

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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 CHILDREN AND FAMILIES FIRST DELAWARE INC. MEDICAL PLAN 1b Three-digit plan number (PN) 501 1c Effective date of plan 01/01/2013 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) CHILDREN & FAMILIES FIRST DELAWARE, INC. 555 JUSTISON STREET WILMINGTON, DE 19801 2b Employer Identification Number (EIN) 51-0065731 2c Plan Sponsor's telephone number 302-658-5177 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 230 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 229 |
|   | <b>6a(2)</b>                               | 232 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 0   |
|   | <b>6d</b>                                  | 232 |
|   | <b>6e</b>                                  |     |
|   | <b>6f</b>                                  |     |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A

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

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

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

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>CHILDREN AND FAMILIES FIRST DELAWARE INC. MEDICAL PLAN</b></p>                               | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>CHILDREN &amp; FAMILIES FIRST DELAWARE, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>51-0065731</b></p> |                   |

**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.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HM 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     |
| 06-1041332 | 93340         | 408037-B                              | 232   | 01/01/2024              | 12/31/2024 |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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 |                       |
|   |                                 |             |                       |

(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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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 ▶

|   |                            |   |
|---|----------------------------|---|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  | 0 |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 0 |

**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:

|   |                 |              |        |
|---|-----------------|--------------|--------|
| <b>a</b> Premiums: (1) Amount received .....  |                 | <b>9a(1)</b> |        |
| (2) Increase (decrease) in amount due but unpaid .....  |                 | <b>9a(2)</b> |        |
| (3) Increase (decrease) in unearned premium reserve .....   |                 | <b>9a(3)</b> |        |
| (4) Earned ((1) + (2) - (3)) .....  |                 | <b>9a(4)</b> | 0      |
| <b>b</b> Benefit charges (1) Claims paid .....  |                 | <b>9b(1)</b> |        |
| (2) Increase (decrease) in claim reserves .....   |                 | <b>9b(2)</b> |        |
| (3) Incurred claims (add (1) and (2)) .....   |                 | <b>9b(3)</b> | 0      |
| (4) Claims charged .....  |                 | <b>9b(4)</b> |        |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |              |        |
| (A) Commissions .....   | <b>9c(1)(A)</b> |              |        |
| (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |              |        |
| (C) Other specific acquisition costs .....  | <b>9c(1)(C)</b> |              |        |
| (D) Other expenses .....  | <b>9c(1)(D)</b> |              |        |
| (E) Taxes .....   | <b>9c(1)(E)</b> |              |        |
| (F) Charges for risks or other contingencies .....  | <b>9c(1)(F)</b> |              |        |
| (G) Other retention charges .....   | <b>9c(1)(G)</b> |              |        |
| (H) Total retention .....   | <b>9c(1)(H)</b> |              | 0      |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....  |                 | <b>9c(2)</b> |        |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b> |        |
| (2) Claim reserves .....  |                 | <b>9d(2)</b> |        |
| (3) Other reserves .....  |                 | <b>9d(3)</b> |        |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>    |        |
| <b>10</b> Nonexperience-rated contracts:  |                 |              |        |
| <b>a</b> Total premiums or subscription charges paid to carrier .....   |                 | <b>10a</b>   | 810550 |
| <b>b</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. ....<br>Specify nature of costs. |                 | <b>10b</b>   |        |

**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. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>CHILDREN AND FAMILIES FIRST DELAWARE INC. MEDICAL PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CHILDREN &amp; FAMILIES FIRST DELAWARE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>51-0065731</b> |            |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

HIGHMARK OF DE

51-0020405

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12                     | ADMIN   | 56351  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE BENECON GROUP, LLC

23-1315351

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 22                     | BROKER  | 35182  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CONNECTCARE3

