

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1989
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) EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE 61 CORPORATE CIRCLE NEW CASTLE, DE 19720-2439
2b	Employer Identification Number (EIN) 51-0066728
2c	Plan Sponsor's telephone number 302-324-4444
2d	Business code (see instructions) 813000

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.	08/20/2024	PAMELA PATONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 315
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 253 6a(2) 261 6b 0 6c 56 6d 317 6e 0 6f 317 6g(1) 209 6g(2) 221 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:
 2G 2K 2M 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE	D Employer Identification Number (EIN) 51-0066728

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	228	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	133

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

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

ATLANTIC PENSION SERVICES INC 511 SCHOOLHOUSE ROAD
SUITE 400
KENNETT SQUARE, PA 19348

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	133	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT**b** Balance at the end of the previous year**7b**

303876

c Additions: (1) Contributions deposited during the year**7c(1)**

23689

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

2809

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

17559

▶ LOAN PAYMENT, OUTSIDE INVESTMENT TRANSFER

(6) Total additions

7c(6)

44057

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

347933

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

112438

(2) Administration charge made by carrier

7e(2)

778

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

14480

▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER

(5) Total deductions

7e(5)

127696

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

220237

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE	D Employer Identification Number (EIN) 51-0066728	

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

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570654	62944	009790-001	70	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	599443
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1300186

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	897515
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c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

24778

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

76

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

24854

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

922369

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

322926

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

322926

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

599443

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE	D Employer Identification Number (EIN) 51-0066728

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).....

No

Yes

☒
- b

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

(b)

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

(b)

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

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

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

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

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

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

GREAT VALLEY ADVISOR GROUP

1200 PENNSYLVANIA AVE. #202
WILMINGTON, DE 19806

51-0295792

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	27522	Yes ☐ No ☒

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

ATLANTIC PENSION SERVICES IN

511 SCHOOLHOUSE ROAD
SUITE 400
KENNETT SQUARE, PA 19348

23-2942715

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 49 99	CONTRACT ADMINISTRATOR	12034	Yes ☒ No ☐	Yes ☐ No ☒	5377	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

333 GUADALUPE ST.
P.O. BOX 149104
AUSTIN, TX 78714

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	7473	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

(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?
26 70	INV ADV, PARTICIPANTS	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT VALLEY ADVISOR GROUP	27 99	27522
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ATLANTIC PENSION SERVICES, INC	13 50 49 99	5377
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRA/SERVICE FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MANAGEMENT L	26 70	0
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE				D Employer Identification Number (EIN) 51-0066728	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 48					
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY					
c EIN-PN 13-5570651-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1300186		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of		

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE		
		D Employer Identification Number (EIN) 51-0066728

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)	12328	14185
(2) Participant contributions	1b(2)	25762	28808
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	227747	292155
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1263751	1300186
(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)	10111773	11899548
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1201391	819680
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12842752	14354562
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12842752	14354562

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)	343123	
(B) Participants	2a(1)(B)	716935	
(C) Others (including rollovers)	2a(1)(C)	98533	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1158591
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	17098	
(F) Other	2b(1)(F)	27587	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		44685
(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)	248197	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		248197
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		249182
(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)		1370033
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3070688

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1518052	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)	407	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1518459
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		19840
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	20579	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		20579
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1558878

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1511810
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BELFINT, LYONS & SHUMAN, P.A.

(2) EIN: 51-0232399

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND ERISA-
REQUIRED SUPPLEMENTAL SCHEDULES
AND INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2023 AND 2022

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
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Independent Auditor's Report

To the Plan Administrator
Easter Seals Delaware & Maryland's Eastern Shore Retirement Plan

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

We have performed audits of the accompanying financial statements of Easter Seals Delaware & Maryland's Eastern Shore Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from Equitable Financial Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the custodians of the Plan, as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

To the Plan Administrator
Easter Seals Delaware & Maryland's Eastern Shore Retirement Plan

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

To the Plan Administrator
Easter Seals Delaware & Maryland's Eastern Shore Retirement Plan

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

To the Plan Administrator
Easter Seals Delaware & Maryland's Eastern Shore Retirement Plan

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held and certified 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).

