUST

51-0055023

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

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

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

SEGALL BRYANT & HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	128146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DMS, LLC

26-1507071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	80181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE CONSULTING LLP

06-1454513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	60000	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)

LINCOLN RETIREMENT SERVICES CO. LLC

35-2134263

(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?
99	NONE	17977	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILMINGTON TRUST

51-0055023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	14960	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WHISMAN GIORDANO & 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	NONE	12500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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

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

A Name of plan
CHRISTIANA CARE VISITING NURSE ASSOCIATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC.

D Employer Identification Number (EIN)
51-0064334

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1100000	1000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	310668	295035
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	713375	231637
(2) U.S. Government securities	1c(2)	8252488	6302257
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	29992888	29655450
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4781006	3580694

			(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	45150425	41065073
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	45150425	41065073

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1000000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	62	
	(B) U.S. Government securities	2b(1)(B)	114917	
	(C) Corporate debt instruments	2b(1)(C)	1070348	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	148771	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1334098
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12167657	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12601328	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-433671
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-1887187	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1887187

		(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)		
c Other income	2c		-55391
d Total income. Add all **income** amounts in column (b) and enter total	2d		-42151
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3729437	
(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)		3729437
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	87460	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	208327	
(4) Other	2i(4)	17977	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		313764
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4043201
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4085352
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WHISMAN GIORDANO & ASSOCIATES **(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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 437639.

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 VISITING NURSE ASSOCIATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC.

D Employer Identification Number (EIN)
51-0064334

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): 51-0064334

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** 16

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 VISITING NURSE ASSOCIATION RETIREMENT PLAN

INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021 AND 2020

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN

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WHISMAN GIORDANO
CERTIFIED PUBLIC ACCOUNTANTS

Building Extraordinary Relationships

INDEPENDENT AUDITOR'S REPORT

Participants and Retirement Committee
Christiana Care Visiting Nurse Association
Retirement Plan

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

We have performed an audit of the financial statements of Christiana Care Visiting Nurse Association Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2021, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 D to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

111 Continental Drive, Suite 210 | Newark, Delaware 19713 | **P**: 302.266.0202 | **F**: 302.266.7070 | WhismanGiordano.com

Opinion on the 2021 Financial Statements (Continued)

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Christiana Care Visiting Nurse Association Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 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 Visiting Nurse Association Retirement Plan's ability to continue as a going concern within one year after 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements (Continued)

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Item 4(I) – Schedule of Assets Held for Investment Purposes at December 31, 2021, and Schedule H, Item 4(J) – Schedule of Reportable Transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matters (Continued)

2021 Supplemental Schedules Required by ERISA (Continued)

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Christiana Care Visiting Nurse Association Retirement 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. In our report dated September 29, 2021, we indicated that (*a*) 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, and (*b*) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Whisman Giordano & Associates, LLC

Newark, Delaware
September 28, 2022

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31. 2021 AND 2020

	2021	2020
INVESTMENTS		
Short-term investments	$ 231,637	$ 713,375
U.S. Government bonds and notes	6,302,257	8,252,488
Corporate debt	29,655,450	29,992,888
Other assets	3,580,694	4,781,006
Total investments	39,770,038	43,739,757
CONTRIBUTIONS RECEIVABLE	1,000,000	1,100,000
ACCRUED INTEREST AND DIVIDENDS	295,035	310,668
TOTAL ASSETS	41,065,073	45,150,425
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 41,065,073	$ 45,150,425

See accompanying notes to financial statements.

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31. 2021 AND 2020

	2021	2020
ADDITIONS (DEDUCTIONS)		
Investment income	$ 1,334,188	$ 1,351,910
Realized and unrealized (losses) gains on investments	(2,320,859)	4,010,101
Employer contributions	1,000,000	4,300,000
Other	(55,480)	(178,563)
Total additions	(42,151)	9,483,448
DEDUCTIONS		
Benefits paid to participants	3,729,437	4,453,185
Administrative fees	313,764	372,423
Total deductions	4,043,201	4,825,608
Net (decrease) increase	(4,085,352)	4,657,840
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	45,150,425	40,492,585
End of year	$ 41,065,073	$ 45,150,425

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Christiana Care Visiting Nurse Association Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all full-time employees of Christiana Care Home Health & Community Services, Inc. (CCHHCS). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility and Vesting

Employees are eligible for participation in the Plan after one year of service (minimum of 1,000 hours) and attainment of age 21. All participants become vested in accordance with the following schedule: 20% after three years of service increasing by 20% for each additional year of service to 100% after seven years. Participants who reach the age of 55 are fully and automatically vested.

Pension Benefits

The amount of yearly benefit provided under the Plan at age 65 is equal to 1% of the participant's final average earnings times their years of credited service (no maximum) plus .5% of final average earnings in excess of the social security average monthly wage multiplied by the participant's years of credited service (maximum 35 years). Credited service (measured in years and months) is defined to be service as a participant in the Plan plus any other years and months of employment with CCHHCS prior to the Plan's effective date, but after meeting the eligibility requirements. Service prior to an employee's enrollment date shall be excluded for any employee who failed to become a participant when first eligible. Final average salary is based upon the participant's highest average earnings during any 5 consecutive calendar years out of the last 10 years of employment with CCHHCS.

When participants retire between ages 55 and 65, the amount of the retirement benefit is actuarially reduced according to their age.

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

Depending on the value of a participant's account at the time of termination or retirement, benefit payments are either made in the form of a lump sum distribution or with a purchase of an annuity in the participant's name. Annuities purchased represent plan disbursements to participants and are therefore excluded from plan investments.

Death and Disability Benefits

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 accrued interest and dividends and the actuarial present value of accumulated plan benefits. Estimates and assumptions are reviewed periodically, and the effects of revisions are reflected in the financial statements in the period determined.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates (Continued)

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.

