

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>MAIN LINE HEALTH, INC.</u></p> <p><u>240 RADNOR CHESTER ROAD, SUITE 200</u> <u>RADNOR, PA 19087</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1988</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>23-2331531</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>484-580-4748</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	LEIGH EHRLICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	18041
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	10525
	<b>6a(2)</b>	10364
	<b>6b</b>	4791
	<b>6c</b>	3769
	<b>6d</b>	18924
	<b>6e</b>	451
	<b>6f</b>	19375
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		648
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

- 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 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAIN LINE HEALTH, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2331531</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>1515570473</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>1627434603</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>5030</u>	<u>653989011</u>	<u>653989011</u>
<b>b</b> For terminated vested participants .....	<u>3661</u>	<u>218076635</u>	<u>218076635</u>
<b>c</b> For active participants .....	<u>10525</u>	<u>539734083</u>	<u>564562690</u>
<b>d</b> Total .....	<u>19216</u>	<u>1411799729</u>	<u>1436628336</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.15 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>58079626</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>2300000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>60379626</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.

<b>SIGN HERE</b>  Signature of actuary  <u>DAVID J PULITI</u> Type or print name of actuary  <u>WILLIS TOWERS WATSON US LLC</u> Firm name  <u>1900 MARKET STREET</u> <u>FLOOR 8</u> <u>PHILADELPHIA, PA 19103-3527</u>  Address of the firm	<u>10/06/2025</u> Date  <u>23-08318</u> Most recent enrollment number  <u>215-246-6000</u> Telephone number (including area code)
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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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	130738699
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	130738699
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.19</u> % .....	0	10707499
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		12351984
	<b>b(1)</b> 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>5.03</u> % .....		621305
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		12973289
	<b>d</b> Portion of (c) to be added to prefunding balance .....		12973289
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	154419487

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.53 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	113.28 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	101.76 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(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
10/01/2024	4200000	0	03/03/2025	4174402	0
11/01/2024	4200000	0			
11/04/2024	1000000	0			
12/02/2024	3200000	0			
01/02/2025	4200000	0			
02/03/2025	4200000	0			
<b>Totals ▶</b>			<b>18(b)</b>	25174402	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	23992846

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 1
<b>22</b> Weighted average retirement age .....				<b>22</b> 67
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> 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
<b>26</b> Demographic and benefit information		
<b>a</b> 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>b</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
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	60379626	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	36386780	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	23992846	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	23992846	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	23992846	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> 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
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MAIN LINE HEALTH, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2331531</b>	

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

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

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

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

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

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

**400 CAPITAL MANAGEMENT LLC**

**26-3489627**

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

**AC CARBON CAYMAN LP**

**98-1622151**

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

**AETOS CAPITAL OPP FUND CAYMAN LLP**

**98-1531331**

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

**ARBOUR LANE**

**86-3505724**

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

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

ASF VI GP

98-1143184

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

ASF VII GP

98-1241828

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

ASF VIII GP

98-1444253

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

BALANCE POINT CAP MGRS. III LLC

285 RIVERSIDE AVE.  
SUITE 200  
WESTPORT, CT 06880

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

BALANCE POINT CAP MGRS. V LLC

285 RIVERSIDE AVE.  
SUITE 200  
WESTPORT, CT 06880

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

BARINGS LLC

51-0504477

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

BLACKSTONE REAL ESTATE ASSOC VII

45-3450248

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

BLE OWL ALT CREDIT ADVISORS LLC

399 PARK AVENUE  
NEW YORK, NY 10022

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

BLUE TORCH CAPITAL, LP

35-2577360

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

CARNELIAN ENERGY CAPITAL GP V, L.P

2229 SAN FELIPE STREET  
SUITE 1450  
HOUSTON, TX 77019

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

CASTLELAKE V, L.P.

82-1221295

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

CAT ROCK CAPITAL PARTNERS LP

47-4285565

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

CEVIAN CAPITAL II GP LIMITED

98-0504656

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

CEVIAN CAPITAL LIMITED

98-0374494

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

CHARLES RIVER REALTY INVESTORS LLC

2310 WASHINGTON STREET  
NEWTON, MA 02462

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

CHARLES-LIM ASIA GLOBAL LIMITED

KINGSTON CHAMBERS P.O BOX 173, ROAD TOWN  
TORTOLA, BRITISH VIRGIN ISLAND 1110 VG

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

COMMONFUND CAPITAL, INC.