To the Plan Administrator
Easter Seals Delaware & Maryland's Eastern Shore Retirement Plan

Other Matter - Auditor's Report on the 2022 Financial Statements

We were engaged to audit the 2022 financial statements of the Plan. In our report dated September 21, 2023, we indicated that we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2022 financial statements because the Plan had not maintained sufficient accounting records and supporting documents related to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Management has determined that any material amount of potential unknown annuity and custodial accounts issued to current and former employees prior to January 1, 2009 would no longer be plan assets as of and during the year ended December 31, 2023. Therefore, we have issued an opinion on the 2023 financial statements.

Belfint, Lyons & Shuman, P.A.

August 16, 2024
Wilmington, Delaware

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at Fair Value (See Notes 3 and 4)	\$ 13,199,734	\$ 11,375,524
Investments, at Contract Value (See Notes 4 and 5)	<u>819,680</u>	<u>1,201,391</u>
Total Investments	<u>14,019,414</u>	<u>12,576,915</u>
Receivables		
Notes Receivable from Participants	292,155	227,747
Participant Contributions	28,808	25,762
Employer Contributions	<u>14,185</u>	<u>12,328</u>
Total Receivables	<u>335,148</u>	<u>265,837</u>
TOTAL ASSETS	14,354,562	12,842,752
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 14,354,562</u></u>	<u><u>\$ 12,842,752</u></u>

The accompanying notes are an integral part of these financial statements.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023**

ADDITIONS

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 1,619,215
Interest	27,587
Dividends	<u>248,197</u>
Net Investment Income	<u>1,894,999</u>
Interest on Notes Receivable from Participants	<u>17,098</u>
Contributions	
Participants	716,935
Employer (See Note 1)	343,123
Rollover	<u>98,533</u>
Total Contributions	<u>1,158,591</u>
TOTAL ADDITIONS	<u><u>3,070,688</u></u>

DEDUCTIONS

Benefits Paid to Participants and Beneficiaries	1,518,459
Deemed Distributions	19,840
Administrative Expenses	<u>20,579</u>
TOTAL DEDUCTIONS	<u><u>1,558,878</u></u>

NET INCREASE 1,511,810

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year 12,842,752

NET ASSETS AVAILABLE FOR BENEFITS - End of Year \$ 14,354,562

The accompanying notes are an integral part of these financial statements.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023**

NOTE 1: DESCRIPTION OF PLAN

The following description of the Easter Seals Delaware & Maryland's Eastern Shore (Organization) Retirement Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution retirement plan, governed by Section 403(b) of the Internal Revenue Code (IRC), and subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A 403(b) plan, formally referred to as a "tax-sheltered annuity plan," may be sponsored only by certain tax-exempt employers, which generally include organizations established under IRC Section 501(c)(3). The Organization is a 501(c)(3) organization.

Plan Participation - All employees, except nonresident aliens with no U.S. source income, students, employees who work fewer than 20 hours per week, participants of the Organization's programs that also work at the Organization part time, and participants whose maximum elective deferrals would not exceed \$200, are eligible to participate in the Plan on their hire date, solely for the purpose of making elective deferrals. All eligible employees are automatically enrolled in the Plan to defer 2.5% of eligible compensation after completing two years of service unless they elect otherwise. After completing two years of service, the employee is eligible to receive an allocation of the Organization's matching contribution. A year of service for eligibility purposes is a 12-consecutive-month period in which an employee completes at least 1,000 hours of service.

Contributions - Each year, participants may contribute up to 100% of pretax annual eligible compensation, as defined in the Plan. Participants may also elect to contribute Roth contributions. A Roth contribution is defined as being made in lieu of all or a portion of the pretax elective deferral the participant is otherwise eligible to make under the Plan and treated by the employer as includible in the participant's income. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Organization contributes 100% of the amount of the participants' elective deferrals, not exceeding 5% of the participant's annual compensation. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts - Each participant's account is credited with the participant's contributions, the Organization's matching contributions, plan earnings or losses, and charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Vesting - Participants are immediately vested in their contributions, the Organization's contributions, and actual earnings (losses) thereon.

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. All loans previously paid a rate of interest based on the prime rate plus 2%. All loans pay a rate of interest based on the prime rate plus 1%. Interest rates on loans outstanding as of December 31, 2023 and 2022, ranged from 5.25% to 10.50%. Loans must be repaid from payroll deductions in level payments, not less frequently than quarterly, over a period not exceeding five years from the date of the loan, except that repayment periods can be longer if the loan is used to acquire a principal residence of the participant. Defaulted notes receivable from participants are deemed distributed and recorded in the statement of changes in net assets as benefits paid to participants and beneficiaries. Only two loans may be outstanding at any one time.

