

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 (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

<p>1a Name of plan <u>CHRISTIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHRISTIANA CARE HEALTH SERVICES, INC.</u></p> <p><u>4000 NEXUS DRIVE</u> <u>SUITE SW2-700</u> <u>WILMINGTON, DE 19803</u></p>	<p>1c Effective date of plan <u>10/01/1970</u></p> <p>2b Employer Identification Number (EIN) <u>51-0103684</u></p> <p>2c Plan Sponsor's telephone number <u>302-327-5068</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	CHRISTOPHER COWAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	CHRISTOPHER COWAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	4883
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)	2333
	6a(2)	2129
	6b	1109
	6c	1368
	6d	4606
	6e	119
	6f	4725
	6g(1)	
	6g(2)	
h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

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 _____
- (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 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CHRISTIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHRISTIANA CARE HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>51-0103684</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>614383233</u>
	b Actuarial value	2b	<u>675821556</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1242</u>	<u>141430539</u>
	b For terminated vested participants	<u>1308</u>	<u>69757658</u>
	c For active participants	<u>2333</u>	<u>395488568</u>
	d Total	<u>4883</u>	<u>606676765</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>29328431</u>
	b Expected plan-related expenses	6b	<u>1001000</u>
	c Target normal cost	6c	<u>30329431</u>

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

SIGN HERE		
	Signature of actuary	<u>09/24/2025</u>
	<u>YON-LOON CHEN</u>	Date
	Type or print name of actuary	<u>23-07138</u>
	<u>DELOITTE CONSULTING LLP</u>	Most recent enrollment number
	Firm name	<u>212-313-1704</u>
	<u>30 ROCKEFELLER PLZ</u>	Telephone number (including area code)
	<u>NEW YORK, NY 10112</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	192294477
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	32951563
9	Amount remaining (line 7 minus line 8)	0	159342914
10	Interest on line 9 using prior year's actual return of <u>10.08</u> %	0	16061766
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	175404680

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.39 %
15	Adjusted funding target attainment percentage	15	111.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/02/2024	14800000						
01/10/2025	4800000						
04/10/2025	4800000						
06/23/2025	50200000						
			Totals ▶	18(b)	74600000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	69966973
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 30329431
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:		Outstanding Balance	Installment	
a Net shortfall amortization installment		106946435	10228412	
b Waiver amortization installment.....		0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 40557843
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	21056449	21056449
36 Additional cash requirement (line 34 minus line 35)				36 19501394
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 69966973
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 50465579
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 21056449
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CHRISTIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 51-0103684	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

BLACKROCK INSTITUTIONAL TRUST COMP

32-0174431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	753430	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)

LINCOLN RETIREMENT SERVICES CO. LLC

35-2134263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	159440	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)

DELOITTE CONSULTING LLP

06-1454513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	261789	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"/>

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)

WILMINGTON TRUST

51-0055023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	168509	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TORRILLO & ASSOCIATES

83-0414789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26600	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)

MORGAN, LEWIS & BOCKIUS

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	19623	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CHRISTIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHRISTIANA CARE HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>51-0103684</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EQUITY INDEX NON-LENDABLE</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-1743707-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54221969</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG DURATION CORP CREDIT SCREENED</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4520291-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>308308617</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-6450621-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY U.S. 15 YEAR KEY RATE DURA</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18992688</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY U.S. 20 YEAR KEY RATE DURA</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-3856189-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16868824</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY U.S. 25 YEAR KEY RATE DURA</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-3856224-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70756823</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY U.S. 10 YEAR KEY RATE DURA</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17141477</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **TREASURY U.S. 5 YEAR KEY RATE DURA**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

c EIN-PN 47-4104495-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14869185
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERMEDIATE GOVERNMENT BOND INDEX**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

c EIN-PN 94-3118548-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19708644
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG TERM GOVERNMENT BOND INDEX FUN**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

c EIN-PN 94-3118547-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14649475
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CHRISTIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTIANA CARE HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 51-0103684

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9000000	59800000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3019691	21742
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2316155	3925795
(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)		
(9) Value of interest in common/collective trusts	1c(9)	600359586	535517702
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	614695432	599265239
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	262537	265675
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	262537	265675
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	614432895	598999564

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)	74600000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		74600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	273248	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		273248
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		-40832647
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		34040601

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47591961	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		47591961
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	159440	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26600	
(5) Investment advisory and investment management fees	2i(5)	753430	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	261789	
(8) Legal fees	2i(8)	19623	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	168509	
(11) Other expenses	2i(11)	492580	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1881971
j Total expenses. Add all expense amounts in column (b) and enter total	2j		49473932

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-15433331
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: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 549722.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CHRISTIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHRISTIANA CARE HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>51-0103684</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>51-0103684</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	138

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 10.1 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 89.9 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: _____ %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

CHRISITIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN

**Financial Statements
As of and for the Years Ended
December 31, 2024 and 2023
And
Supplemental Schedules
As of and for the Year Ended
December 31, 2024**

**Torrillo &
Associates** Certified Public Accountants

Christiana Care Health Services, Inc. Retirement Plan Index

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Supplemental Schedules:	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	S.1
Schedule H, Line 4(j) – Schedule of Reportable Transactions	S.2
<ul style="list-style-type: none">• The supplemental schedules included are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the Christiana Care Health Services, Inc. Retirement Plan

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

We have performed audits of the accompanying financial statements of the Christiana Care Health Services, Inc. Retirement 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Plan management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Plan Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the Christiana Care Health Services, Inc. Retirement Plan. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Plan 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 ability of the Christiana Care Health Services, Inc. Retirement Plan to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Torullo & Associates, LLC