Valuation of Investments

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 the investment advisors, custodians, and others. See Note E for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an 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 or losses and the changes in unrealized appreciation or depreciation on those investments.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are based on the employees' highest average earnings during any five consecutive calendar years out of the last ten years of employment with CCHHCS. The accumulated plan benefits for active employees are based on their highest average earnings during any five consecutive calendar years out of the last ten years of employment with CCHHCS ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee services rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits as of January 1, 2022 and 2021 were (a) life expectancy of participants (modified version of the Pri-2012 with a modified MP-2021 improvement scale and modified version of the Pri-2012 with a modified MP-2020 projection scale, respectively), (b) retirement age assumptions (the assumed retirement age was 55 or current age, if older), and (c) investment return. The January 1, 2022 and 2021 valuations included an assumed average rate of return of 2.50% and 2.125%, respectively. In addition, annual wage base increases were presumed at 3.00% and 3.00%, respectively, with a projected consumer price index at 2.00% and 2.00% per year, respectively. Further, the actuarial cost method used is the projected unit credit method of funding.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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

The actuarial present value of accumulated plan benefits as of January 1, 2022 and 2021 are as follows:

	2022	2021
Vested benefits	$ 38,193,734	$ 41,058,940
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	$ 38,193,734	$ 41,058,940

The changes in the actuarial present value of accumulated plan benefits for the periods ended January 1, 2022 and 2021 are as follows:

	2022	2021
Actuarial present value of accumulated plan benefits at beginning of period	$ 41,058,940	$ 37,986,619
Increase (decrease) during the period attributable to:		
Benefits accumulated	2,009,950	1,727,082
Interest due to decrease in discount period	833,086	1,073,294
Benefits paid	(3,729,437)	(4,453,185)
Change in actuarial assumptions and methods	(1,978,805)	4,725,130
Net (decrease) increase	(2,865,206)	3,072,321
Actuarial present value of accumulated plan benefits at end of period	$ 38,193,734	$ 41,058,940

NOTE D - INVESTMENTS

The trustee of the Plan, Wilmington Trust Company, has certified the investment and investment income information provided in the statements of net assets available for plan benefits as of December 31, 2021 and 2020, the statements of changes in net assets available for plan benefits for the years ended December 31, 2021 and 2020, the accompanying notes to the financial statements, and the Supplemental Schedule of Assets Held for Investment Purposes at December 31, 2021.

The following is a schedule of investments held at December 31, 2021 and 2020:

	2021	2020
U.S. Treasury Bonds 1.125%, 05/15/2040	$ -	$ 151,901
U.S. Treasury Bonds 1.250%, 05/15/2050	2,424,409	4,209,362
U.S. Treasury Bonds 3.000%, 02/15/2049	1,598,285	2,704,073
U.S. Treasury Bonds 1.875%, 02/15/2041	395,924	-
U.S. Treasury Bonds 3.000%, 02/15/2048	372,268	-
U.S. Treasury Bonds 1.125%, 02/15/2031	218,365	-
U.S. Treasury Bonds 1.625%, 11/15/2050	153,727	-
U.S. Treasury Strips Z-CPN, 11/15/2050	114,266	120,188
U.S. Treasury Strips Z-CPN, 11/15/2049	536,172	561,526
TVA 4.250%, 09/15/2065	488,842	505,438
Abbott Laboratories	410,160	421,272
AEP Transmission Co LLC	137,988	151,550
Air Products & Chemicals, Inc.	128,069	137,390
Airbus Group	200,165	203,182
Alimentation Couche	205,089	-
Amazon.com Inc.	427,048	106,934
Ameren Illinois Co	212,596	233,734
Ameren Illinois Co	255,332	275,866
American Water	400,803	441,924
Analog Devices Inc.	205,386	-
Anheuser Busch COS INC	482,724	508,116
Apple Inc	344,124	157,670
Apple Inc	146,705	342,888
Applied Materials	135,193	146,879
AT&T Inc	51,387	53,905

NOTES TO FINANCIAL STATEMENTS

NOTE D - INVESTMENTS (CONTINUED)

	2021	2020
AT&T Inc	16,158	16,156
AT&T Inc	153,036	153,606
Aviation Capital	-	234,446
Bank of America Corporation	348,821	334,661
Berkshire Hathaway Finance Corporation	421,458	460,386
Block Finl LLC	133,740	-
Brown-Forman Corp	414,859	437,944
Burlington Corp	71,705	75,471
Burlington North	334,648	364,584
Canadian National Rail	223,814	240,648
Caterpillar Inc	405,520	234,608
Coca-Cola Co	396,184	431,808
Columbus Southern Power Company	294,847	322,270
Comcast Corporation	267,165	425,098
Comcast Corporation	80,393	-
Consumers Energy	436,933	485,842
Cox Communications	408,424	-
Deere & Company	-	191,275
Diageo Investment	429,835	-
DTE Electric Company	394,254	426,233
Duke University Health System	225,709	233,474
Eaton Corporation	233,792	139,945
Eaton Corporation	126,593	-
Ebay Inc.	217,492	-
Estee Lauder Co, Inc.	405,571	426,458
Exxon Mobil Corporation	408,415	431,693
FedEx Corp	412,139	370,892
FEMSA	292,938	315,240
Fiserv, Inc.	285,924	214,317
Florida Power & Light	390,486	414,114
FMR LLC	289,614	304,612
Glaxosmithkline	-	194,034
GTP Acquisition ABS	209,975	216,572
Guardian Life Insurance	446,516	481,023
Hershey Company	400,635	371,501
Home Depot Inc	395,205	288,430
Intel Corporation	-	198,030

NOTES TO FINANCIAL STATEMENTS

NOTE D - INVESTMENTS (CONTINUED)