Payment of Benefits - Upon termination of service due to death, disability, attainment of normal retirement age of 59½, or termination of employment, the participant can elect to receive a lump-sum amount equal to the value of the participant's vested account balance, partial lump-sum amount of less than the entire vested account balance, or installment distributions over a specified period not to exceed the life or life expectancy of the participant and his or her designated beneficiary. A participant may also elect to have the plan administrator use the participant's vested account balance to purchase an annuity. Terminated participants whose account balances are \$1,000 or less will automatically receive a lump-sum distribution of their account balance. If a participant's account balance is less than or equal to \$5,000 but greater than \$1,000, the plan administrator will automatically distribute the balance in an automatic rollover to an IRA. In-service distributions are available after a participant attains 59½. In-service distributions from rollover accounts are permitted at any time.

As required under Section 401(a)(9) of the IRC, a participant must begin receiving required minimum distributions from the Plan by April 1 of the calendar year following the later of (i) the year in which the participant reaches age 72 or 73 if the participant is not 72 prior to January 1, 2023, or (ii) the calendar year in which the participant retires.

Hardship Withdrawals - Participants may request a hardship withdrawal to satisfy an immediate and heavy financial need, as defined by the Plan, from their elective deferral, matching contribution, and employer contribution accounts. Hardship withdrawals are not applicable to amounts attributable to matching contributions and employer contributions held in a custodial account or qualified nonelective contributions. The participant must first exhaust all other assets reasonably available prior to obtaining a hardship withdrawal.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Annual Reporting Requirements - Beginning with their Form 5500 filing for the 2009 plan year, “large” ERISA-covered 403(b) plans were required to file audited financial statements with their Form 5500. Prior to January 1, 2009, Equitable Financial Life Insurance Company, previously known as AXA, the Custodian of the Plan, maintained records at contract, not plan level. Neither the plan sponsor nor the Custodian were able to produce sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to certain employees prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined. Management has determined that any material amount of potential unknown annuity and custodial accounts issued to current and former employees prior to January 1, 2009 would no longer be plan assets as of and during the year ended December 31, 2023. Therefore, we have issued an opinion on the 2023 financial statements.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received for the sale of an asset or paid for the transfer of 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 insurance company. Refer to Note 3 for discussion of fair value measurements.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition - Continued

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Costs associated with participant-initiated transactions are paid by the respective participants' accounts. Some administrative expenses are paid from the annual operating expenses of the Plan's designated investment alternatives, which are paid by the investment earnings for the relevant participant-directed investments.

Subsequent Events - The Plan's policy is to evaluate events and transactions subsequent to its year end for potential recognition in the financial statements or disclosure in the notes to the financial statements. Management has evaluated events and transactions through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

NOTE 3: FAIR VALUE MEASUREMENTS

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

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

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2023 and 2022.

Registered Investment Companies (Mutual Funds) - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Variable Annuity Contracts - The variable investment contracts are in a subaccount of an Equitable separate account. A separate account may invest in open-end mutual funds, available to contract holders of group or individual variable annuity or insurance policies. Contract holders may, without restriction, transact at the daily net unit values (NUV), which represent the NAV of the underlying mutual fund fewer daily charges. The investments are classified as Level 2 within the fair value hierarchy.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth, by level, the Plan's assets measured at fair value on a recurring basis, as of December 31:

	2023			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 11,899,548	\$ -	\$ -	\$ 11,899,548
Variable Annuity Contracts	-	1,300,186	-	1,300,186
Total Investments, at Fair Value	<u>\$ 11,899,548</u>	<u>\$ 1,300,186</u>	<u>\$ -</u>	<u>\$ 13,199,734</u>

	2022			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 10,111,773	\$ -	\$ -	\$ 10,111,773
Variable Annuity Contracts	-	1,263,751	-	1,263,751
Total Investments, at Fair Value	<u>\$ 10,111,773</u>	<u>\$ 1,263,751</u>	<u>\$ -</u>	<u>\$ 11,375,524</u>

There were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3 for the years ended December 31, 2023 and 2022.