October 9, 2025

**Christiana Care Health Services, Inc. Retirement Plan
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 539,443,497	\$ 602,675,741
Receivables:		
Employer contributions receivable	59,800,000	9,000,000
Due from broker for securities sold	-	3,000,000
Accrued income	21,742	19,691
Total receivables	<u>59,821,742</u>	<u>12,019,691</u>
Total assets	<u>599,265,239</u>	<u>614,695,432</u>
Liabilities:		
Accrued fees	<u>265,675</u>	<u>262,537</u>
Total liabilities	265,675	262,537
Net assets available for benefits	<u>\$ 598,999,564</u>	<u>\$ 614,432,895</u>

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

Christiana Care Health Services, Inc. Retirement Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (40,832,647)	\$ 57,346,069
Dividend and interest income	273,248	213,612
Net investment (loss) income	<u>(40,559,399)</u>	<u>57,559,681</u>
Employer contributions	74,600,000	9,000,000
Total additions	<u>34,040,601</u>	<u>66,559,681</u>
Deductions:		
Benefits paid to participants	47,591,961	48,029,593
Administrative expenses	1,881,971	2,427,256
Total deductions	<u>49,473,932</u>	<u>50,456,849</u>
Net (decrease) increase	(15,433,331)	16,102,832
Net assets available for benefits		
Beginning of year	614,432,895	598,330,063
End of year	<u>\$ 598,999,564</u>	<u>\$ 614,432,895</u>

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

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

1. Description of Plan

The following description of the Christiana Care Health Services, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit pension plan. The Plan sponsor is Christiana Care Health Services, Inc. (“Health Services”). Care Associates of Salem County, P.C. (“Care Associates”) is a participating employer in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Wilmington Trust, N.A. is the trustee of the Plan.

Eligibility

Participation in the Plan was frozen effective August 14, 2006. The Plan covers substantially all employees of Health Services and Care Associates hired on or before August 13, 2006. Leased employees, independent contractors and employees whose employment is covered by a collective bargaining agreement that does not provide for Plan participation are excluded from participating in the Plan. Employees hired prior to August 14, 2006 were given the option to continue their active participation in the Plan or to participate in the Christiana Care Health Services, Inc. Defined Contribution Plan. Participants who elected to participate in the Christiana Care Health Services, Inc. Defined Contribution Plan are treated as former participants and their benefit, if any, was frozen effective as of December 31, 2006 and no employment service or compensation earned after the freeze date are included in determining the participants’ accrued benefit. Effective January 1, 2023, the Plan was amended to require employees transferring among affiliates of Health Services to continue to participate in the Plan.

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) generally equal to the greatest of (1), (2) or (3) below:

- (1) 1.125% of final average compensation times credited service;
- (2) 1.5% of final average compensation times credited service at date of determination less 50% of primary Social Security Benefit; or
- (3) \$720 per year for participants who were participants of the Plan before October 1, 1976.

Final average compensation generally means the average of the 60 highest consecutive months of annualized compensation in the past 120 months.

Employees will receive their pension benefit in the form of a joint and survivor (50%) annuity if married or in the form of a straight life annuity if single, unless they elect otherwise, in accordance with the Plan provisions. Optional forms of payment may also be affirmatively elected by participants, including: a single life annuity, joint and survivor (25%, 75%, or 100%) annuities, or a lump sum. If an employee terminates before rendering five years of service, he or she forfeits the right to receive any accumulated Plan benefits attributable to Health Services’ contributions.

If a married participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their surviving spouse is entitled to the accrued benefit if married to their spouse at least one year at the date of death. The annuity is payable to the Participant’s spouse under the 50% joint and survivor annuity option.

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

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

Vesting

Participants are generally vested in their accrued benefit after five years of service.

Participants become fully vested upon attainment of early or normal retirement age. Employees who opted to participate in the Christiana Care Health Services, Inc. Defined Contribution Plan are eligible for purposes of vesting only for further credited service after December 31, 2006, and are fully vested after three years of service.

2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

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 reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The administrative committee of the Plan determines the Plan's valuation policies utilizing information provided by the trustee and investment advisors. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments 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 or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

During the years ended December 31, 2024 and 2023, certain investment and administrative expenses were paid out of the Plan, and include recordkeeping, trustee, and actuarial professional fees. Certain other administrative expenses of the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Certain investment related expenses are included in the net appreciation (depreciation) in fair value of investments presented in the statements of changes in net assets available for benefits.

3. Information Certified by a Qualified Institution

The Plan administrator having determined that it is permissible in the circumstances elected to have the audits of the Plan performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information included in the accompanying financial statements and the ERISA-required supplemental schedule of assets (held at end of year) and the ERISA-required supplemental schedule of reportable transactions was obtained or derived from information obtained by the Plan administrator and certified as complete and accurate by Wilmington Trust, N.A., a qualified institution, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- Investments, at fair value, and accrued income, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

- Net (depreciation) appreciation in fair value of investments and dividend and interest income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- The information for all investments listed in the schedule of assets (held at end of year) as of December 31, 2024, and the investment activity in the schedule of reportable transactions for the year ended December 31, 2024, as shown in the ERISA-required supplemental schedules.

4. Investments and 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used as of December 31, 2024 and 2023.

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.

Collective investment trusts: Valued at the NAV of units of the collective investment trusts held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the collective investment trusts less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2024:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Mutual funds	\$ 3,925,795	\$ 3,925,795	\$ -	\$ -
Collective investment trusts (*)	<u>535,517,702</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 539,443,497</u>	<u>\$ 3,925,795</u>	<u>\$ -</u>	<u>\$ -</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2023:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Mutual funds	\$ 2,316,155	\$ 2,316,155	\$ -	\$ -
Collective investment trusts (*)	<u>600,359,586</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 602,675,741</u>	<u>\$ 2,316,155</u>	<u>\$ -</u>	<u>\$ -</u>

*In accordance with fair value measurement guidance, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2024 and 2023.