	2021	2020
JP Morgan Chase MTN V-Q	410,491	440,485
Kansas City Sout	235,338	233,968
Kimberly-Clark	235,853	258,349
Kimberly-Clark	377,650	407,665
Lockheed Martin	411,985	454,814
Loews Corporation	-	206,834
Lowes Companies Incorporated	402,654	219,069
Mars Inc	406,754	297,540
Masco Corporation	331,912	335,128
Mass Institute of Technology	245,192	251,303
Mass Institute of Technology	183,450	184,149
Mass Mutual Life Insurance	266,700	266,078
Massachusettts St	369,834	-
Merck & Co, Inc.	278,856	306,470
MetLife Incorporated	297,130	320,537
Microsoft Corporation	316,937	342,725
Moody's Corp	418,988	206,349
MPLX LP	-	202,137
National Rural Utilities	512,094	428,285
Nevada Power Company	73,943	75,883
New York Life	305,215	470,298
Nike, Inc.	399,077	426,877
Northwestern Mutual	422,715	441,641
Northwestern University	428,139	171,956
Nstar Electric Co	428,085	457,586
Oglethorpe Power	299,474	225,670
Oncor Electric	310,635	331,057
Oncor Electric Delivery	79,199	83,270
Oracle Corporation	155,736	185,234
Oracle Corporation	197,591	227,983
Pacific Corporation	178,434	193,109
Pepsi Co, Inc.	-	453,428
PPL Electric Utlities Corporations	196,976	404,433
Progressive Corporation – Ohio Note	171,213	181,991
Public Service – Colorado	370,704	390,759
Public Service MTN	78,398	85,322
Raytheon Tech Co	-	390,777

NOTES TO FINANCIAL STATEMENTS

NOTE D - INVESTMENTS (CONTINUED)

	2021	2020
Republic Services	97,629	464,721
Republic SCVS Inc	192,248	-
S&P Global Inc	325,185	350,490
Shell International Finance	394,862	428,230
Snap-On, Inc.	79,068	84,707
Snap-On, Inc.	302,598	314,195
Stanley Black & Decker	332,670	352,363
Starbucks Corporation	261,408	279,463
Teachers Insurance & Annuity	422,741	437,661
Tennessee Gas	250,476	251,566
Tesco PLC	-	161,216
TSMC Arizona Corp	338,549	-
Uni of Pennsylvania	133,543	130,645
Union Pacific Corporation	206,862	213,869
United Parcel Service America, Incorporated	194,173	208,781
University of Pennsylvania	304,298	288,204
Valero Energy	-	82,234
Valero Energy Partners	-	115,756
Ventas Realty LP	113,489	117,280
Ventas Realty LP	100,886	97,104
Verizon Communications	-	280,784
Virginia Electric & Power	375,964	402,581
Walmart Stores Incorporated	-	474,967
Walt Disney Company	124,300	133,542
Walt Disney Company	277,298	292,550
Wells Fargo & Company	410,212	424,108
WESTAR Energy	404,432	430,031
Wisconsin Public SVC	191,521	-
WW Grainger Inc	308,128	-
California State Education	110,453	113,497
Colorado State Bridge	404,481	411,745
Dallas TX Area	386,732	397,171
Denver Co Public	234,904	242,640
Houston Tx Utility	109,437	114,281
Massachusetts State	-	408,296
Metropolitan St. Louis	153,810	156,837
New York City	475,998	499,236

NOTE D - INVESTMENTS (CONTINUED)

	2021	2020
New York City Trn	331,179	343,440
Orange County California	150,346	151,253
Regional Transport	276,950	299,342
San Diego County California	75,204	78,146
San Francisco California City & County	298,890	312,844
Texas State	-	318,808
Texas State	193,853	202,556
Texas State A&M University	378,454	386,946
Washington State Build America Bonds	-	343,968
Wilmington US Government Money Market Fund	151,755	300,078
Wilmington US Government Money Market Fund	79,882	413,297
	$ 39,770,038	$ 43,739,757

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.

As a basis for considering assumptions, ASC 820 establishes a hierarchical framework for measuring fair value (the fair value hierarchy) as follows:

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 market, 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.

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

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.

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.

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 the 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 ifferent fair value measurement at the reporting date.

The tables on pages 18 and 19 present the financial instruments carried at fair value as of December 31, 2021 and 2020 by the ASC 820 valuation hierarchy defined above.

		Fair Value Measurements at Reporting Date		
December 31, 2021	Fair Value	(Level 1)	(Level 2)	(Level 3)
Short-term investments	$ 231,637	$ 231,637	$ -	$ -
U.S. Government bonds and notes	6,302,257	6,302,257	-	-
Corporate and municipal bonds and notes				
Corporate bonds	29,655,450	-	29,655,450	-
Municipal bonds	3,580,694	-	3,580,694	-
Total assets at fair value	$ 39,770,038	$ 6,533,894	$ 33,236,144	$ -

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2020	Fair Value	Fair Value Measurements at Reporting Date (Level 1)	(Level 2)	(Level 3)
Short-term investments	$ 713,375	$ 713,375	$ -	$ -
U.S. Government bonds and notes	8,252,488	8,252,488	-	-
Corporate and municipal bonds and notes				
Corporate bonds	29,992,888	-	29,992,888	-
Municipal bonds	4,781,006	-	4,781,006	-
Total assets at fair value	$ 43,739,757	$ 8,965,863	$ 34,773,894	$ -

NOTE F - FUNDING POLICY AND BENEFITS

CCHHCS' funding policy is to make annual contributions to the Plan such that all employees' benefits will be fully provided for by the time they retire. Contributions of $1,000,000 and $4,300,000 were made to the Plan for the years ended December 31, 2021 and 2020, respectively, including $1,000,000 and $1,100,000 reflected as contributions receivable at year end. There were no required contributions to meet the minimum funding requirements under ERISA for 2021 and 2020.

Although it has not expressed any intention to do so, CCHHCS has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE G - PLAN TERMINATION

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

a) Benefits attributable to employee contributions, taking into account those paid out before termination.

NOTE G - PLAN TERMINATION (CONTINUED)

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years proceeding Plan termination.

c) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).

d) All other vested benefits (that is, vested benefits not insured by the PBGC).

e) All nonvested benefits.

f) Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefits.

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

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed CCHHCS by correspondence dated September 30, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has not been amended since receiving the determination letter; however, the Plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by this tax jurisdiction; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for periods before December 31, 2018.