NOTE 4: INFORMATION CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Equitable Financial Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the custodians of the Plan.

	2023	2022
Investments, at Fair Value		
Registered Investment Companies	\$ 11,899,548	\$ 10,111,773
Variable Annuity Contracts	<u>1,300,186</u>	<u>1,263,751</u>
Total Investments, at Fair Value	13,199,734	11,375,524
Investments, at Contract Value		
Guaranteed Interest Contracts	<u>819,680</u>	<u>1,201,391</u>
Total Investments	<u>\$ 14,019,414</u>	<u>\$ 12,576,915</u>
Notes Receivable from Participants	<u>\$ 292,155</u>	<u>\$ 227,747</u>

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 4: INFORMATION CERTIFIED BY CUSTODIANS - CONTINUED

	<u>2023</u>
Investment Income	
Net Appreciation in Fair Value of Registered Investment Companies	\$ 1,370,033
Net Appreciation in Fair Value of Variable Annuity Contracts	249,182
Interest	27,587
Dividends	<u>248,197</u>
Net Investment Income	<u><u>\$ 1,894,999</u></u>
Interest on Notes Receivable from Participants	<u><u>\$ 17,098</u></u>

NOTE 5: GUARANTEED INTEREST CONTRACTS

The Plan holds traditional fully benefit-responsive guaranteed interest contracts with Principal Life Insurance Company (Principal) and Equitable Financial Life Insurance Company (Equitable). Principal and Equitable maintain the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Because the guaranteed interest contracts meet the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed interest contracts. The guaranteed interest contracts are presented on the face of the statements of net assets available for benefits at contract value. Contract value, as reported by Principal and Equitable, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

The following summarizes the traditional guaranteed interest contracts held by the Plan as of December 31:

	<u>2023</u>	<u>2022</u>
Equitable Guaranteed Interest Option	\$ 599,443	\$ 897,515
Principal Fixed Income Guaranteed Option	<u>220,237</u>	<u>303,876</u>
Total Investments, at Contract Value	<u><u>\$ 819,680</u></u>	<u><u>\$ 1,201,391</u></u>

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 5: GUARANTEED INTEREST CONTRACTS - CONTINUED

The Principal Fixed Income Guaranteed Option held by the Plan is a group annuity contract that is backed solely by the claims-paying ability of Principal Life Insurance Company. The crediting rate is the rate declared in the applicable vintage schedule for the period for that vintage, unless the rate would be less than the guaranteed rate, in which case it would be the guaranteed rate. The method for calculating the interest crediting rates is determined by solving for the rate that, when used to accrue interest, will result in a value of the sum of certain expected values. Under the terms of the existing contract, the crediting rates currently reset on a semiannual basis and will never be less than the guaranteed minimum interest rate ranging between 1% and 3%.

The Plan may transact according to the terms defined in the contract at any time. In general, payments made in accordance with the contract will be made in full, three business days after the date of payment or transfer has been requested. In the event market conditions are such that they are determined that they will not allow for an orderly transfer or sale of financial investments, up to an additional 30 business days may be required to make such payments or transfers. A surrender charge of 5% will be assessed on all transfers by a plan sponsor in excess of 10% of the accumulated plan sponsor's transfer percentage as of the date of transfer.

The key difference between a synthetic investment contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations in the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

Additionally, the Equitable Guaranteed Interest Option held by the Plan is a group annuity contract that is backed solely by the claims-paying ability of Equitable Financial Life Insurance Company. The contract issuer is contractually obligated to repay both principal and interest, minus any applicable fees and expenses, at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than the minimum guaranteed rate. Such interest rates are reviewed on a monthly basis for resetting. A maximum surrender charge of 6% will be assessed on all transfers by the plan sponsor in excess of 10% of the accumulated plan sponsor's transfer percentage as of the date of transfer. After five years of plan participation, the withdrawal charge will decrease by 1% each year until it is 0% after 10 years.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 5: GUARANTEED INTEREST CONTRACTS - CONTINUED

Market value events may limit the ability of the funds to transact at a contract value with the issuer. Market value events are events or conditions that occur which are outside of the normal operation of the funds and lead to any disbursements which have or will have a material adverse effect on the operations of the funds and a financial effect on the investment contract or wrap issuer's interest hereunder.