<u>Investment Type</u>	<u>Fair Value</u>	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Other</u>	<u>Redemption</u>
	<u>December 31,</u>	<u>December 31,</u>				
	<u>2024</u>	<u>2023</u>				<u>Period</u>
Collective investment trusts	\$ 535,517,702	\$ 600,359,586	\$ -	Daily	See below	Daily

The Plan invests in collective investment trusts that invest in short-term investments, fixed income investments and equity investments. The investment rationale for the collective investment trust invested in short-term investments is to provide a predictable rate of return while preserving the safety of capital and minimizing market risk. The investment rationale for the collective investment trusts invested in fixed income is to provide investment results that approximate the overall performance of certain bond indices and/or to provide a predictable rate of return while preserving the safety of capital and minimizing market risk. The investment rationale for the collective investment trust invested in equity investments is to approximate the overall performance of certain equity indices, including large-cap and mid-cap representation across developed and emerging markets. These collective investment trusts are redeemable at net asset value under agreements with the underlying collective investment trusts. However, it is possible that these redemption rights may be restricted by the collective investment trusts in the future in accordance with underlying collective investment trust agreements. Due to the nature of the investments held by the collective investment trusts, changes in market conditions and the economic environment may significantly impact the net asset value of the collective investment trusts, and consequently, the fair value of the Plan's interest in the collective investment trusts. Furthermore, changes in the liquidity provisions of the collective investment trusts may significantly impact the fair value of the Plan's interest in the collective investment trusts.

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries and, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. Benefits under the plan are based on the employees' final average compensation (generally means the average of the 60 highest consecutive months of annualized compensation in the past 120 months), as defined in the Plan document. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (e.g. retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 are as follows:

	2024	2023
Vested benefits		
Participants currently receiving benefits	\$ 139,845,840	\$ 145,691,607
Active and terminated vested participants	<u>479,223,735</u>	<u>483,070,675</u>
Total vested benefits	619,069,575	628,762,282
Nonvested benefits	<u>472,037</u>	<u>721,558</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 619,541,612</u>	<u>\$ 629,483,840</u>

The changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 629,483,840</u>	<u>\$ 596,506,894</u>
Increase (decrease) during the year attributed to:		
Benefits accumulated and actuarial (gains)/losses	43,971,152	33,333,026
Decrease in the discount period	28,722,663	28,295,410
Benefits paid	(47,591,961)	(48,029,593)
Assumption changes	<u>(35,044,082)</u>	<u>19,378,103</u>
Net increase (decrease)	<u>(9,942,228)</u>	<u>32,976,946</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 619,541,612</u>	<u>\$ 629,483,840</u>

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 are as follows:

Mortality	As of December 31, 2024 and 2023: Pri-2012 Mortality Table with Generational Projection (MP-2021)
Discount rate	As of December 31, 2024: 5.41%
	As of December 31, 2023: 4.74%

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

Retirement age	3% at age 55-58; 4% at age 59-60; 15% at age 61; 25% at age 62-64; 30% at age 65-69; 100% at or after age 70 as of December 31, 2024 and 2023
Lump sums for terminating participants not eligible for retirement	<p>As of December 31, 2024:</p> <p>Mortality rates used to calculate lump sum amounts are based on the tables published by the IRS in Notice 2024-42 for the 2025 plan year. For years after 2025, projected IRC §417(e)(3)(B) applicable mortality tables developed according to IRS Reg §1.430(h)(3)-1 and Revenue Ruling 2007-67 from the base 2012 mortality tables specified in §1.430(h)(3)-1(d) and using IRS 2024 Adjusted Scale MP-2021 cumulative mortality improvement factors for each year after 2025. Impact of interest: August 2024 417(e) interest rates for 2025 plan year and 5.71% for years after 2024.</p> <p>As of December 31, 2023:</p> <p>Mortality rates used to calculate lump sum amounts are based on the tables published by the IRS in Notice 2023-73 for the 2024 plan year. For years after 2024, projected IRC §417(e)(3)(B) applicable mortality tables developed according to IRS Reg §1.430(h)(3)-1 and Revenue Ruling 2007-67 from the base 2012 mortality tables specified in §1.430(h)(3)-1(d) and using IRS 2024 Adjusted Scale MP-2021 cumulative mortality improvement factors for each year after 2024. Impact of interest: August 2023 417(e) interest rates for 2023 plan year and 5.74% for years after 2024.</p>
Lump sums for retirement-eligible participants	<p>As of December 31, 2024:</p> <p>For benefits accrued prior to July 1, 2013: 1971 Group Annuity Mortality table without loading projected using Scale E set back three years and interest rates of 2.75% for 2025 and 4.11% for years after 2025, subject to minimum 417(e) lump sums using the same mortality and interest rates used to calculate the lump sum for terminating participants not eligible for retirement.</p> <p>As of December 31, 2023:</p> <p>For benefits accrued prior to July 1, 2013: 1971 Group Annuity Mortality table without loading projected using Scale E set back three years and interest rates of 3.00% for 2024 and 4.74% for years after 2024, subject to minimum 417(e) lump sums using the same mortality and interest rates used to calculate the lump sum for terminating participants not eligible for retirement.</p>

The significant assumption changes from December 31, 2023 to December 31, 2024 include updating the discount rate from 4.74% to 5.41% and updating the lump sum conversion interest rates described above.

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

6. Funding Policy

Health Services' funding policy is to make annual contributions to the Plan such that all employees' benefits will be fully provided for by the time they retire. Contributions of \$74,600,000 and \$9,000,000 were made to the Plan for the years ended December 31, 2024 and 2023, respectively, including \$59,800,000 and \$9,000,000 reflected as contributions receivable at year end. Minimum contribution requirements have been met for 2024 and 2023.

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

Although it has not expressed any intention to do so, Health Services has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA (see Note 7).