NOTE I - 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 such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present values of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTES TO FINANCIAL STATEMENTS

NOTE J - 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 Wilmington Trust, except for comparing such information certified by the custodian with information included in the Plan's financial statements and supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year).

	2021	2020
INVESTMENTS		
Short-term investments	$ 231,637	$ 713,375
U.S. Government bonds and notes	6,302,257	8,252,488
Corporate debt	29,655,450	29,992,888
Other assets	3,580,694	4,781,006
Total investments	$ 39,770,038	$ 43,739,757

The custodian also certified to the completeness and accuracy of $(986,671) and $5,362,011 of investment income and losses in the fair value of investments for the years ended December 31, 2021 and 2020, respectively.

NOTE K - SUBSEQUENT EVENTS

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

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 SCHEDULES

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN
DECEMBER 31, 2021
EIN 51-0064334
PN 001

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor, or simple party	Description of investment including maturity date, rate of interest, collateral, par or maturity	Cost	Current Value
	Wilmington US GOVT Money MKT CL INST	Money Market Funds	$ 151,755	$ 151,755
	Wilmington US GOVT Money MKT CL INST	Money Market Funds	79,882	79,882
	U.S. Treasury Bonds 1.250% 5/15/50	U.S. Treasury Obligations	2,740,062	2,424,409
	U.S. Treasury Bonds 1.625% 11/15/50	U.S. Treasury Obligations	156,047	153,727
	U.S. Treasury Bonds 1.875% 2/15/41	U.S. Treasury Obligations	379,665	395,924
	U.S. Treasury Bonds 3.000% 2/15/48	U.S. Treasury Obligations	363,951	372,268
	U.S. Treasury Bonds 3.000% 2/15/49	U.S. Treasury Obligations	1,713,410	1,598,285
	U.S. Treasury Notes 1.125% 2/15/31	U.S. Treasury Obligations	220,790	218,365
	U.S. Treasury Strips Z-CPN 11/15/49	U.S. Treasury Obligations	603,945	536,172
	U.S. Treasury Strips Z-CPN 11/15/50	U.S. Treasury Obligations	122,942	114,266
	TVA 4.250% 9/15/65	U.S. Government Agencies	470,524	488,842
	Abbott Labs 4.900% 11/30/46	Corporate & Foreign Bonds	400,740	410,160
	AEP Transmission Com 3.650% 4/01/50	Corporate & Foreign Bonds	124,955	137,988
	Air Prob & Chem 2.800% 5/15/50	Corporate & Foreign Bonds	124,545	128,069
	Airbus Group 3.950% 4/10/47	Corporate & Foreign Bonds	174,345	200,165
	Alimen Couche-Tard 3.625% 5/13/51	Corporate & Foreign Bonds	202,740	205,089
	Amazon.com Inc 3.100% 5/12/51	Corporate & Foreign Bonds	396,332	427,048
	Ameren Illinois Co 3.250% 3/15/50	Corporate & Foreign Bonds	199,012	212,596
	Ameren Illinois Co 3.700% 12/01/47	Corporate & Foreign Bonds	245,205	255,332
	American Water 4.000% 12/01/46	Corporate & Foreign Bonds	347,413	400,803
	Analog Devices Inc 2.950% 10/01/51	Corporate & Foreign Bonds	198,346	205,386
	Anheuser-Busch Co 4.700% 2/01/36	Corporate & Foreign Bonds	385,315	482,724
	Apple Inc 2.650% 2/08/51	Corporate & Foreign Bonds	331,335	344,124
	Apple Inc 3.750% 11/13/47	Corporate & Foreign Bonds	160,226	146,705
	Applied Materials 2.750% 6/01/50	Corporate & Foreign Bonds	134,370	135,193

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN
DECEMBER 31, 2021
EIN 51-0064334
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(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor, or simple party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	AT&T Inc 3.500% 6/01/41	Corporate & Foreign Bonds	49,845	51,387
	AT&T Inc 3.650% 9/15/59	Corporate & Foreign Bonds	13,011	16,158
	AT&T Inc 3.800% 12/01/57	Corporate & Foreign Bonds	153,706	153,036
	Bank of America Corp VAR-CPN 3/20/51	Corporate & Foreign Bonds	325,620	348,821
	Berkshire Hathaway 5.750% 1/15/40	Corporate & Foreign Bonds	363,466	421,458
	Block Finl LLC 3.875% 8/15/30	Corporate & Foreign Bonds	135,267	133,740
	Brown-Forman Corp 4.500% 7/15/45	Corporate & Foreign Bonds	331,783	414,859
	Burlington Corp 7.950% 8/15/30	Corporate & Foreign Bonds	68,988	71,705
	Burlington North 4.400% 3/15/42	Corporate & Foreign Bonds	315,904	334,648
	Canadian Natl Rail 6.200% 6/01/36	Corporate & Foreign Bonds	204,112	223,814
	Caterpillar Inc 3.250% 9/19/49	Corporate & Foreign Bonds	403,516	405,520
	Coca-Cola Co/The 2.750% 6/01/60	Corporate & Foreign Bonds	399,704	396,184
	Columbus So Pwr 5.850% 10/01/35	Corporate & Foreign Bonds	261,347	294,847
	Comcast Corp 2.887% 11/01/51	Corporate & Foreign Bonds	274,205	267,165
	Comcast Corp 6.500% 11/15/35	Corporate & Foreign Bonds	73,319	80,393
	Consumers Energy 4.350% 8/31/64	Corporate & Foreign Bonds	347,397	436,933
	Cox Communications 3.600% 6/15/51	Corporate & Foreign Bonds	387,797	408,424
	Diageo Investment 4.250% 5/11/42	Corporate & Foreign Bonds	451,647	429,835
	DTE Electric Co 3.700% 6/01/46	Corporate & Foreign Bonds	340,566	394,254
	Duke UNV Health Systems 3.920% 6/01/47	Corporate & Foreign Bonds	187,191	225,709
	Eaton Corp 4.150% 11/02/42	Corporate & Foreign Bonds	226,208	233,792
	Eaton Corp 5.800% 3/15/37	Corporate & Foreign Bonds	120,751	126,593
	Ebay Inc 3.650% 5/10/51	Corporate & Foreign Bonds	212,622	217,492
	Estee Lauder Co Inc 4.150% 3/15/47	Corporate & Foreign Bonds	395,506	405,571
	Exxon Mobil Corp 4.114% 3/01/46	Corporate & Foreign Bonds	363,199	408,415
	Fedex Corp 5.100% 1/15/44	Corporate & Foreign Bonds	360,119	412,139
	FEMSA 4.375% 5/10/43	Corporate & Foreign Bonds	255,585	292,938
	Fiserv Inc 4.400% 7/01/49	Corporate & Foreign Bonds	301,566	285,924
	Florida Pwr & LT 5.125% 6/01/41	Corporate & Foreign Bonds	359,096	390,486