06-1225208

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

CONSTELLATION ASSET MANAGEMENT

BRIGADEIRO FARIA LIMA  
SAO PAUL, BRAZIL 0 BR

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

CRAYHILL PRINCIPAL STR LLC

83-4513417

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

CTG EVERGREEN MANAGEMENT LIMITED

PO BOX 309  
UGLAND HOUSE, GRAND CAYMAN KY1-1104 KY

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

CYRUS CAPITAL PARTNERS, LP

13-4119084

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

DC CAPITAL PARTNERS MGMT LP

81-1708646

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

DEERFIELD MANAGEMENT CO LP

03-0553340

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

ELLIOTT INVESTMENT MANAGEMENT L.P.

84-3339129

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

FORTRESS CREDIT OPP IVA ADV. LLC

1345 AVE OF THE AMERICAS  
NEW YORK, NY 10105

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

FORTRESS CREDIT OPP V ADV. LLC

1345 AVE OF THE AMERICAS  
NEW YORK, NY 10105

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

FORTRESS CREDIT OPP VI ADV. LLC

1345 AVE OF THE AMERICAS  
NEW YORK, NY 10105

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

FORTRESS LENDING ADVISORS III LLC

PO BOX 309  
UGLAND HOUSE, GRAND CAYMAN KY1-1104 KY

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

FORTRESS LENDING ADVISORS IV LLC

PO BOX 309  
UGLAND HOUSE, GRAND CAYMAN KY1-1104 KY

06-1603711

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

GAOCHENG CAPITAL MANAGEMENT LIMITED

89 NEXUS WAY, CAMANA BAY  
GRAND CAYMAN, CAYMAN ISLANDS KY1-9009 KY

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

GGV CAPITAL IX, L.P

3000 SAND HILL ROAD  
BUILDING 4 SUITE 430  
MENLO PARK, CA 94025

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

GLENDON CAPITAL MANAGEMENT L.P

46-1394333

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

HAMBLEDON INC.

98-1466693

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

HARBOURVEST PARTNERS LP

74-3130888

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

HBK INVESTMENTS L.P.

75-2622581

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

HILLHOUSE FUND IV HOLDING PARTNERS

27 HOSPITAL ROAD, GEORGE TOWN  
GRAND KAYMAN, CAYMAN ISLANDS KY-1205 KY

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

HILLHOUSE INV MGT INC

190 ELGIN AVE GEORGE TOWN  
GRAND CAYMAN, CAYMAN ISLANDS KY-1205 KY

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

INCA INVESTMENTS, LLC

22-3899123

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

JACKSON SQUARE VENTURES MGT CO

46-4183470

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

JANCHOR PARTNERS LIMITED

1608, ONE EXCHANGE SQUARE  
CENTRAL, HONG KONG 0 HK

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

JUNTO CAPITAL MANAGEMENT LP

550 MADISON AVENUE  
33RD FLOOR  
NEW YORK, NY 10022

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

KABOUTER MANAGEMENT, LLC

401 N. MICHIGAN AVENUE  
SUITE 2510  
CHICAGO, IL 60611

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

KENNEDY LEWIS MANAGEMENT LP

225 LIBERTY STREET  
SUITE 4210  
NEW YORK, NY 10281

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

LCM CREDIT OPPORTUNITIES 4 S.A.R.L.