7. Plan Termination

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

- a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years proceeding Plan termination.
- c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations (discussed below).
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

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

8. Tax Status

The Internal Revenue Service (“IRS”) has determined and informed Health Services by a letter dated May 3, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan continues to be operated in compliance with the applicable sections of the IRC. Therefore, no provision for income taxes has been included in the Plan’s 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 the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, 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 is subject to routine audits by taxing jurisdictions. An audit by the Internal Revenue Service of the Plan’s 2019 Form 5500 filing ended in 2023 with the IRS accepting the returns as filed with no changes necessary in the information reported. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Christiana Care Health Services, Inc. Retirement Plan
Notes to Financial Statements
As of and for the Years Ended December 31, 2024 and 2023

9. Related-Party and Party-In-Interest Transactions

Certain Plan investments include investments that are managed by affiliates of Wilmington Trust, N.A., the trustee of the Plan and BlackRock Institutional Trust Company, N.A. Transactions in such investments qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

10. 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

11. Plan Amendments

Effective January 1, 2024, the Plan was amended and restated to incorporate all prior amendments and to make other administrative changes to the Plan.

12. Subsequent Events

Management has reviewed and evaluated all subsequent events through October 9, 2025, the date the financial statements were available to be issued, and has determined there were no other matters that require adjustment to or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
MONEY MARKET FUNDS				
•	WILMINGTON TRUST	US GOVERNMENT MONEY MARKET FUND	\$ 3,925,795	\$ 3,925,795
	TOTAL MONEY MARKET FUNDS		<u>3,925,795</u>	<u>3,925,795</u>
COLLECTIVE TRUSTS				
•	BLACKROCK	MSCI ACWI EQUITY INDEX NON-LENDABLE FUND	37,640,811	54,221,969
•	BLACKROCK	INTERMEDIATE GOVERNMENT BOND INDEX FUND	19,688,543	19,708,644
•	BLACKROCK	LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	286,591,160	308,308,617
•	BLACKROCK	LONG TERM GOVERNMENT BOND INDEX FUND	15,295,000	14,649,475
•	BLACKROCK	TREASURY U.S. 5 YEAR KEY RATE DURATION NON-LENDABLE FUND	15,625,101	14,869,185
•	BLACKROCK	TREASURY U.S. 15 YEAR KEY RATE DURATION NON-LENDABLE FUND	25,857,320	18,992,688
•	BLACKROCK	TREASURY U.S. 20 YEAR KEY RATE DURATION NON-LENDABLE FUND	19,447,210	16,868,824
•	BLACKROCK	TREASURY U.S. 25 YEAR KEY RATE DURATION NON-LENDABLE FUND	105,667,552	70,756,823
•	BLACKROCK	TREASURY U.S. 10 YEAR KEY RATE DURATION NON-LENDABLE FUND	21,335,092	17,141,477
	TOTAL COLLECTIVE TRUSTS		<u>547,147,789</u>	<u>535,517,702</u>
	TOTAL INVESTMENTS, AT FAIR VALUE		<u>\$ 551,073,584</u>	<u>\$ 539,443,497</u>

Christiana Care Health Services, Inc. Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2024

EIN: 51-0103684 Plan #001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
	<u>Category (iii) – Series of transactions in excess of 5% of plan assets:</u>					
* Wilmington Trust	US Government Money Market Fund					
	74 Purchases	\$ 75,846,383	\$ -	\$ 75,846,383	\$ 75,846,383	\$ -
	84 Sales	-	74,236,743	74,236,743	74,236,743	-
BlackRock	Intermediate Government Bond Index Fund					
	5 Purchases	45,001,441	-	45,001,441	45,001,441	-
	7 Sales	-	25,309,949	25,312,898	25,309,949	(2,949)
* BlackRock	Long Duration Corporate Credit Screened Non-Lendable Fund					
	3 Purchases	11,052,199	-	11,052,199	11,052,199	-
	1 Sale	-	21,900,000	20,861,662	21,900,000	1,038,338
BlackRock	Long Term Government Bond Index Fund					
	3 Purchase	43,295,000	-	43,295,000	43,295,000	-
	2 Sales	-	28,420,667	28,000,000	28,420,667	420,667
* BlackRock	Treasury U.S. 25 Year Key Rate Duration Non-Lendable Fund					
	3 Purchases	15,700,000	-	15,700,000	15,700,000	-
	6 Sales	-	31,785,000	40,413,139	31,785,000	(8,628,139)
* BlackRock	Short-Term Investment Fund					
	2 Purchases	16,733,703	-	16,733,703	16,733,703	-
	9 Sales	-	16,733,792	16,733,792	16,733,792	-

* Denotes party-in-interest

Transactions in excess of 5% of the current value of the plan's assets at the beginning of the Plan year, as defined, in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024

The information in this schedule has been derived from information certified as to its completeness and accuracy by Wilmington Trust, N.A., a qualified institution.

Schedule SB, Line 26a – Schedule of Active Participants

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Participant Information - Accruing In Defined Benefit Plan

Service Group																						
Age Group	< 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+		Total	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		
0 - 24																					0	
24 - 29																						0
30 - 34									1	N/A												1
35 - 39					1	N/A	6	N/A	51	103,000	4	N/A										62
40 - 44					2	N/A	21	139,791	111	111,276	79	101,250	2	N/A								215
45 - 49					5	N/A	24	118,846	102	123,022	96	119,692	38	109,646								265
50 - 54			4	N/A	7	N/A	24	123,732	109	126,723	148	125,468	97	123,935	43	121,757	5	N/A				437
55 - 59			1	N/A	2	N/A	20	154,828	88	105,977	132	112,461	105	132,065	101	132,351	44	102,166	6	N/A		499
60 - 64					2	N/A	8	N/A	39	112,113	79	119,113	61	106,822	70	125,598	58	130,114	13	N/A		330
65 - 69			1	N/A			1	N/A	10	N/A	10	N/A	9	N/A	6	N/A	3	N/A	6	N/A		46
70+			1	N/A					1	N/A	2	N/A							2	N/A		6
Total	0		7		19		104		512		550		312		220		110		27		1861	

Schedule SB, Line 26a – Schedule of Active Participants

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Participant Information - Accruing In Defined Contribution Plan