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN
DECEMBER 31, 2021
EIN 51-0064334
PN 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor, or simple party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	FMR LLC 6.450% 11/15/39	Corporate & Foreign Bonds	245,992	289,614
	GTP Acquistion ABS 3.482% 6/15/50	Corporate & Foreign Bonds	202,683	209,975
	Guardian Life Insurance 4.875% 6/19/64	Corporate & Foreign Bonds	449,582	446,516
	Hershey Company 3.125% 11/15/49	Corporate & Foreign Bonds	398,051	400,635
	Home Depot Inc 3.125% 12/15/49	Corporate & Foreign Bonds	390,195	395,205
	JP Morgan CH MTN V-Q 3.964% 11/15/48	Corporate & Foreign Bonds	333,312	410,491
	Kansas City South 4.200% 11/15/69	Corporate & Foreign Bonds	199,004	235,338
	Kimberly-Clark 5.300% 3/01/41	Corporate & Foreign Bonds	208,934	235,853
	Kimberly-Clark 6.625% 8/01/37	Corporate & Foreign Bonds	340,044	377,650
	Lockheed Martin 4.070% 12/15/42	Corporate & Foreign Bonds	335,972	411,985
	Lowe's Cos Inc 4.050% 5/03/47	Corporate & Foreign Bonds	391,481	402,654
	Mars Inc 4.125% 4/01/54	Corporate & Foreign Bonds	355,830	406,754
	Masco Corp 6.500% 8/15/32	Corporate & Foreign Bonds	286,512	331,912
	Mass Insititute Tech 4.678% 7/01/14	Corporate & Foreign Bonds	256,804	245,192
	Mass Insititute Tech 5.600% 7/01/11	Corporate & Foreign Bonds	145,655	183,450
	Massachusetts Mutual 2.875% 10/15/70	Corporate & Foreign Bonds	299,796	266,700
	Massachusetts St 2.663% 9/01/39	Corporate & Foreign Bonds	362,632	369,834
	Merck & Co Inc 2.450% 6/24/50	Corporate & Foreign Bonds	287,787	278,856
	Metlife Inc 4.050% 3/01/45	Corporate & Foreign Bonds	321,733	297,130
	Microsoft Corp 2.525% 6/01/50	Corporate & Foreign Bonds	331,208	316,937
	Moody's Corporation 4.875% 12/17/48	Corporate & Foreign Bonds	382,440	418,988
	National Rural Utilities 4.300% 3/15/49	Corporate & Foreign Bonds	514,181	512,094
	Nevada Power Co 6.750% 7/01/37	Corporate & Foreign Bonds	65,986	73,943
	New York Life 4.450% 5/15/69	Corporate & Foreign Bonds	256,845	305,215
	Nike Inc 3.625% 5/01/43	Corporate & Foreign Bonds	348,950	399,077
	Northwestern Mutual 3.850% 9/30/47	Corporate & Foreign Bonds	359,517	422,715
	Northwestern University 4.643% 12/01/44	Corporate & Foreign Bonds	440,685	428,139
	NSTAR Electric Co 4.400% 3/01/44	Corporate & Foreign Bonds	392,574	428,085

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN
DECEMBER 31, 2021
EIN 51-0064334
PN 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor, or simple party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Oglethorpe Power 3.750% 8/01/50	Corporate & Foreign Bonds	283,971	299,474
	Oncor Electric Del 4.550% 12/01/41	Corporate & Foreign Bonds	310,584	310,635
	Oncor Electric Deliv 7.500% 9/01/38	Corporate & Foreign Bonds	69,986	79,199
	Oracle Corp 4.000% 11/15/47	Corporate & Foreign Bonds	148,910	155,736
	Oracle Corp 4.500% 7/08/44	Corporate & Foreign Bonds	183,563	197,591
	Pacific Corp 7.700% 11/15/31	Corporate & Foreign Bonds	184,518	178,434
	PPL Electric Utility 5.200% 7/15/41	Corporate & Foreign Bonds	177,606	196,976
	Progressive Corp 6.250% 12/01/32	Corporate & Foreign Bonds	156,047	171,213
	Public Service Colorado 4.750% 8/15/41	Corporate & Foreign Bonds	329,458	370,704
	Public Service MTN 3.150% 1/01/50	Corporate & Foreign Bonds	74,885	78,398
	Republic Services 3.050% 3/01/50	Corporate & Foreign Bonds	94,297	97,629
	Republic SVCS Inc 6.200% 3/01/40	Corporate & Foreign Bonds	194,924	192,248
	S&P Global Inc 3.250% 12/01/49	Corporate & Foreign Bonds	297,720	325,185
	Shell International 4.375% 5/11/45	Corporate & Foreign Bonds	335,531	394,862
	Snap-On Inc 3.100% 5/01/50	Corporate & Foreign Bonds	74,147	79,068
	Snap-On Inc 4.100% 3/01/48	Corporate & Foreign Bonds	297,203	302,598
	Stanley Black & Deck 4.850% 11/15/48	Corporate & Foreign Bonds	251,793	332,670
	Starbucks Corp 3.350% 3/12/50	Corporate & Foreign Bonds	248,080	261,408
	Teachers Ins & Ann 4.270% 5/15/47	Corporate & Foreign Bonds	347,329	422,741
	Tennessee Gas PL 8.375% 6/15/32	Corporate & Foreign Bonds	227,313	250,476
	TSMC Arizona Corp 3.125% 10/25/41	Corporate & Foreign Bonds	329,231	338,549
	University of Pennsylvania 3.610% 2/15/19	Corporate & Foreign Bonds	144,867	133,543
	Union PAC Corp 4.050% 3/01/46	Corporate & Foreign Bonds	164,897	206,862
	United Parcel V-A 7.620% 4/01/30	Corporate & Foreign Bonds	202,434	194,173
	University of Pennsylvania 4.674% 9/01/12	Corporate & Foreign Bonds	314,084	304,298
	Ventas Realty LP 4.400% 1/15/29	Corporate & Foreign Bonds	101,067	113,489
	Ventas Realty LP 5.700% 9/30/43	Corporate & Foreign Bonds	80,218	100,886
	Virginia El&Pwr 6.000% 5/15/37	Corporate & Foreign Bonds	341,811	375,964
	Walt Disney Company 4.625% 3/23/40	Corporate & Foreign Bonds	99,767	124,300