26-1768616

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49                     | PATIENT ADVOCATE  | 15404  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>             |  |
| <b>A</b> Name of plan<br><b>CHILDREN AND FAMILIES FIRST DELAWARE INC. MEDICAL PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CHILDREN &amp; FAMILIES FIRST DELAWARE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>51-0065731</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

| <b>Assets</b>  | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|--|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>                    |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                              |                        |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>                 |                        |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>                 | 435361                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>                 | 0                      |
| <b>c</b> General investments:  |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>                 | 267947                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>                 |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>              |                        |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>              |                        |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>              |                        |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>                 |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>                 |                        |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>                 |                        |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>                 |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>                 |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>                |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>                |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>                |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>                |                        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>                |                        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>                |                        |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 703308                | 620683          |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 268989                | 34139           |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 361583          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 268989                | 395722          |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 434319                | 224961          |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 1781739    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 728459     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2510198   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| (1) Interest:  |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 8568       |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 8568      |
| (2) Dividends: <b>(A)</b> Preferred stock.....   | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....                                  | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....                          | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 1885980   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 4404746   |

**Expenses**

|  |               |         |         |
|--|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  |         |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 3696617 |         |
| (3) Other.....   | <b>2e(3)</b>  | 810550  |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 4507167 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:  |               |         |         |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....   | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |         |         |
| (11) Other expenses.....   | <b>2i(11)</b> | 106937  |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 106937  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 4614104 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -209358 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

(2) EIN: **20-3934956**

**d** The opinion of an independent qualified public accountant is **not attached** 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 |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 600000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   |     | X  |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.



WHISMAN GIORDANO  
CERTIFIED PUBLIC ACCOUNTANTS

Building Extraordinary Relationships

CHILDREN AND FAMILIES FIRST DELAWARE, INC.  
MEDICAL PLAN

FINANCIAL STATEMENTS  
AND  
REPORT OF INDEPENDENT AUDITORS

DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR’S REPORT

To The Participants and Plan Administrator  
Children & Families First Delaware, Inc. Medical Plan  
Wilmington, Delaware

### *Opinion*

We have audited the financial statements of Children & Families First Delaware, Inc. Medical Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan’s benefit obligations as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in plan’s benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2024 and 2023 and the changes in financial status for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Children & Families First Delaware, Inc. Medical 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 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.

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 Children & Families First Delaware, Inc. Medical Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

To the Participants and Plan Administrator  
Children and Families First Delaware, Inc. Medical Plan

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

- 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 Children & Families First Delaware, Inc. Medical 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 Children & Families First Delaware, Inc. Medical Plan's ability to continue as a going concern for a reasonable period of time.

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.

*Whisman Giordano & Associates, LLC*

Newark, Delaware

June 25, 2025

CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 DECEMBER 31, 2024 AND 2023

|   | 2024              | 2023              |
|---|-------------------|-------------------|
| <b>ASSETS</b>                                     |                   |                   |
| Net assets held by Veris Benefits Consortium, LLC | \$ 620,683        | \$ 267,947        |
| Receivables                                       |                   |                   |
| Employer contributions                            | -                 | 435,361           |
| <b>TOTAL ASSETS</b>                               | <b>620,683</b>    | <b>703,308</b>    |
| <b>LIABILITIES</b>                                |                   |                   |
| Payable to claims administrators                  | 34,139            | 268,989           |
| Deferred Revenue                                  | 361,583           | -                 |
| <b>TOTAL LIABILITIES</b>                          | <b>395,722</b>    | <b>268,989</b>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>          | <b>\$ 224,961</b> | <b>\$ 434,319</b> |

*See accompanying notes to financial statements.*

CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

|  | 2024         | 2023         |
|--|--------------|--------------|
| ADDITIONS                              |              |              |
| Contributions                          |              |              |
| Employer                               | \$ 2,340,445 | \$ 1,849,966 |
| Less: surplus distribution             | (558,706)    | -            |
| Net Employer                           | 1,781,739    | 1,849,966    |
| Participants                           | 728,459      | 668,069      |
| Total contributions                    | 2,510,198    | 2,518,035    |
| Stop loss premium revenue              | 1,779,041    | 1,392,397    |
| Other fees                             | 106,939      | 107,726      |
| Interest income                        | 8,568        | 2,505        |
| Total additions                        | 4,404,746    | 4,020,663    |
| DEDUCTIONS                             |              |              |
| Claims paid, net                       | 3,696,617    | 3,182,841    |
| Stop loss premium paid                 | 810,550      | 651,087      |
| Other fees and administrative expenses | 106,937      | 100,103      |
| Total deductions                       | 4,614,104    | 3,934,031    |
| NET (DECREASE) INCREASE                | (209,358)    | 86,632       |
| NET ASSETS AVAILABLE FOR BENEFITS      |              |              |
| Beginning of year                      | 434,319      | 347,687      |
| End of year                            | \$ 224,961   | \$ 434,319   |