Service Group																					
Age Group	< 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+		Total
	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	
0 - 24																					0
24 - 29																					0
30 - 34																					0
35 - 39	2	N/A	22	38,300	2	N/A	1	N/A	1	N/A											28
40 - 44	5	N/A	92	24,160	16	N/A	5	N/A	2	N/A											120
45 - 49	5	N/A	59	37,934	24	43,748	11	N/A	2	N/A											101
50 - 54	8	N/A	43	29,722	28	11,524	9	N/A	3	N/A	2	N/A	1	N/A							94
55 - 59	6	N/A	19	N/A	19	N/A	21	30,880	2	N/A	1	N/A					1	N/A			69
60 - 64	2	N/A	17	N/A	10	N/A	11	N/A	3	N/A	1	N/A	1	N/A	1	N/A					46
65 - 69	1	N/A	4	N/A	5	N/A	1	N/A	2	N/A											13
70+	1	N/A																			1
Total	30		256		104		59		15		4		2		1		1		0		472

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Actuarial Methods for Funding and Present Value of Accrued Benefits

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

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

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

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

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

Asset Valuation Method

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

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Actuarial Methods for Funding and Present Value of Accrued Benefits

Procedures

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

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

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

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

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

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The Actuarial Present Value of Accumulated Plan Benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions for accrued benefits.

Model Use

Actuarial Standard of Practice No. 56 – Modeling requires disclosure of certain information regarding the actuary's use of models when issuing actuarial reports for work performed on or after October 1, 2020. For this valuation, the liability calculations were determined using industry-leading defined benefit valuation software developed and maintained by a third-party vendor. The model was designed specifically for the measurement of defined benefit pension liabilities and the actuary has updated the applicable parameters for the specific plan provisions and assumptions selected for this valuation.

Method Changes Since Last Year

There were no method changes since the prior valuation.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Actuarial Assumptions

Interest Rates		Pre-MAP-21 Segment Rates	25-Year Average Segment Rates	ARP/IJA									
				2024 Corridor (95%-105%)	Segment Rates								
	Lookback Month	September	N/A	N/A	N/A								
	First Segment Rate	3.62%	5.00% *	4.75% - 5.25%	4.75%								
	Second Segment Rate	4.46%	5.13%	4.87% - 5.39%	4.87%								
	Third Segment Rate	4.52%	5.88%	5.59% - 6.17%	5.59%								
	Effective Rate	4.42%	N/A	N/A	5.11%								
	<p>* Actual rate of 3.33% was limited to a floor of 5.00% per the provisions of ARP.</p> <p><u>ASC 960</u>: 4.74% per annum</p>												
Assumed Earnings Rate (on Market Value of Assets)	4.94% as of January 1, 2023 for the 2023 plan year (used in determining the gain or loss on the Market Value of Assets).												
Salary Scale	3.00% per annum												
Healthy Annuitant and Employee Mortality	<p><u>IRS Funding</u>: As defined in §1.430(h)(3)-1(a)(2). This table is based on the annuitant and non-annuitant mortality rates for males and females from IRS §1.430(h)(3)-1(d) with a base year 2012 and generational projection of mortality improvements using the IRS 2024 Adjusted Scale MP-2021.</p> <p><u>ASC 960</u>: Mortality based upon the Pri-2012 mortality tables issued by the Society of Actuaries in October 2019. Separate tables were utilized for males and females. Furthermore, tables were separated between class of participant: employee, primary annuitant, and contingent survivor. In valuing Joint & Survivor annuities, contingent survivor rates were applied to the secondary annuitant both before and after the assumed or actual death of the primary annuitant. The rates were not adjusted for collar or amounts. Mortality improvement utilized the MP-2021 projection scale on a generational basis.</p>												
Withdrawal	<p>Rates of withdrawal for included employees are shown in the table below for sample ages.</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>20 - 35</td> <td>6.00%</td> </tr> <tr> <td>36 - 40</td> <td>5.00%</td> </tr> <tr> <td>41+</td> <td>4.00%</td> </tr> </tbody> </table>					Age	Rate	20 - 35	6.00%	36 - 40	5.00%	41+	4.00%
Age	Rate												
20 - 35	6.00%												
36 - 40	5.00%												
41+	4.00%												

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Actuarial Assumptions

Retirement Age	<p>Rates of retirement for eligible employees are shown in the table below for sample ages.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Rate</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">55 - 58</td> <td style="text-align: center;">3.00%</td> </tr> <tr> <td style="text-align: center;">59 - 60</td> <td style="text-align: center;">4.00%</td> </tr> <tr> <td style="text-align: center;">61</td> <td style="text-align: center;">15.00%</td> </tr> <tr> <td style="text-align: center;">62 - 64</td> <td style="text-align: center;">25.00%</td> </tr> <tr> <td style="text-align: center;">65 - 69</td> <td style="text-align: center;">30.00%</td> </tr> <tr> <td style="text-align: center;">70</td> <td style="text-align: center;">100.00%</td> </tr> </tbody> </table>	<u>Age</u>	<u>Rate</u>	55 - 58	3.00%	59 - 60	4.00%	61	15.00%	62 - 64	25.00%	65 - 69	30.00%	70	100.00%
<u>Age</u>	<u>Rate</u>														
55 - 58	3.00%														
59 - 60	4.00%														
61	15.00%														
62 - 64	25.00%														
65 - 69	30.00%														
70	100.00%														
Benefit Commencement Age	<p>Current and future deferred vested participants are assumed to commence annuity benefits at age 65. Future deferred vested participants electing lump sums are assumed to receive their benefits upon termination.</p>														
Form of Payment	<p>75% of those terminating or retiring from active status will elect a lump sum and the remaining 25% will elect a life annuity.</p>														
Lump Sums for Terminating Participants not eligible for Retirement	<p><u>IRS Funding:</u> Mortality rates used to calculate lump sum amounts are based on the tables published by the IRS in Notice 2023-73 for the 2024 plan year and funding valuation interest rates using annuity substitution rule.</p> <p><u>ASC 960:</u> Mortality: Mortality rates used to calculate lump sum amounts are based on the table published by the IRS in Notice 2023-73 for the 2024 plan year, and projected IRC §417(e)(3)(B) applicable mortality tables developed according to IRS Reg §1.430(h)(3)-1 and Revenue Ruling 2007-67 from the base 2012 mortality tables specified in §1.430(h)(3)-1(d) and using IRS 2024 Adjusted Scale MP-2021 cumulative mortality improvement factors for years after 2024.</p> <p>Interest: August 2023 417(e) interest rates for 2024 plan year and 5.74% for years after 2024.</p>														
Lump Sums for Retirement-Eligible participants	<p><u>IRS Funding:</u> For benefits accrued prior to July 1, 2013: 1971 Group Annuity Mortality table without loading projected using Scale E set back three years and interest rates of 3.00% for 2024 and 4.74% for years after 2024, subject to minimum 417(e) lump sums using 417(e) mortality and funding valuation interest rates using annuity substitution rule for funding purposes.</p> <p>For benefits accrued after June 30, 2013: the same mortality used to calculate the Lump Sum for Terminating Participants not eligible for Retirement and funding valuation interest rates using annuity substitution rule.</p> <p><u>ASC 960:</u> For benefits accrued prior to July 1, 2013: 1971 Group Annuity Mortality table without loading projected using Scale E set back three years and interest rates of 3.00% for 2024 and 4.74% for years after 2024, subject to minimum 417(e) lump sums using the same mortality and interest rates used to calculate the Lump Sum for Terminating Participants not eligible for Retirement.</p> <p>For benefits accrued after June 30, 2013: the same mortality and interest rates used to calculate the Lump Sum for Terminating Participants not eligible for Retirement.</p>														