Such events may include, but are not limited to: fund administration amended or changed, merger or consolidation of investors, group terminations or layoffs, implementation of an early retirement program, termination or partial termination of the funds, failure to meet certain tax qualifications, participant communication that is designed to influence participants not to invest in the funds, transfers to competing options without meeting the equity provisions of the fund, and plan sponsor withdrawals without the appropriate notice to the funds and/or issuer.

In the normal course of business, such events or conditions would not limit the ability of the fund to transact at contract value with the participants in the fund. The fund is managed to maintain a certain amount of liquidity to provide for the day-to-day liquidity needs of participants as well as the occasional market value event.

The Organization does not believe that any events which would limit the fund's ability to transact at contract value with participants are probable of occurring.

NOTE 6: RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Organization has not considered normal plan operations such as participant and employer contributions or benefits accrued or paid by the Plan for participants as party-in-interest transactions that require separate disclosure.

Plan investments are shares of registered investment companies, units of variable annuity contracts, and guaranteed interest contracts managed by the Custodians. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules. Fees for professional services rendered by parties-in-interest are partially absorbed by the plan sponsor. Participant loan origination fees are paid out of the relevant accounts.

Administrative expenses paid from the annual operating expenses of the Plan's designated investment alternatives were disclosed to the plan sponsor as follows:

- Revenue retained by Principal's investment providers from total investment expenses was approximately .39%.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 6: RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS - CONTINUED

- Revenue sharing to Principal from the assets, including the Principal Fixed Income Guaranteed Option, was approximately .47%.
- Equitable may receive fees from unaffiliated portfolios and their affiliates for providing administrative and other support services ranging from 0% to .60% of the average daily net assets.
- Equitable directly, or indirectly, receives 12b-1 fees from affiliated portfolios, not to exceed .25% of the average daily net assets.

Principal may use a portion of the revenue received from the funds to support the recordkeeping and administrative services provided to the Plan. Part of the revenue can also be used to compensate service providers such as the Plan's Advisor and third-party administrator, as applicable.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA with advance notice. In the event of plan termination, the accounts of each affected participant remain fully vested. Any unallocated assets of the Plan would be allocated to participant accounts and distributed in such a manner as the Organization may determine.

NOTE 8: TAX STATUS

The underlying volume submitter 403(b) plan has received an advisory letter from the IRS dated March 31, 2017, stating that the form of the Plan is acceptable under section 403(b) of the Internal Revenue Code (IRC) and, therefore, the related trust is tax exempt. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL or the IRS. The plan administrator has analyzed the positions taken by the Plan and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan's federal Form 5500 is subject to examination by the IRS and the DOL, generally for the three years after it is filed.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023**

NOTE 9: RISKS AND UNCERTAINTIES

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

NOTE 10: COMMITMENTS AND CONTINGENCIES

In the normal course of business, there may be various commitments and contingencies outstanding, which are not reflected in these financial statements. In the opinion of the Organization, the outcome of such events, if any, would not have a material effect on the Plan's financial position or operations.