98-1510175

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

LIGHTSPEED CHINA PARTNERS SELECT I

98-1462260

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

MALABAR INVESTMENTS LLC

C/O HOLDING CAPITAL GROUP  
45 WEST 45TH, 12 FLOOR  
NEW YORK, NY 10036

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

MATRIX CAPITAL MANAGEMENT CO LP

04-3475951

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

MCP PVT CAPITAL FUND III GPLP SCS

98-1351263

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

MCP PVT CAPITAL FUND IV GPLP SCS

98-1512405

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

MERITECH FRANCHISE ASS. LLC

245 LYTTON AVE  
SUITE 125  
PALO ALTO, CA 94301

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

OCP ASIA (HONG KONG) LIMITED

350 ORCHARD ROAD #21-08/09/10 SHAW HOUSE  
SINGAPORE, SINGAPORE 238868 SG

---

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

OCP ASIA (SINGAPORE) PTE. LIMITED

350 ORCHARD ROAD #21-08/09/10 SHAW HOUSE  
SINGAPORE, SINGAPORE 238868 SG

---

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

ORBIS FEE RESERVE (U.S.) LIMITED

25 FRONT STREET ORBIS HOUSE  
HAMILTON, HAMILTON HM 11 BM

---

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

ORBIS INVESTMENT MANAGEMENT LIMITED

98-0451139

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

ORION CAPITAL MANAGERS, LLP

63 BROOKE STREET  
LONDON, LONDON W1K 4HS GB

---

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

OVERLOOK INVESTMENTS LIMITED

22ND FLOOR, RUTTONJEE HOUSE 11 DUDELL STREET  
CENTRAL, HONG KONG 0 HK

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

PARTNERS GROUP MGT XIV LIMITED

TUDOR HOUSE LE BORDAGE ST.  
PETER PORT, GUERNESEY GY1 1BT GY

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

PEMBERTON STRATEGIC CREDIT CAYMAN I

98-1407429

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

PROSPERITY CAPITAL MGT LIMITED

SUITE 3202, 45 MARKET STREET GARDENIA COURT  
CAMANA BAY, CAYMAN ISLANDS KY-1205 KY

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

QUAN CAPITAL MANAGEMENT LLC

C/O MAPLES CORPORATE SERVICES LIMIT UGLAND HOUSE  
GRAND CAYMAN, GRAND CAYMAN KY-1205 KY

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

REVELATION CAPITAL MANAGEMENT, LLC.

46-4640111

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

REVELATION HEALTHCARE FUND IV, LP

46-4624189

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

SENATOR INVESTMENT GROUP LP

26-2124641

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

SILVER LAKE TECHNOLOGY ASSOC VI LP

84-4908393

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

SILVER LAKE TECHNOLOGY ASSOC VII LP

32-0516907

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

SOROBAN CAPITAL GP LLC

27-3323055

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

STONE POINT CAPITAL LLC

20-2508799

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

TCI FUND MANAGEMENT LIMITED

7 CLIFFORD STREET  
LONDON, LONDON W1S 2FT GB

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

TENZING PRIVATE EQUITY LLP

CROWN HOUSE, 143-147 REGENT STREET LONDON  
LONDON, ENGLAND W1B 4NR GB

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

THE ARDIAN GROUP INC.

23-3011800

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

THINK INVESTMENTS LLC

46-3177216

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

THINK INVESTMENTS LP

46-3174318

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

THOMPSON STREET CAPITAL MANAGER

11-3568481

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

TIGER GLOBAL LONG OPPORTUNITIES LTD

89 NEXUS WAY, CAMANA BAY PO BOX 31106, GRAND CAYMAN  
GRAND CAYMAN, CAYMAN ISLANDS KY-1205 KY

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

TWO SIGMA ADVISER, LP

35-2191456

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

TWO SIGMA INST PARTNERS LLC

100 AVENUE OF THE AMERICAS  
16TH FLOOR  
NEW YORK, NY 10013

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

VALINOR MANAGEMENT, L.P.

20-8961915

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

WILSHIRE ADVISORS LLC

OCEAN AVENUE  
SUITE 600  
SANTA MONICA, CA 90401

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

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

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

CAMBRIDGE ASSOCIATES, LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	NONE	2180346	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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 16 50	NONE	1730472	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)

ENCAP ENERGY CAPITAL FUND X

9651 KATY FREEWAY  
SUITE 600  
HOUSTON, TX 77024

(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 52	NONE	1304224	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	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)

LEGAL & GENERAL INVESTMENT MGMT AME

20-8058531

(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	948997	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)

TRIDENT CAPITAL VI, L.P.

98-1131812

(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 52	NONE	545795	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)

KPS CAPITAL PARTNERS, LP

ONE VANDERBILT AVENUE  
52ND FLOOR  
NEW YORK, NY 10017

(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 52	NONE	509324	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

PACIFIC INVESTMENT MANAGEMENT COMPA

33-0629048

(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 52	NONE	366115	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)

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(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 52	NONE	303427	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 type="checkbox"/>

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

FORTRESS LENDING ADVISORS II LLC

PO BOX 309  
UGLAND HOUSE, GRAND CAYMAN KY1-1104 KY

(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 52	NONE	222104	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"/>

**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)

ATALAYA CAPITAL MANAGEMENT, LP

04-2929221

(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	218135	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)

THOMA BRAVO ADVISERS, L.P.