*See accompanying notes to financial statements.*

CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN  
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS  
DECEMBER 31, 2024 AND 2023

|                                  | <u>2024</u>              | <u>2023</u>              |
|----------------------------------|--------------------------|--------------------------|
| AMOUNTS CURRENTLY PAYABLE        |                          |                          |
| Claims incurred but not reported | <u>\$ 369,523</u>        | <u>\$ 279,771</u>        |
|                                  | <u><u>\$ 369,523</u></u> | <u><u>\$ 279,771</u></u> |

*See accompanying notes to financial statements.*

CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN  
 STATEMENTS OF CHANGE IN PLAN'S BENEFIT OBLIGATIONS  
 DECEMBER 31, 2024 AND 2023

|  | 2024        | 2023        |
|--|-------------|-------------|
| AMOUNTS CURRENTLY PAYABLE  |             |             |
| Balance at beginning of year   | \$ 279,771  | \$ 280,947  |
| Claims and premiums incurred, including claims and<br>premiums reclassified from postemployment<br>benefit obligations | 4,876,690   | 4,113,699   |
| Claims and insurance premiums paid   | (4,786,938) | (4,114,875) |
| Balance at end of year   | \$ 369,523  | \$ 279,771  |

*See accompanying notes to financial statements.*

# CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN

## NOTES TO FINANCIAL STATEMENTS

### NOTE A – DESCRIPTION OF PLAN

The following description of the Children & Families First Delaware, Inc. Medical Plan (“The Plan”) provides only general information about the Plan’s provisions. Participants should refer to the plan document for a complete description of the Plan’s provisions, copies of which can be obtained from the Plan Sponsor.

*General* – The Plan provides health and other benefits to full-time employees and their spouses or domestic partners and eligible dependents. The Plan provides benefits that are described in separate summary benefits booklets and a summary plan description. Although the effective date was January 1, 2013, the Plan was amended and restated as of January 1, 2021. Certain plan assets are held by Veris Benefit Consortium, LLC. The Plan is subject to the Employee Retirement Act of 1974, as amended (ERISA).

*Benefits* – The Plan provides health benefits (medical and prescription drugs). A participant’s benefits (along with the benefits of his or her eligible spouse or domestic partner and eligible dependents) cease when the employee’s participation in the plan terminates. The Benefits Booklets describe circumstances that will result in termination of participation in this plan, or in any component of the plan.

If health coverage ceases for an employee or eligible dependent ceases because of a qualifying event or military deployment, or a qualified leave of absence under the Family and Medical Leave Act (FLMA), then the employee and/or his or her eligible dependents may have the right to continue coverage in accordance with the terms of COBRA, USERRA, or the FMLA. Details about continuation rights are included in the Benefits Booklets.

The benefits under the Plan are provided through insurance policies or through the employer. The employer is not an insurer of any fully-insured benefits. The payment of all medical benefits will be made by the Children and Families First Delaware Inc. Health Benefit Trust which is funded by the Employer and in part by pre-tax contributions made by the employees.

*Eligibility* – Employees are eligible for the plan upon hire. All regular employees of Children and Families First Delaware Inc. working at least thirty hours per week are eligible for coverage. Employees may also elect coverage for their dependent children up to age twenty-six.

*Experience-Rated Contracts* – Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.

# CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN

## NOTES TO FINANCIAL STATEMENTS

### NOTE A – DESCRIPTION OF PLAN (CONTINUED)

*Children and Families First Delaware Inc. Health Benefit Trust* – Effective January 1, 2021, this trust was established to hold the assets which are to provide health care under one or more plans established by Children and Families First Delaware Inc. The trust fund shall consist of sums of money including participant contributions and other property that the trust fund shall pay benefits and appropriate administrative expenses under the Plan.