ADDITIONAL INFORMATION

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
EIN: 51-0066728, PLAN #001
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds Europacific Growth	Registered Investment Company	\$ -	\$ 247,886
	Blackrock High Yield Bond	Registered Investment Company	-	481,363
	Calvert US Large Cap Rsp Index A Fund	Registered Investment Company	-	76,483
	Delaware Investments Small Cap	Registered Investment Company	-	89,668
*	EQ 1290 GAMCO Small Company Value	Variable Annuity Contract	-	11,090
*	EQ 1290 VT Small Cap Value	Variable Annuity Contract	-	57,913
*	EQ 1290 VT Socially Responsible	Variable Annuity Contract	-	20
*	EQ Aggressive Allocation	Variable Annuity Contract	-	4,684
*	EQ All Asset Growth Allocation	Variable Annuity Contract	-	6,107
*	EQ AllianceBernstein Small Cap Growth	Variable Annuity Contract	-	3,036
*	EQ American Centry Mid Cap Value	Variable Annuity Contract	-	1,383
*	EQ BlackRock Basic Value Equity	Variable Annuity Contract	-	8,869
*	EQ Capital Group Research	Variable Annuity Contract	-	77,068
*	EQ ClearBridge Large Cap Growth	Variable Annuity Contract	-	13,681
*	EQ ClearBridge Select Equity Managed Volatility	Variable Annuity Contract	-	4,424
*	EQ Common Stock Index	Variable Annuity Contract	-	322,064
*	EQ Core Bond Index	Variable Annuity Contract	-	12,952
*	EQ Core Plus Bond	Variable Annuity Contract	-	10,511
*	EQ Equity 500 Index	Variable Annuity Contract	-	15,040
*	EQ Franklin Small Cap Value Managed Volatility	Variable Annuity Contract	-	17
*	EQ Global Equity Managed Volatility	Variable Annuity Contract	-	9,941
*	EQ Intermediate Government Bond	Variable Annuity Contract	-	6,492
*	EQ International Core Managed Volatility	Variable Annuity Contract	-	4,152
*	EQ International Value Managed Volatility	Variable Annuity Contract	-	21,258
*	EQ Invesco Global Real Assets	Variable Annuity Contract	-	5
*	EQ Janus Enterprise	Variable Annuity Contract	-	3,876
*	EQ JPMorgan Growth Stock	Variable Annuity Contract	-	6,145
*	EQ Large Cap Growth Managed Volatility	Variable Annuity Contract	-	22,437
*	EQ Large Cap Value Managed Volatility	Variable Annuity Contract	-	86,950
*	EQ MFS International Growth	Variable Annuity Contract	-	4,838
*	EQ MFS International Intrinsic Value	Variable Annuity Contract	-	5,355
*	EQ MFS Mid Cap Focused Growth	Variable Annuity Contract	-	6,895
*	EQ MFS Technology	Variable Annuity Contract	-	17,777
*	EQ MFS Utilities Series	Variable Annuity Contract	-	4,462

*Indicates a party-in-interest to the Plan

(d) Note: Historical cost information is not required for participant-directed investments.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN**
EIN: 51-0066728, PLAN #001
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2023

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	EQ Mid Cap Index	Variable Annuity Contract	\$	\$ 94,055
*	EQ Mid Cap Value Managed Volatility	Variable Annuity Contract	-	38,068
*	EQ Moderate Allocation	Variable Annuity Contract	-	64,531
*	EQ Moderate-Plus Allocation	Variable Annuity Contract	-	66,480
*	EQ Money Market	Variable Annuity Contract	-	4,909
*	EQ Morgan Stanley Small Cap Growth	Variable Annuity Contract	-	6,681
*	EQ Multimanager Aggressive Equity	Variable Annuity Contract	-	167,040
*	EQ Multimanager Core Bond	Variable Annuity Contract	-	5,434
*	EQ Multimanager Technology	Variable Annuity Contract	-	89,512
*	EQ PIMCO Ultra Short Bond	Variable Annuity Contract	-	4,088
*	EQ Principal International Equity Index	Variable Annuity Contract	-	5,087
*	EQ Quality Bond Plus	Variable Annuity Contract	-	4,859
	Legg Mason Clearbridge Small Cap Growth	Registered Investment Company	-	55,506
	Neuberger Berman Real Estate	Registered Investment Company	-	1,437
	Oppenheimer Developing Markets	Registered Investment Company	-	118,605
	PGIM Jennison MidCap Growth	Registered Investment Company	-	85,720
	PIMCO Commodity Real Return Strategy	Registered Investment Company	-	972
*	Principal Bond Market Index	Registered Investment Company	-	252,556
*	Principal Core Fixed Income	Registered Investment Company	-	276,522
*	Principal Equity Income	Registered Investment Company	-	228,788
*	Principal International Equity Index	Registered Investment Company	-	23,576
*	Principal Large Cap Growth I	Registered Investment Company	-	412,628
*	Principal Large Cap S&P 500 Index	Registered Investment Company	-	531,831
*	Principal Lifetime 2015	Registered Investment Company	-	482,413
*	Principal Lifetime 2020	Registered Investment Company	-	1,239,955
*	Principal Lifetime 2025	Registered Investment Company	-	1,959,934
*	Principal Lifetime 2030	Registered Investment Company	-	1,253,555
*	Principal Lifetime 2035	Registered Investment Company	-	1,307,196
*	Principal Lifetime 2040	Registered Investment Company	-	738,340
*	Principal Lifetime 2045	Registered Investment Company	-	1,015,584
*	Principal Lifetime 2050	Registered Investment Company	-	481,623
*	Principal Lifetime 2055	Registered Investment Company	-	139,850
*	Principal Lifetime 2060	Registered Investment Company	-	15,191