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Actuarial Assumptions

Future Service	Future service for part-time employees who are Participants is adjusted by a ratio of current hours worked divided by 2,080 (maximum ratio of 100%).
Social Security Taxable Wage Base Increase	3.00% per annum
Inflation	2.00% per annum
Expenses	Prior year actual expenses adjusted for current year PBGC premium amount, rounded up to the next \$1,000.
Percent Married	80% of employees are assumed to be married. Males are assumed to be three years older than females. Actual spousal data is used for retirees.
Assumption Changes Since Last Year	<p><u>Funding:</u></p> <ul style="list-style-type: none">• The mortality and interest rates were updated per IRS requirements.• The lump sum conversion interest rates and mortality were updated to those described above. <p><u>ASC 960:</u></p> <ul style="list-style-type: none">• The interest rate was updated from 4.94% to 4.74%.• The lump sum conversion interest rates and mortality were updated to those described above.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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 [] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CHRISTIANA CARE HEALTH SERVICES, INC. RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1970
2a Plan sponsor's name: CHRISTIANA CARE HEALTH SERVICES, INC.
2b Employer Identification Number (EIN): 51-0103684
2c Plan Sponsor's telephone number: (302) 327-5068
2d Business code: 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Includes signatures of Christopher Cowan as plan administrator and employer/plan sponsor, dated 10.13.25.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	488
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	233
a(2) Total number of active participants at the end of the plan year	6a(2)	212
b Retired or separated participants receiving benefits.....	6b	110
c Other retired or separated participants entitled to future benefits	6c	136
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	460
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	11
f Total. Add lines 6d and 6e	6f	472
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

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

Plan Name	Christiana Care Health Services, Inc. Retirement Plan
Plan Sponsor EIN	51-0103684
ERISA Plan #	001
Plan Year Ending	12/31/2024

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

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

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan Christiana Care Health Services, Inc. Retirement Plan	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Christiana Care Health Services, Inc.	D Employer Identification Number (EIN) 51-0103684
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2024

2 Assets:		
a Market value	2a	614,383,233
b Actuarial value	2b	675,821,556

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,242	141,430,539	141,430,539
b For terminated vested participants.....	1,308	69,757,658	69,757,658
c For active participants	2,333	395,488,568	396,175,114
d Total.....	4,883	606,676,765	607,363,311

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate

	5	5.11 %
--	----------	--------

6 Target normal cost.....		
a Present value of current plan year accruals.....	6a	29,328,431
b Expected plan-related expenses	6b	1,001,000
c Target normal cost	6c	30,329,431

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

SIGN HERE	<u>YLC</u> Signature of actuary	<u>9/24/25</u> Date
	Yon-Loon Chen Type or print name of actuary	23-07138 Most recent enrollment number
	Deloitte Consulting LLP Firm name	(212) 313-1704 Telephone number (including area code)
	30 Rockefeller Plz New York NY 10112 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	192,294,477
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	32,951,563
9 Amount remaining (line 7 minus line 8)	0	159,342,914
10 Interest on line 9 using prior year's actual return of <u>10.08</u> %	0	16,061,766
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	175,404,680

Part III Funding Percentages

14 Funding target attainment percentage	14	82.39%
15 Adjusted funding target attainment percentage	15	111.27%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/02/2024	14,800,000				
01/10/2025	4,800,000				
04/10/2025	4,800,000				
06/23/2025	50,200,000				
Totals ▶			18(b)	74,600,000	18(c)
					0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	69,966,973

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4

22 Weighted average retirement age 22 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years 28 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) 29 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	30,329,431
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	106,946,435	10,228,412
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount 33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... 34 40,557,843

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	21,056,449	21,056,449
36 Additional cash requirement (line 34 minus line 35)			36 19,501,394
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 69,966,973

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

a Total (excess, if any, of line 37 over line 36)	38a	50,465,579
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	21,056,449

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 0

40 Unpaid minimum required contributions for all years 40 0

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

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

Plan Sponsor: Christiana Care Health Services, Inc.