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN
DECEMBER 31, 2021
EIN 51-0064334
PN 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor, or simple party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Walt Disney Company 5.400% 10/01/43	Corporate & Foreign Bonds	281,448	277,298
	Wells Fargo Co V-Q 3.068% 4/30/41	Corporate & Foreign Bonds	423,452	410,212
	Westar Energy 4.125% 3/01/42	Corporate & Foreign Bonds	354,547	404,432
	Wisconsin Public SVC 2.850% 12/01/51	Corporate & Foreign Bonds	194,647	191,521
	WW Grainger Inc 4.200% 5/15/47	Corporate & Foreign Bonds	294,658	308,128
	California St Education 4.842% 10/01/48	Municipal Obligations	100,000	110,453
	Colorado St Bridge 6.078% 12/01/40	Municipal Obligations	351,485	404,481
	Dallas TX Area Rapi 5.999% 12/01/44	Municipal Obligations	323,957	386,732
	Denver Co Public 4.242% 12/15/37	Municipal Obligations	199,652	234,904
	Houston TX Utility 3.828% 5/15/28	Municipal Obligations	100,000	109,437
	Metro St Louis MO 5.856% 5/01/39	Municipal Obligations	125,663	153,810
	New York City NY 5.750% 6/15/41	Municipal Obligations	398,089	475,998
	New York City NY TRN 3.950% 8/01/32	Municipal Obligations	335,019	331,179
	Orange County CA Sant 6.400% 2/01/44	Municipal Obligations	131,272	150,346
	Regl Transprt Dis Co 5.844% 11/01/50	Municipal Obligations	241,898	276,950
	San Diego County CA 6.138% 5/01/49	Municipal Obligations	73,355	75,205
	San Francisco CA 6.487% 11/01/41	Municipal Obligations	262,849	298,890
	Texas St 4.681% 4/01/40	Municipal Obligations	158,301	193,854
	Texas St A&M University 3.660% 7/01/47	Municipal Obligations	350,000	378,455

CHRISTIANA CARE VISITING NURSE ASSOCIATION
RETIREMENT PLAN
DECEMBER 31, 2021
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SCHEDULE H, ITEM 4(J) - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions								
	Wilmington US Govt Money Market CL Inst	1	-	-	-	2,706,052	2,706,052	-
Series by Security								
	Wilmington US Govt Money Market CL Inst	1	-	-	-	22,029,116	22,029,116	-
Series by Broker								
	Goldman Sachs & Co.	VARIOUS	VARIOUS	-	-	3,431,048	3,359,117	(71,931)
	RBS Securities Inc.	VARIOUS	VARIOUS	-	-	2,506,933	2,492,042	(14,891)

Plan Name	**Christiana Care Visiting Nurse Association Retirement Plan**
Plan Sponsor EIN	**51-0064334**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2021**

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

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	**Christiana Care Visiting Nurse Association Retirement Plan**
Plan Sponsor EIN	**51-0064334**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2021**

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

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
Christiana Care Visiting Nurse Association Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Christiana Care Home Health & Community Services, Inc.

D Employer Identification Number (EIN)
51-0064334

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2021

2 Assets:

a Market value	2a	45,129,589
b Actuarial value	2b	41,256,154

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	219	9,411,044	9,411,044
b For terminated vested participants	177	3,397,088	3,397,088
c For active participants	146	13,387,495	13,387,495
d Total	542	26,195,627	26,195,627

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.62 %
6 Target normal cost		
a Present value of current plan year accruals	6a	990,160
b Expected plan-related expenses	6b	115,000
c Total (line 6a + line 6b)	6c	1,105,160

Statement by Enrolled Actuary

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

SIGN HERE

Y.L.C.
Signature of actuary

6/20/2022
Date

Yon-Loon Chen
Type or print name of actuary

20-07138
Most recent enrollment number

Deloitte Consulting LLP
Firm name

(212)313-1704
Telephone number (including area code)

30 Rockefeller Plz
New York NY 10112
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9,834,433
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	9,834,433
10	Interest on line 9 using prior year's actual return of 12.86%	0	1264708
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4060528
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.43%		220487
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4281015
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	11099141

Part III Funding Percentages

14	Funding target attainment percentage	14	115.12%
15	Adjusted funding target attainment percentage	15	157.49%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.77%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/03/2022	1,000,000				
			Totals ► 18(b)	1,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	925,337

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	31a	1,105,160
b Excess assets, if applicable, but not greater than line 31a	31b	1,105,160

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	925,337
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	925,337
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Plan Sponsor: Christiana Care Home Health Community Services, Inc.