84-5194444

(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	209631	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)

MARYANN STOREY

240 RADNOR CHESTER ROAD  
SUITE 200  
RADNOR, PA 19087

(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?
30 50	NONE	159808	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)

ADVENT INTERNATIONAL CORPORATION

11-3774841

(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 52	NONE	132551	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)

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(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	127252	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)

ACADIAN ASSET MANAGEMENT LLC

04-2840139

(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 49 51 52	NONE	99757	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"/>

**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)

HS MANAGEMENT PARTNERS LLC

26-0335469

(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 52 68	NONE	75478	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)

CITRIN COOPERMAN & COMPANY. LLP

22-2428965

(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	67521	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)

PRIMARY WAVE

116 EAST 16TH STREET, 9TH FLOOR  
NEW YORK, NY 10003

(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 52	NONE	63243	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 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)

SILVER LAKE TECHNOLOGY ASSOCIATES V

32-0516907

(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 52	NONE	59093	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)

PRINCIPAL BANK DBA PRINCIPAL CUS. S

42-1466678

(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	39364	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)

BARES CAPITAL MANAGEMENT INC

74-2961140

(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 52	NONE	31682	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"/>

**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)

BLACKSTONE REAL ESTATE ASSOC VIII

47-2277154

(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 52	NONE	27667	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)

VITRUVIAN PARTNERS LLP

105 WIGMORE STREET  
LONDON, LONDON W1U 1QY GB

(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 52	NONE	25396	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)

ARBOUR LANE

86-3505724

(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 52	NONE	20899	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
MALABAR INVESTMENTS LLC.	15 28 52	99348

(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.
HOLDING CAPITAL GROUP INC 104 WEST 40TH STREET, 19TH FLOOR NEW YORK, NY 10018	MANAGEMENT FEES AND INCENTIVE ALLOCATION.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HEDGESERV LIMITED	13 28 52	11123

(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.
HBK MULTI-STRATEGY OFFSHORE FUND LT  98-0497416	REIMBURSEMENT PAYMENTS

(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAIN LINE HEALTH, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2331531</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INT'L VALUE EQUITY GROUP TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>SILCHESTER INT'L INVESTORS LLP</u>		
<b>c</b> EIN-PN <u>36-7045783-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>31074206</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ACADIAN EMERGING MARKETS EQUITY II</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ACADIAN ASSET MANAGEMENT LLC</u>		
<b>c</b> EIN-PN <u>04-2929221-012</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>14918483</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LGIMA LONG DURATION US CREDIT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>LGIMA</u>		
<b>c</b> EIN-PN <u>27-3472226-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>148716931</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MAIN LINE HEALTH, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2331531</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	254079	196774
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	37800000	12574402
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	31411406	35841178
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	14541033	15097972
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	146341000	171933000
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	55633000	76334000
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	19474000	22626000
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	1011076607	1010687042
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	49171120	45992689
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	191918000	156308000
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	1773000	3704000

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1559393245	1551295057
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	43668972	60062940
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	892194	276784
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	44561166	60339724
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1514832079	1490955333

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	25174402	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		25174402
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	3060964	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	4974563	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	3896727	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	11849360	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		23781614
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	220596	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	4625948	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		4846544
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	845480195	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	886036085	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-40555890
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	37996408	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-2542808
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		2426433
(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)		3535614
<b>c</b> Other income .....	2c		40089
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		54702406

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	65248371	
(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)		65248371
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	1837357	
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	5673052	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	5820372	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		13330781
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		78579152

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		-23876746
<b>l</b> 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: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 527714.

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

<b>A</b> Name of plan <u>MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MAIN LINE HEALTH, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2331531</u>	

<b>Part I</b>	<b>Distributions</b>
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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 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 94-1347393

**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 1

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 16.0 % Private Equity: 26.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 29.8 %  
 High-Yield Debt: 0.2 % Real Assets: 1.1 % Cash or Cash Equivalents: 5.6 % Other: 20.4 %

**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 \_\_\_\_\_.

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Schedule SB, line 26a</b> <b>Schedule of Active Participant Data</b>	<b>2024</b>  This Form is Open to Public Inspection
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<b>Name of Plan</b>	MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	23-2331531	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25				302	62516	
25 to 29				945	70756	
30 to 34				895	80252	
35 to 39				725	91377	
40 to 44				495	89976	
45 to 49				358	83119	
50 to 54				319	85253	
55 to 59	2			292	82420	
60 to 64				196	69994	
65 to 69				72	85269	
70 & Up	1			25	66644	

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	3					
25 to 29	134	79277		1		
30 to 34	452	83704		89	84027	
35 to 39	429	96062		227	88590	
40 to 44	285	108355		183	108472	
45 to 49	238	104375		174	103708	
50 to 54	205	99879		175	102598	
55 to 59	196	91497		151	109168	
60 to 64	153	105802		132	96156	
65 to 69	73	90542		66	127025	
70 & Up	26	117899		16		