Plan Name: Christiana Care Health Services, Inc. Retirement Plan

EIN/PN: 51-0103684/001

Attachment to 2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

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

Final Average Pay Participants				
(A)	(B)	(C)	(D)	(A) * (D)
Age	Count	Retirement Rate	Retirements	Weighted Age
55	10000	3%	300	16,500.00
56	9700	3%	291	16,296.00
57	9409	3%	282	16,089.39
58	9127	3%	274	15,880.51
59	8853	4%	354	20,892.91
60	8499	4%	340	20,397.15
61	8159	15%	1224	74,653.56
62	6935	25%	1734	107,492.96
63	5201	25%	1300	81,920.04
64	3901	25%	975	62,415.27
65	2926	30%	878	57,051.46
66	2048	30%	614	40,550.42
67	1434	30%	430	28,815.37
68	1004	30%	301	20,471.82
69	702	30%	211	14,541.01
70	492	100%	492	34,420.75
				<u>628,388.61</u>

The average weighted retirement age is the sum of the weighted age (628,389) divided by the original count (10,000)

63

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Funding Cash Flow

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	33,651,625	2,165,690	13,166,529	48,983,845
2025	34,015,127	910,166	12,901,883	47,827,176
2026	34,123,823	1,313,452	12,619,532	48,056,807
2027	33,678,001	1,628,636	12,318,718	47,625,355
2028	33,106,552	2,103,380	11,998,781	47,208,713
2029	32,548,370	2,376,422	11,659,192	46,583,984
2030	30,598,082	2,664,148	11,299,614	44,561,844
2031	29,806,996	2,994,488	10,919,955	43,721,439
2032	28,641,700	3,441,620	10,520,406	42,603,726
2033	27,764,952	3,729,229	10,101,456	41,595,637
2034	26,295,884	4,169,378	9,663,914	40,129,176
2035	23,849,077	4,531,250	9,208,945	37,589,273
2036	21,900,687	5,082,460	8,738,054	35,721,201
2037	20,204,676	5,383,090	8,253,098	33,840,865
2038	18,880,542	5,593,300	7,756,326	32,230,167
2039	17,622,150	5,786,938	7,250,356	30,659,443
2040	16,409,094	5,994,821	6,738,109	29,142,024
2041	15,455,192	6,178,478	6,222,841	27,856,511
2042	14,679,718	6,326,648	5,708,164	26,714,530
2043	13,765,908	6,475,546	5,197,943	25,439,397
2044	13,369,007	6,600,170	4,696,240	24,665,416
2045	12,783,778	6,561,282	4,207,304	23,552,364
2046	12,031,094	6,607,005	3,735,437	22,373,537
2047	11,310,841	6,613,074	3,284,814	21,208,729
2048	10,586,924	6,513,562	2,859,349	19,959,836
2049	9,850,309	6,464,920	2,462,571	18,777,800
2050	9,174,118	6,366,868	2,097,336	17,638,323
2051	8,602,258	6,168,232	1,765,686	16,536,175
2052	7,996,178	5,923,527	1,468,808	15,388,514
2053	7,472,304	5,671,965	1,206,967	14,351,236
2054	6,914,249	5,418,073	979,490	13,311,813
2055	6,466,369	5,138,348	784,919	12,389,636
2056	5,991,292	4,854,179	621,104	11,466,575

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Attachment to 2024 Form 5500 Schedule SB

EIN/PN 51-0103684/001

Christiana Care Health Services, Inc. Retirement Plan

Funding Cash Flow

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	5,561,158	4,567,195	485,378	10,613,732
2058	5,132,291	4,279,088	374,763	9,786,142
2059	4,725,503	3,991,545	286,086	9,003,135
2060	4,336,771	3,706,286	216,166	8,259,223
2061	3,957,491	3,425,089	161,945	7,544,525
2062	3,593,513	3,149,726	120,579	6,863,818
2063	3,245,921	2,881,905	89,513	6,217,339
2064	2,916,571	2,623,152	66,525	5,606,249
2065	2,606,826	2,374,825	49,737	5,031,388
2066	2,317,589	2,138,088	37,609	4,493,287
2067	2,049,323	1,913,868	28,910	3,992,101
2068	1,802,077	1,702,901	22,686	3,527,664
2069	1,575,567	1,505,702	18,214	3,099,483
2070	1,369,202	1,322,577	14,965	2,706,744
2071	1,182,186	1,153,640	12,560	2,348,386
2072	1,013,656	998,850	10,733	2,023,239
2073	862,684	858,030	9,301	1,730,015

Schedule SB, Part V – Summary of Plan Provisions
Attachment to 2024 Form 5500 Schedule SB
EIN/PN 51-0103684/001
Christiana Care Health Services, Inc. Retirement Plan

Plan Provisions Summary

Employer ID and Plan Number	51-0103684 / 001
1. Effective Date / Plan Year	Original plan: October 1, 1970 Restated plan: January 1, 2024 (with amendments through amendment 2022-2) Plan year: January 1 through December 31
2. Eligibility to Participate	Employees hired before June 30, 1990, become Participants on their date of hire. Employees hired on or after June 30, 1990, become Participants after completing a 12-month period of service in which they work 1,000 or more hours. Former employees of Riverside Hospital became Participants on January 1, 1997. Prior service with Riverside Hospital is recognized for vesting purposes but not for benefit accruals. Employees hired on or after August 14, 2006, are not eligible to participate in the Plan. Employees hired prior to August 14, 2006, were given the option to continue in the current retirement plan or choose to participate in the new defined contribution plan effective January 1, 2007.
3. Employee Contributions	None.
4. Vesting Service	One year of Vesting Service is granted for each plan year during which 1,000 hours of service are completed.
5. Credited Service	One year of Credited Service is granted for each plan year during which 2,080 hours of service are completed, and a prorated year of Credited Service is granted for computation periods during which less than 2,080 hours of service are completed. Service before October 1, 1976, that was not full-time is excluded. Service after December 31, 2006, is excluded for employees who elected to participate in the new defined contribution plan effective January 1, 2007.
6. Break in Service	The 12-month employment period during which less than 501 hours are worked (unless on a Qualified Leave of Absence).
7. Pensionable Earnings	Total compensation, including overtime, shift and weekend differentials, and other additional compensation. Compensation after 2006 is not considered for employees who elected to participate in the new defined contribution plan effective January 1, 2007.
8. Highest Average Monthly Compensation	The average of 60 highest consecutive months of annualized compensation.
9. Primary Social Security Benefit	The benefit calculated below based on the Social Security Act in effect on the earlier of date of termination or Normal Retirement Date. - <i>For normal and postponed retirees</i> : The primary Social Security Benefit payable at current age without adjustment for late payments. - <i>For early retirees</i> : The primary Social Security Benefit payable at age 65 assuming the individual receives no further remuneration after retirement. - <i>For vested terminated Participants</i> : The primary Social Security Benefit payable at age 65 assuming the individual continues to receive remuneration until age 65 equal to his/her rate of compensation before termination.