Plan Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding and Present Value of Accrued Benefits

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a Plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan’s Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a Plan's Funding Target and Target Normal Cost for a plan year is based on Plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a Plan amendment is treated as having been adopted on the first day of the plan year (including a Plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

Asset Valuation Method

Actuarial Value of Assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the fair market value of the assets on the valuation date and the adjusted fair Market Value of Assets determined as of the two prior determination dates. The adjusted fair Market Value of Assets as of a determination date is the Market Value of Assets on that date, increased by contributions that were not included in the plan’s asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the Market Value of Assets plus discounted receivable contributions and no less than 90% of the Market Value of Assets plus discounted contributions.

Plan Sponsor: Christiana Care Home Health Community Services, Inc.

Plan Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding and Present Value of Accrued Benefits Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the employer. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The plan sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Plan Sponsor: Christiana Care Home Health Community Services, Inc.

Plan Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates

	Pre-MAP-21 Segment Rates	25-Year Average Segment Rates	ARP Corridor (95%-105% for 2021)	ARP Segment Rates
Lookback Month	September	N/A	N/A	N/A
First Segment Rate	2.22%	5.00%*	4.75% - 5.25%	4.75%
Second Segment Rate	3.38%	5.64%	5.36% - 5.92%	5.36%
Third Segment Rate	3.92%	6.43%	6.11% - 6.75%	6.11%
Effective Rate	3.59%	N/A	N/A	5.62%

* Actual rate of 3.90% was limited to a floor of 5.00% per the provisions of ARP

Assumed Earnings Rate (on Market Value of Assets)

3.00% as of January 1, 2020 for the 2020 plan year (used in determining the gain or loss on the Market Value of Assets)

Salary Scale

2.00% till June 30, 2021, 3.00% per annum thereafter

Annuitant and Employee Mortality

IRS Funding: As defined in §1.430(h)(3)-1(a)(3). This table is based on the annuitant and non-annuitant static mortality rates for 2021 for males and females from IRS §1.430(h)(3)–1(e).

Withdrawal

Sample rates are as follows

Age	Rate
25 - 29	20.0%
30 - 39	10.0%
40 - 44	3.0%
45+	5.0%

Retirement Age

Annual probabilities of retirement are as follows:

Age	Rate
55 - 61	5.0%
62	10.0%
63	15.0%
64	20.0%
65	30.0%
66 - 69	20.0%
70+	100.0%

Plan Sponsor: Christiana Care Home Health Community Services, Inc.

Plan Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Benefit Commencement Age	Current and future deferred vested participants are assumed to commence annuity benefits at age 65. Future deferred vested participants electing lump sums are assumed to receive their benefits upon termination.
Form of Payment	60% of those terminating or retiring from active status will elect a lump sum and the remaining 40% will elect a life annuity.
Lump Sums	IRS Funding: Mortality rates used to calculate lump sum amounts are based on the tables published by the IRS in Notice 2019-26 for the 2021 plan year and funding valuation interest rates using annuity substitution rule.
Future Service	Elapsed time.
Social Security Taxable Wage Base Increase	3.00% per annum.
Inflation	2.00% per annum.
Expenses	Prior year actual expenses, rounded up to the next $1,000, are assumed to be included in Target Normal Cost.
Percentage of Married	80% of employees are assumed to be married. Males are assumed to be three years older than females. Actual spousal data is used for retirees.
Maximum Earnings	$290,000 per year for 2021 $285,000 per year for 2020
Maximum Benefit	Assuming benefits are paid under normal form of payment; adjusted for retirement at age other than Social Security Normal Retirement Age: $230,000 per year for 2021 $230,000 per year for 2020
Assumption Changes Since Last Year	IRS Funding: • The annuitant and employee mortality tables, and mortality table used to calculate lump sums were updated per IRS requirements. The segment rates table was updated per IRS requirements, and reflects the provisions of MAP-21 as modified by ARP.

Plan Sponsor: Christiana Care Home Health and Community Services, Inc.
Plan Name: Christiana Care Visiting Nurse Association Retirement Plan
EIN/PN: 51-0064334/001
Attachment to 2021 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

Final Average Pay Participants

(A) Age	(B) Count	(C) Retirement Rate	(D) Retirements	(A) * (D) Weighted Age
55	10000	5%	500	27500.00
56	9500	5%	475	26600.00
57	9025	5%	451	25721.25
58	8574	5%	429	24863.88
59	8145	5%	407	24027.93
60	7738	5%	387	23213.43
61	7351	5%	368	22420.30
62	6983	10%	698	43296.91
63	6285	15%	943	59393.59
64	5342	20%	1068	68381.19
65	4274	30%	1282	83339.57
66	2992	20%	598	39490.14
67	2393	20%	479	32070.78
68	1915	20%	383	26039.56
69	1532	20%	306	21137.99
70	1225	100%	1225	85777.36
				633273.88

The average weighted retirement age is the sum of the weighted age (633,274) divided by the original count (10,000) **63**

Plan Name	**Christiana Care Visiting Nurse Association Retirement Plan**
Plan Sponsor EIN	**51-0064334**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2021**

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

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Sponsor: Christiana Care Home Health Community Services, Inc. Plan

Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Line 26 - Schedule of Active Participant Data

Participant Information - *Accruing in Defined Benefit Pension Plan*

The following table displays the distribution of active participants by age and service.

	Service Group										
Age Group	**< 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
0 - 24											**0**
24 - 29											**0**
30 - 34											**0**
35 - 39				1	1						**2**
40 - 44				3	6						**9**
45 - 49				2	3		2				**7**
50 - 54				4	7	9	7	1			**28**
55 - 59				2	7	8	8	4	2		**31**
60 - 64				6	6	5	9	6	1		**33**
65 - 69					2	5	2			1	**10**
70+					1						**1**
Total	**0**	**0**	**0**	**18**	**33**	**27**	**28**	**11**	**3**	**1**	**121**

Plan Sponsor: Christiana Care Home Health Community Services, Inc. Plan

Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Line 26 - Schedule of Active Participant Data

Participant Information - *Accruing in defined contribution plan*

The following table displays the distribution of active participants by age and service.