<b>Name of Plan</b>	MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	23-2331531	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	89	92384		4		
40 to 44	170	98967		65	91772	
45 to 49	180	109902		108	105072	
50 to 54	166	110463		156	97633	
55 to 59	167	110640		132	91464	
60 to 64	149	103331		127	105856	
65 to 69	50	101266		51	99595	
70 & Up	16			12		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	2					
45 to 49	41	108918		2		
50 to 54	83	100012		33	95504	
55 to 59	86	99440		102	117822	
60 to 64	74	107163		75	99606	
65 to 69	40	97568		22	76678	
70 & Up	6			4		

<b>Name of Plan</b>	MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	23-2331531	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	6					
55 to 59	77	96187		4		
60 to 64	89	93954		40	107602	
65 to 69	23	98441		31	89381	
70 & Up	3			5		

# Main Line Health, Inc. Retirement Income Plan

Financial Statements and  
Supplemental Schedules

December 31, 2024 and 2023

# Main Line Health, Inc. Retirement Income Plan

December 31, 2024 and 2023

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## Independent Auditor's Report

To the Audit Committee  
Main Line Health, Inc. Retirement Income Plan

### ***Opinion***

We have audited the financial statements of Main Line Health, Inc. Retirement Income Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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 statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Main Line Health, Inc. Retirement Income Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended and the accumulated plan benefits as of December 31, 2023, and the related changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of 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.

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

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, 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 Main Line Health, Inc. Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

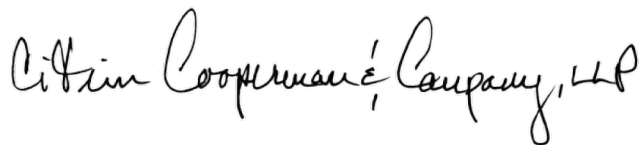
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matter - Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year), schedule H, line 4i - schedule of assets (acquired and disposed of within year), and schedule H, line 4j - schedule of reportable transactions, as of or 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 management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Philadelphia, Pennsylvania

October 9, 2025

# Main Line Health, Inc. Retirement Income Plan

## Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

(in thousands of dollars)

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 15,295	\$ 14,795
<b>Investments</b>		
Investments at fair value	1,487,585	1,475,387
<b>Receivables</b>		
Employer contributions receivable	12,574	37,800
Capital redemptions receivable	5,363	-
Accrued interest and dividends	2,953	4,218
Due from brokers for securities sold	27,525	27,193
<b>Total receivables</b>	<u>48,415</u>	<u>69,211</u>
<b>Total assets</b>	<u>1,551,295</u>	<u>1,559,393</u>
<b>Liabilities</b>		
Accrued expenses	2,948	1,352
Due to brokers for securities purchased	57,114	42,317
Derivative-related payables	277	892
<b>Total liabilities</b>	<u>60,339</u>	<u>44,561</u>
<b>Net assets available for benefits</b>	<u>\$ 1,490,956</u>	<u>\$ 1,514,832</u>

See accompanying notes to the financial statements.

**Main Line Health, Inc. Retirement Income Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2024 and 2023**  
(in thousands of dollars)

	<b>2024</b>	<b>2023</b>
<b>Additions to net assets attributed to</b>		
<b>Investment income</b>		
Interest and dividends	\$ 17,029	\$ 12,793
Net appreciation in fair value of investments	-	105,816
<b>Total investment income</b>	17,029	118,609
<b>Contributions</b>		
Employer contributions	25,174	50,400
Other income	11,640	6,385
<b>Total additions</b>	53,843	175,394
<b>Deductions from net assets attributed to</b>		
Net depreciation in fair value of investments	1,123	-
Benefits paid to participants	65,248	61,968
Administrative expenses	11,348	8,491
<b>Total deductions</b>	77,719	70,459
<b>Net increase (decrease)</b>	(23,876)	104,935
Net assets available for benefits		
Beginning of year	1,514,832	1,409,897
<b>End of year</b>	\$ 1,490,956	\$ 1,514,832

See accompanying notes to the financial statements.

# Main Line Health, Inc. Retirement Income Plan

## Statement of Accumulated Plan Benefits

December 31, 2023

(in thousands of dollars)

### Actuarial present value of accumulated plan benefits

#### Vested benefits

Participants currently receiving payments	\$ 585,839
Other participants	568,332
<b>Total vested benefits</b>	<u>1,154,171</u>
Nonvested benefits	16,514
<b>Total actuarial present value of accumulated plan benefits</b>	<u><u>\$ 1,170,685</u></u>

See accompanying notes to the financial statements.