*Self-Insured Benefits* – All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

*Stop Loss* – Premiums for Stop Loss or Excess Loss Insurance are included in premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits.

*Refunds* – Refunds due from the Plan's pharmacy benefits manager are recorded when earned. Any refunds due as of the financial statement date are reported as receivable, with the offset being netted against claims paid. There were no refunds from the years ended December 31, 2024 and 2023.

### NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Basis of Accounting* – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Accordingly, income is recorded in the year earned and expenses are recorded in the year a liability is incurred.

*Use of Estimates* – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may take in the future, they may ultimately differ from actual results.

Accounting measurements most effected by management's estimate of future events include the estimate of claims incurred but not reported by the Plan's actuary and the realization of receivables from the Plan's Sponsor. Estimates and assumptions are reviewed periodically and the effects of revisions are reflected in the financial statements in the period determined.

CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

*Payment of Benefits* – Premiums paid by either the Plan Sponsor, employees or by the trust are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due claims processors that have not been reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statement of net assets available for benefits.

*Stop Loss Coverage* – The Plan has entered into excess loss arrangements with Everest Reinsurance Company as a means of limiting its exposure for self-insurance medical and prescription benefits. There are two main types of stop loss coverage. Specific which are individual claims over a specific dollar amount and aggregate exposure whereby the plan and the sponsor are protected from costs that exceed a dollar threshold for the entire group of plan participants.

*Contributions* – In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. Children and Families First Delaware Inc., the Plan Sponsor, pays the full cost of stop loss insurance.

NOTE C – CLAIMS INCURRED BUT NOT REPORTED

Plan obligations at December 31, 2024 and 2023 for medical and drug plan claims incurred but not reported are estimated by the Plan's actuary in accordance with acceptable actuarial principles based on claims information and data provided by the third-party claims administrator. The amounts are paid by the Plan only if claims are submitted and approved for payment.

CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE D – ADMINISTRATIVE FEES AND EXPENSES

The Plan pays administrative fees and expenses that consist primarily of administrative and other fees paid to third-party claims administrators, the trustee, and actuary. These expenses are reported on the Statement of Changes in Net Assets Available for Benefits as other fees and administrative expenses.

For the year ended December 31, 2024 and 2023, administrative fees and expenses is as follows:

|                                   | <u>2024</u>       | <u>2023</u>       |
|-----------------------------------|-------------------|-------------------|
| Administrative services expenses: |                   |                   |
| Highmark of Delaware              | \$ 56,351         | \$ 42,889         |
| Management fee expenses:          |                   |                   |
| The Benecon Group                 | <u>50,586</u>     | <u>57,214</u>     |
|                                   | <u>\$ 106,937</u> | <u>\$ 100,103</u> |

NOTE E – RISKS AND UNCERTAINTIES

The actuarial present value of benefit obligation (claims incurred but not reported) is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in estimates and assumptions in the near-term would be material to the financial statements.

NOTE F – TAX STATUS

The Children and Families First Delaware Inc. Health Benefit Trust (the “Trust”) was established to hold the assets of the plan, which are to provide health care benefits under one or more plans established by Children and Families First Delaware Inc. The Trust has not obtained a determination letter from Internal Revenue Service, but the Plan Administrator believes the Plan is being operated in compliance with applicable requirements of the Code and therefore, believes that the Trust is tax-exempt. Accordingly, no provision for income taxes has been recorded in these financial statements.

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 it has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for the year ended December 31, 2024 and 2023.

CHILDREN AND FAMILIES FIRST DELAWARE, INC. MEDICAL PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE G – TERMINATION OF PLAN

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No asset of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE H – RELATED-PARTY TRANSACTIONS

As described in Notes A and D of these financial statements, the Plan has several arrangements with service providers. These transactions are considered party-in-interest transactions under ERISA.

NOTE I – SUBSEQUENT EVENTS

Management has reviewed and evaluated all other subsequent events through June 25, 2025, the date the financial statements were available to be issued, and has determined there were no matters that require adjustment to or disclosure in the December 31, 2024 financial statements.