	Service Group										
Age Group	**< 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
0 - 24											**0**
24 - 29											**0**
30 - 34											**0**
35 - 39	1	1									**2**
40 - 44	1										**1**
45 - 49	2	1	1	1							**5**
50 - 54		5	2	1							**8**
55 - 59		3	2				1				**6**
60 - 64	1										**1**
65 - 69		1			1						**2**
70+											**0**
Total	5	11	5	2	1	0	1	0	0	0	**25**

Plan Sponsor: Christiana Care Home Health Community Services, Inc.

Plan Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Part V - Statement of Plan Provisions

Plan Provisions Summary

Employer ID and Plan	51-0064334 / 001
1. Effective Date / Plan Year	Original plan: July 1, 1980 Restated plan: January 1, 2009 Plan year: January 1 through December 31
2. Eligibility to Participate	All employees except contract employees become Participants of the Plan after completion of one year of service and attainment of age 21. Employees hired on or after August 26, 2007, are not eligible to participate in the Plan. Employees hired prior to January 1, 2008, were given the option to continue in the current retirement plan or choose to participate in the new defined contribution plan effective January 1, 2008.
3. Employee Contributions	None.
4. Vesting Service	One year of Vesting Service is granted for each year of employment.
5. Credited Service	Years and months of employment after completing the eligibility requirements. Service after December 31, 2007, is excluded for employees who elected to participate in the new defined contribution plan effective January 1, 2008.
6. Pensionable Earnings	Compensation includes all wages, salaries, fees, and amounts received for personal service rendered in the course of employment. Compensation excludes contributions made to a salary reduction or deferred compensation plan. Compensation is limited in accordance with IRC 401(a)(17). Compensation after 2007 is not considered for employees who elected to participate in the new defined contribution plan effective January 1, 2008.
7. Final Average Earnings	The highest average monthly compensation for five consecutive completed calendar years of employment within the last consecutive ten completed calendar years of service.
8. Social Security Average Monthly Wage	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.
9. Vesting Schedule	20% after three years of service 40% after four years of service 60% after five years of service 80% after six years of service 100% after seven years of service or attainment of Early or Normal Retirement Age, if sooner. Employees who have opted out to the new defined contribution plan are 100% vested after three years of service or upon attainment of age 55, if earlier.

Plan Sponsor: Christiana Care Home Health Community Services, Inc.

Plan Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Part V - Statement of Plan Provisions

Plan Provisions Summary

10. Normal Retirement	
a. Eligibility	First day of the month coincident with or following the later of the attainment of age 65.
b. Benefit	The greater of (1) or (2) below. (1) The sum of (a) and (b), multiplied by (c): (a) 1.0% of Final Average Earnings multiplied by projected Credited Service at Normal Retirement (b) 0.5% of Final Average Earnings in excess of the Social Security Average Monthly Wage, multiplied by projected Credited Service at Normal Retirement not greater than 35 years (c) A fraction, not to exceed one, equal to actual Credited Service divided by projected Credited Service at Normal Retirement Age. (2) The Frozen Accrued Benefit.
11. Early Retirement	
a. Eligibility	Attainment of age 55.
b. Benefit	Benefit as described in Normal Retirement Benefit, reduced by 1/15th for each of the first five years and 1/30th for the next five years that the payments commence prior to the Normal Retirement Date. A participant with 25 years of Credited Service may retire early at age 62 with no reduction in the Normal Retirement Benefit, or reductions of 1/15th for each of the first five years and 1/30th for each of the next two years that the payments commence prior to age 62.
12. Phased Retirement	
a. Eligibility	Actively employed over age 62.
b. Benefit	Benefit as described in Early Retirement Benefit upon election. Though active, the Participant will no longer accrue benefits under the Plan, but will participate in the defined contribution plan.
13. Late Retirement	
a. Eligibility	First day of any month following Normal Retirement Age.
b. Benefit	Benefit as described in Normal Retirement Benefit, computed on the basis of the Participant's Credited Service, Final Average Earnings, and Social Security Average Monthly Wage, all as of the Late Retirement Date.

Plan Sponsor: Christiana Care Home Health Community Services, Inc.

Plan Name: Christiana Care Visiting Nurse Association Retirement Plan

EIN/PN: 51-0064334/001

Attachment to 2021 Schedule SB, Part V - Statement of Plan Provisions

Plan Provisions Summary

14. Deferred Vested Retirement	
a. Eligibility	Terminated employment while vested.
b. Benefit	The vested portion of the Normal Retirement Benefit.
c. Date Payments Commence	The Normal Form of Payment, the 75% Joint & Survivor Annuity Benefit, and the Lump Sum optional forms of payment are available immediately upon termination. All other Optional Forms of Payment are available upon attainment of Early Retirement eligibility.
15. Death Before Retirement	
a. Eligibility	Participant married to spouse at least one year at date of death and vested in accrued benefit.
b. Benefit	Annuity payable to Participant's spouse under the 66-2/3% Joint and Survivor with 120 months certain and continuous annuity option.
c. Date Payments Commence	Benefits are payable at the Participant's earliest retirement date assuming that the Participant terminated employment on the date of death and commenced at the earliest retirement date. Benefits will be reduced for early retirement if applicable.
16. Normal Form of Payment	Unmarried Participants: Life annuity Married Participants: 66-2/3% Joint and Survivor with 120 months certain and continuous annuity
17. Optional Form of Payment	Life annuity Full cash refund annuity Life annuity with 36, 60, 100, 120, or 180 month guarantee 50%, 66-2/3%, 75%, or 100% Joint and Survivor annuities (with or without 36, 60, 120, or 180 month guarantee) Lump sum
18. Optional Form Conversion Factors	Annuities: 1983 Individual Annuity Mortality table for females and 8.5% interest rate. Lump Sum: Mortality as described in Section 417(e) of the Code and Section 417(e) interest rates for the fifth month preceding the Plan Year in which the date of determination falls.
19. Changes Since Prior Valuation	There were no changes in the Plan Provisions since the prior valuation.