*Indicates a party-in-interest to the Plan

(d) Note: Historical cost information is not required for participant-directed investments.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
EIN: 51-0066728, PLAN #001
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2023**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Principal Lifetime 2065	Registered Investment Company	\$ -	\$ 1,947
*	Principal Lifetime Strategic Income	Registered Investment Company	-	114,852
*	Principal MidCap S&P 400 Index	Registered Investment Company	-	172,410
*	Principal MidCap Value I	Registered Investment Company	-	33,690
*	Principal SmallCap S&P 600 Index	Registered Investment Company	-	59,467
		Total Investments, at Fair Value	-	13,199,734
*	Equitable Financial Insurance Company Guaranteed Interest Option	Guaranteed Interest Contract Annual Minimum Interest Guaranteed at 3% Over Life of Contract; No Defined Maturity Date		599,443
*	Principal Life Insurance Company Fixed Income Guaranteed Option	Guaranteed Interest Contract		220,237
		Total Investments, at Contract Value		819,680
		Total Investments		\$ 14,019,414
*	Participant Loans	Maturing through 2029; Interest Rates Range from 5.25% - 10.50%		\$ 292,155

*Indicates a party-in-interest to the Plan

(d) Note: Historical cost information is not required for participant-directed investments.

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EASTER SEALS DELAWARE & MARYLANDS EASTERN SHORE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1989
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) Easter Seals Delaware & Maryland Eastern Shore 61 Corporate Circle New Castle DE 19720-2439
2b	Employer Identification Number (EIN) 51-0066728
2c	Plan Sponsor's telephone number 302-324-4444
2d	Business code (see instructions) 813000

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		8/20/24	Pamela Patone
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5</td> <td style="width: 90%; text-align: right;">315</td> </tr> </table>	5	315																				
5	315																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%;">6a(1)</td> <td style="width: 90%; text-align: right;">253</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">261</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">56</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">317</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">317</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">209</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">221</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>			6a(1)	253	6a(2)	261	6b	0	6c	56	6d	317	6e	0	6f	317	6g(1)	209	6g(2)	221	6h	0
6a(1)	253																						
6a(2)	261																						
6b	0																						
6c	56																						
6d	317																						
6e	0																						
6f	317																						
6g(1)	209																						
6g(2)	221																						
6h	0																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																					
7																							
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2K 2M 3D																							

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>2</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
EIN: 51-0066728, PLAN #001
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023**

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*	EQ Capital Group Research	Variable Annuity Contract	-	77,068
*	EQ ClearBridge Large Cap Growth	Variable Annuity Contract	-	13,681
*	EQ ClearBridge Select Equity Managed Volatility	Variable Annuity Contract	-	4,424
*	EQ Common Stock Index	Variable Annuity Contract	-	322,064
*	EQ Core Bond Index	Variable Annuity Contract	-	12,952
*	EQ Core Plus Bond	Variable Annuity Contract	-	10,511
*	EQ Equity 500 Index	Variable Annuity Contract	-	15,040
*	EQ Franklin Small Cap Value Managed Volatility	Variable Annuity Contract	-	17
*	EQ Global Equity Managed Volatility	Variable Annuity Contract	-	9,941
*	EQ Intermediate Government Bond	Variable Annuity Contract	-	6,492
*	EQ International Core Managed Volatility	Variable Annuity Contract	-	4,152
*	EQ International Value Managed Volatility	Variable Annuity Contract	-	21,258
*	EQ Invesco Global Real Assets	Variable Annuity Contract	-	5
*	EQ Janus Enterprise	Variable Annuity Contract	-	3,876
*	EQ JPMorgan Growth Stock	Variable Annuity Contract	-	6,145
*	EQ Large Cap Growth Managed Volatility	Variable Annuity Contract	-	22,437
*	EQ Large Cap Value Managed Volatility	Variable Annuity Contract	-	86,950
*	EQ MFS International Growth	Variable Annuity Contract	-	4,838
*	EQ MFS International Intrinsic Value	Variable Annuity Contract	-	5,355
*	EQ MFS Mid Cap Focused Growth	Variable Annuity Contract	-	6,895
*	EQ MFS Technology	Variable Annuity Contract	-	17,777
*	EQ MFS Utilities Series	Variable Annuity Contract	-	4,462