**Main Line Health, Inc. Retirement Income Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2023**  
(in thousands of dollars)

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 1,111,987</u>
<b>Increase (decrease) during the year attributable to</b>	
Benefits accumulated	39,009
Actuarial losses	6,056
Decrease in the discount period	75,601
Actual benefits paid	<u>(61,968)</u>
<b>Net increase</b>	<u>58,698</u>
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<u><u>\$ 1,170,685</u></u>

See accompanying notes to the financial statements.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### 1. DESCRIPTION OF PLAN

The following description of the Main Line Health, Inc. Retirement Income Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory defined benefit plan established effective January 1, 1998, as restated January 1, 2021. The Plan covers all employees, excluding non-employee physicians, leased employees or union employees of Main Line Health, Inc. (the Company) who have completed one eligibility year and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Audit Committee and management are responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Audit Committee and management.

Plan assets are held by Principal Financial Group (the Trustee).

The Plan agreement was amended on December 1, 2022, to reflect certain provisions related to the Setting Every Community Up for Retirement Enhancement Act of 2019. The amendment revised the definition of compensation, changed the determination of interest rates in relation to lump sum distributions, revised provisions regarding early retirement, clarified deferred receipt of benefits for terminated vested participants, and clarified procedures used to search for missing participants. The amendment was effective on January 1, 2023.

**Funding policy** - The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024 and 2023. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

**Pension benefits** - Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five vesting years or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon becoming vested, participants are entitled to pension benefits. The pension benefits are based on years of service and the employee's compensation using a career average pay formula. Employees may elect to receive their pension benefits in the form of a life annuity for single employees and an actuarially equivalent joint and 50 percent survivor annuity for married employees. Other options are also available.

Effective January 1, 2024, if a participant's vested benefit upon termination is less than \$7,000, a lump sum cash payment will be made upon termination.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

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

## 2. SUMMARY OF ACCOUNTING POLICIES

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

**Use of estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; 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 Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

**Capital redemptions receivable** - Capital redemptions receivable represent remaining amounts due to the Plan from private investment funds. The private investment funds contain certain restrictions on rights of withdrawal from the investments as specified in their respective limited partnership agreements.

**Payment of benefits** - Benefits payments to participants are recorded upon distribution.

**Administrative expenses** - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

**Subsequent events** - Subsequent events were evaluated through October 9, 2025, the date the financial statements were available to be issued.

### 3. 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 (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

<b>Assumption</b>	<b>December 31, 2023</b>
Mortality	Benefit weighted Pri-2012 tables with a base year of 2012 without collar or amount adjustments, with separate rates for annuitants, non-annuitants, retirees, and contingent annuitants projected forward using Scale MP-2021 with generational projection.
Retirement age	Age 67
Discount rate	6.75%
Interest rate	5.15%

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

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

*Cash equivalents:* Cash equivalents mainly consist of time deposits and highly liquid instruments with original maturities of three months or less. Cash equivalents are valued at cost, which approximates fair value.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Asset backed securities:* Valued based on models that consider the estimated cash flows of each tranche of the entity, establishes a benchmark yield, and develops an estimated tranche-specific spread on the benchmark yield based on the unique attributes of the tranche, which are observable and timely.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

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.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate bonds and other global government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

*Derivatives:* Derivatives include options and futures contracts. Options that are traded on an exchange are valued at their last reported sales price as of the valuation date or based on the midpoint of the bid/ask spread at the close of business. Futures contracts that are traded on an exchange are valued at their last reported sales price as of the valuation date.

*Investments measured at NAV:* Valued at fair value based upon the NAV of the interests held by the Plan.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets and liabilities at fair value (in thousands of dollars) as of December 31, 2024 and 2023:

<b>Assets at fair value as of December 31, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>NAV as Practical Expedient</b>	<b>Total</b>
Cash equivalents	\$ 15,155	\$ -	\$ -	\$ -	\$ 15,155
U.S. government securities	167,729	4,204	-	-	171,933
Other global government securities	-	3,144	-	-	3,144
Asset-backed securities	-	278	-	-	278
Mutual funds	156,308	-	-	-	156,308
Common stocks	22,626	-	-	-	22,626
Corporate bonds	69,486	6,848	-	-	76,334
Derivatives	-	282	-	-	282
<b>Total assets in the fair value hierarchy</b>	<b>431,304</b>	<b>14,756</b>	<b>-</b>	<b>-</b>	<b>446,060</b>
Investments measured at NAV (a)	-	-	-	1,056,680	1,056,680
<b>Total investments at fair value</b>	<b>\$ 431,304</b>	<b>\$ 14,756</b>	<b>\$ -</b>	<b>\$ 1,056,680</b>	<b>\$ 1,502,740</b>