Schedule SB, Part V – Summary of Plan Provisions
Attachment to 2024 Form 5500 Schedule SB
EIN/PN 51-0103684/001
Christiana Care Health Services, Inc. Retirement Plan

Plan Provisions Summary

10. Normal Retirement	
a. Eligibility	First day of the month coincident with or following the later of the attainment of age 65.
b. Benefit	The greatest of (1), (2), or (3), reduced by (4). (1) 1.125% of Highest Average Monthly Compensation times Credited Service (2) 1.5% of Highest Average Monthly Compensation times Credited Service at date of determination less 50% of Primary Social Security Benefit (3) \$720 per year for Participants who were Participants of the Plan before October 1, 1976 (4) Benefit provided under the CRNA Plan for Nurse Anesthetists. This plan was terminated on September 30, 1989. The account balances were converted to benefit amounts for the purpose of applying the offset.
11. Early Retirement	
a. Eligibility	Attainment of age 55 and completion of five Years of Service.
b. Benefit	Benefit as described in Normal Retirement Benefit, reduced 0.5% for each month that the date payments commence precedes Normal Retirement Date.
12. Phased Retirement	
a. Eligibility	Actively employed at or above age 62 and completed at least five Years of Service.
b. Benefit	Benefit as described in Early Retirement Benefit upon election. Though active, the Participant will no longer accrue benefits under the Plan but will participate in the defined contribution plan.
13. Late Retirement	
a. Eligibility	First day of any month following Normal Retirement Age.
b. Benefit	Benefit as described in Normal Retirement Benefit, computed on the basis of the Participant's Credited Service, Highest Average Monthly Compensation, and Primary Social Security Benefit, all as of the Late Retirement Date.
14. Deferred Vested Retirement	
a. Eligibility	Terminated employment following at least five years of Vesting Service. Terminated employment following at least three years of Vesting Service for employees who elected to participate in the new defined contribution plan effective January 1, 2007.
b. Benefit	Benefit as provided under Normal Retirement Benefits using Highest Average Monthly Compensation and Credited Service at termination date.
c. Date Payments Commence	The Normal Form of Payment, the 75% Joint & Survivor Annuity Benefit, and the Lump Sum optional forms of payment are available immediately upon termination. All other Optional Forms of Payment are available upon attainment of Early Retirement eligibility.

Schedule SB, Part V – Summary of Plan Provisions
Attachment to 2024 Form 5500 Schedule SB
EIN/PN 51-0103684/001
Christiana Care Health Services, Inc. Retirement Plan

Plan Provisions Summary

15. Death Before Retirement	
a. Eligibility	Participant married to spouse at least one year at date of death and vested in accrued benefit.
b. Benefit	Annuity payable to Participant's spouse under the 50% Joint and Survivor option.
c. Date Payments Commence	Benefits are payable at the Participant's earliest retirement date assuming that the Participant terminated employment on the date of death and commenced at the earliest retirement date. Benefits will be reduced for early retirement, if applicable.
16. Normal Form of Payment	Unmarried Participants: Life annuity Married Participants: 50% Joint and Survivor annuity
18. Optional Form Conversion Factors	Annuities: 1971 Group Annuity Mortality table without loading projected using Scale E set back three years and 7.5% interest rate. Lump Sums for benefits accrued prior to July, 1, 2013: Greater of (1) and (2) (1) 1971 Group Annuity Mortality table without loading projected using Scale E set back three years and the quarterly average percentage rate for Moody's 10-Year Municipal Tax Exempt Bond yield rounded down to the nearest quarter of a point looking back two quarters from the date of determination. (2) Mortality as described in Section 417(e) of the Code and Section 417(e) interest rates for the fifth month preceding the Plan Year in which the date of determination falls. Lump Sums for benefits accrued after July, 1, 2013: Mortality as described in Section 417(e) of the Code and Section 417(e) interest rates for the fifth month preceding the Plan Year in which the date of determination falls.
19. Changes Since Prior Valuation	None

Plan Name	Christiana Care Health Services, Inc. Retirement Plan
Plan Sponsor EIN	51-0103684
ERISA Plan #	001
Plan Year Ending	12/31/2024

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

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

Schedule SB, Line 32 Schedule of Amortization Bases
 Attachment to 2024 Form 5500 Schedule SB
 EIN/PN 51-0103684/001
 Christiana Care Health Services, Inc. Retirement Plan

Funding Shortfall Amortization Bases

Date Established	Amortization Base Type	Remaining Number of Years	Annual Funding Shortfall Amortization Installment	Present Value of Remaining Amortization Installments as of January 1, 2024
January 1, 2024	Funding Shortfall	15	\$ (431,144)	\$ (4,738,874)
January 1, 2023	Funding Shortfall	14	\$ 10,659,556	\$ 111,685,309
Total			\$ 10,228,412	\$ 106,946,435

Plan Sponsor: Christiana Care Health Services, Inc.

Plan Name: Christiana Care Health Services, Inc. Retirement Plan

EIN/PN: 51-0103684/001

Attachment to 2024 Schedule SB, Line 24 –Change in Actuarial Assumptions

For benefits accrued prior to July 1, 2013, the lump sum interest rates were changed to 3.00% for 2024 and 4.74% for years after 2024