*Indicates a party-in-interest to the Plan

(d) Note: Historical cost information is not required for participant-directed investments.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN**
EIN: 51-0066728, PLAN #001
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2023

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	EQ Mid Cap Index	Variable Annuity Contract	\$ -	\$ 94,055
*	EQ Mid Cap Value Managed Volatility	Variable Annuity Contract	-	38,068
*	EQ Moderate Allocation	Variable Annuity Contract	-	64,531
*	EQ Moderate-Plus Allocation	Variable Annuity Contract	-	66,480
*	EQ Money Market	Variable Annuity Contract	-	4,909
*	EQ Morgan Stanley Small Cap Growth	Variable Annuity Contract	-	6,681
*	EQ Multimanager Aggressive Equity	Variable Annuity Contract	-	167,040
*	EQ Multimanager Core Bond	Variable Annuity Contract	-	5,434
*	EQ Multimanager Technology	Variable Annuity Contract	-	89,512
*	EQ PIMCO Ultra Short Bond	Variable Annuity Contract	-	4,088
*	EQ Principal International Equity Index	Variable Annuity Contract	-	5,087
*	EQ Quality Bond Plus	Variable Annuity Contract	-	4,859
	Legg Mason Clearbridge Small Cap Growth	Registered Investment Company	-	55,506
	Neuberger Berman Real Estate	Registered Investment Company	-	1,437
	Oppenheimer Developing Markets	Registered Investment Company	-	118,605
	PGIM Jennison MidCap Growth	Registered Investment Company	-	85,720
	PIMCO Commodity Real Return Strategy	Registered Investment Company	-	972
*	Principal Bond Market Index	Registered Investment Company	-	252,556
*	Principal Core Fixed Income	Registered Investment Company	-	276,522
*	Principal Equity Income	Registered Investment Company	-	228,788
*	Principal International Equity Index	Registered Investment Company	-	23,576
*	Principal Large Cap Growth I	Registered Investment Company	-	412,628
*	Principal Large Cap S&P 500 Index	Registered Investment Company	-	531,831
*	Principal Lifetime 2015	Registered Investment Company	-	482,413
*	Principal Lifetime 2020	Registered Investment Company	-	1,239,955
*	Principal Lifetime 2025	Registered Investment Company	-	1,959,934
*	Principal Lifetime 2030	Registered Investment Company	-	1,253,555
*	Principal Lifetime 2035	Registered Investment Company	-	1,307,196
*	Principal Lifetime 2040	Registered Investment Company	-	738,340
*	Principal Lifetime 2045	Registered Investment Company	-	1,015,584
*	Principal Lifetime 2050	Registered Investment Company	-	481,623
*	Principal Lifetime 2055	Registered Investment Company	-	139,850
*	Principal Lifetime 2060	Registered Investment Company	-	15,191

*Indicates a party-in-interest to the Plan

(d) Note: Historical cost information is not required for participant-directed investments.

**EASTER SEALS DELAWARE & MARYLAND'S
EASTERN SHORE RETIREMENT PLAN
EIN: 51-0066728, PLAN #001
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2023**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Principal Lifetime 2065	Registered Investment Company	\$ -	\$ 1,947
*	Principal Lifetime Strategic Income	Registered Investment Company	-	114,852
*	Principal MidCap S&P 400 Index	Registered Investment Company	-	172,410
*	Principal MidCap Value I	Registered Investment Company	-	33,690
*	Principal SmallCap S&P 600 Index	Registered Investment Company	-	59,467
		Total Investments, at Fair Value	-	13,199,734
*	Equitable Financial Insurance Company Guaranteed Interest Option	Guaranteed Interest Contract Annual Minimum Interest Guaranteed at 3% Over Life of Contract; No Defined Maturity Date		599,443
*	Principal Life Insurance Company Fixed Income Guaranteed Option	Guaranteed Interest Contract		220,237
		Total Investments, at Contract Value		819,680
		Total Investments		\$ 14,019,414
*	Participant Loans	Maturing through 2029; Interest Rates Range from 5.25% - 10.50%		\$ 292,155

*Indicates a party-in-interest to the Plan

(d) Note: Historical cost information is not required for participant-directed investments.