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

<b>Liabilities at fair value as of December 31, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>NAV as Practical Expedient</b>	<b>Total</b>
Derivatives	\$ 260	\$ 17	\$ -	\$ -	\$ 277

<b>Assets at fair value as of December 31, 2023</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>NAV as Practical Expedient</b>	<b>Total</b>
Cash equivalents	\$ 14,543	\$ -	\$ -	\$ -	\$ 14,543
U.S. government securities	146,341	-	-	-	146,341
Other global government securities	-	1,140	-	-	1,140
Asset-backed securities	-	342	-	-	342
Mutual funds	191,918	-	-	-	191,918
Common stocks	19,474	-	-	-	19,474
Corporate bonds	46,401	9,232	-	-	55,633
Derivatives	-	291	-	-	291
<b>Total assets in the fair value hierarchy</b>	<b>418,677</b>	<b>11,005</b>	<b>-</b>	<b>-</b>	<b>429,682</b>
Investments measured at NAV (a)	-	-	-	1,060,248	1,060,248
<b>Total investments at fair value</b>	<b>\$ 418,677</b>	<b>\$ 11,005</b>	<b>\$ -</b>	<b>\$ 1,060,248</b>	<b>\$ 1,489,930</b>

<b>Liabilities at fair value as of December 31, 2023</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>NAV as Practical Expedient</b>	<b>Total</b>
Derivatives	\$ 870	\$ 22	\$ -	\$ -	\$ 892

(a) In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) 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 line items presented in the Statements of Net Assets Available for Benefits.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023 (in thousands of dollars).

December 31, 2024	Fair Value (6)	Unfunded Commitments (if currently eligible)	Redemption Frequency	Other Restrictions	Redemption Notice Period
Absolute return (a)	\$ 67,690	\$ -	Monthly - Semi-annually	None	21 - 90 days
Emerging markets equity (b)	40,002	1,200	Daily - Semi-annually	None (1)	10 - 180 days
Fixed income (c)	148,717	-	Daily	None	1 day
Global developed equity (d)	137,951	-	Daily - Triennially	None (2)	1 - 126 days
Hedged equity (e)	71,856	2,418	Monthly - Termination of fund	None (3)	None - 365 days
Opportunistic/distressed (f)	150,502	66,068	Quarterly - Termination of fund	None (4)	None - 90 days
Private credit (g)	17,943	8,156	Termination of fund	Non-redeemable	None
Private equity/venture capital (h)	360,936	131,679	Quarterly - Termination of fund	None (5)	None - 60 days
Private natural resources (i)	18,519	6,558	Termination of fund	Non-redeemable	None
Private real estate (j)	13,854	5,622	Termination of fund	Non-redeemable	None
U.S. equity (k)	28,710	-	Monthly - Annually	None	10 - 60 days
<b>Total</b>	<b>\$ 1,056,680</b>	<b>\$ 221,701</b>			

December 31, 2023	Fair Value (6)	Unfunded Commitments (if currently eligible)	Redemption Frequency	Other Restrictions	Redemption Notice Period
Absolute return (a)	\$ 65,494	\$ -	Monthly - Semi-annually	None	21 - 90 days
Emerging markets equity (b)	43,038	-	Daily - Semi-annually	None (1)	10 - 180 days
Fixed income (c)	172,674	-	Daily	None	1 day
Global developed equity (d)	144,366	-	Daily - Triennially	None (2)	1 - 126 days
Hedged equity (e)	85,047	2,418	Monthly - Termination of fund	None (3)	None - 365 days
Opportunistic/distressed (f)	138,195	71,490	Quarterly - Termination of fund	None (4)	None - 90 days
Private credit (g)	11,921	2,726	Termination of fund	Non-redeemable	None
Private equity/venture capital (h)	336,482	132,921	Quarterly - Termination of fund	None (5)	None - 60 days
Private natural resources (i)	21,033	6,637	Termination of fund	Non-redeemable	None
Private real estate (j)	15,961	6,305	Termination of fund	Non-redeemable	None
U.S. equity (k)	26,037	-	Monthly - Annually	None	10 - 60 days
<b>Total</b>	<b>\$ 1,060,248</b>	<b>\$ 222,497</b>			

(1) Investments with fair values totaling approximately \$2.6 million and \$2.7 million at December 31, 2024 and 2023, respectively, are restricted to a 36-month soft lockup, which expire on March 31, 2026.

(2) Investments with fair values totaling approximately \$25.9 million and \$21.9 million are redeemable triennially at December 31, 2024 and 2023, respectively.

(3) Investments with fair values totaling approximately \$743 thousand and \$4.9 million at December 31, 2024 and 2023, respectively, may not be redeemed until termination of the fund.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

(4) Investments with fair values totaling approximately \$134 million and \$119.2 million at December 31, 2024 and 2023, respectively, may not be redeemed until termination of the fund.

(5) Investments with fair values totaling approximately \$360.4 million and \$335.9 million at December 31, 2024 and 2023, respectively, may not be redeemed until termination of the fund.

(6) The fair values of the investments have been estimated using NAV of the investments:

(a) Absolute return - This class includes investments in funds with multiple model-driven investment strategies with proprietary risk management and execution techniques.

(b) Emerging markets equity - This class includes investments in funds which employ value-driven strategies to identify non-U.S. equity investments in developing markets which are expected to generate long-term capital appreciation.

(c) Fixed income - This class includes investments in funds which invest in fixed income securities and related products and focus on security selection.

(d) Global developed equity - This class includes investments in funds with strategies to create a portfolio of non-U.S. equity investments in developed markets with a focus on value and growth.

(e) Hedged equity - This class includes investments in hedge funds that invest in a portfolio of investment partnerships, managed accounts and other investment vehicles.

(f) Opportunistic/distressed - This class includes investments in funds which employ strategies of investing in distressed equities and corporate, residential, commercial, and other consumer loans and securities.

(g) Private credit - This class includes investments in funds that provide loans and structured capital solutions to mid-market companies that cannot access financing through traditional capital markets.

(h) Private equity/venture capital - This class includes investments in funds that invest in a portfolio of operating companies.

(i) Private natural resources - This class includes investments in funds which acquire and develop energy-related operating companies with strategies to create value through operational improvements, the use of advanced techniques to exploit underdeveloped reserves, and funds which invest in energy-related distressed equities and credit-linked instruments.

(j) Private real estate - This class includes investments in funds which invest in U.S. and non-U.S. commercial, rental, and hotel real estate and equity-related investments in real estate assets and portfolios.

(k) U.S. equity - This class includes investments in hedge funds that invest in both long and short positions, primarily in U.S. common stocks. Management of the hedge funds has the ability to shift investments from value to growth strategies, from small to large capitalization stocks, and from a net long position to a net short position.

## 5. DERIVATIVE FINANCIAL INSTRUMENTS

The Plan invests in derivative contracts in connection with its investing activities. Investments in derivative contracts are subject to additional risks that can result in a loss of all or part of the investment. At December 31, 2024, the Plan had approximately \$76,230 (in thousands of dollars) invested in cash equivalents and money market funds to support its derivative trading activities, which is included in the Plan's investments at fair value.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

**Options** - The Plan is subject to equity price risk in the normal course of pursuing its investment objectives. The Plan may enter into options to speculate on the price movements of the financial instrument underlying the option, or for use as an economic hedge against certain positions held in the Plan's portfolio holdings. Options contracts purchased give the Plan the right, but not the obligation, to buy or sell within a limited time, a financial instrument at a contracted price that may also be settled in cash, based on differentials between specified indices or prices.

Options written obligate the Plan to buy or sell, within a limited time, a financial instrument at a contracted price that may also be settled in cash, based on differentials between specified indices or prices. When the Plan writes an option, an amount equal to the premium received by the Plan is recorded as a liability and is subsequently adjusted to the current fair value of the options written. Options written by the Plan may expose the Plan to market risk of an unfavorable change in the financial instrument underlying the written option.

**Futures contracts** - The Plan may use futures contracts to gain exposure to, or hedge against, changes in the value of equities, interest rates, or foreign currencies. A futures contract represents a commitment for the future purchase or sale of an asset at a specified price on a specified date.

The purchase and sale of futures requires margin deposits with a futures commission merchant (FCM) equal to a certain percentage of the contract amount. Subsequent payments (the variation margin) are made or received by the Plan each day, depending on the daily fluctuations in the value of a contract. The Plan recognizes a gain or loss equal to the daily variation margin. Futures may reduce the Plan's exposure to counterparty risk since futures contracts are exchange-traded and the exchange's clearinghouse, as the counterparty to all exchange-traded futures, guarantees the futures against default.

The Commodity Exchange Act requires an FCM to segregate all customer transactions and assets from the FCM's proprietary activities. A customer's cash and other equity deposited with a FCM are considered commingled with all other customer funds subject to the FCM's segregation requirements. In the event of a FCM's insolvency, recovery may be limited to the Plan's pro rata share of segregated customer funds available. It is possible that the recovery amount could be less than the total of cash and other equity deposited.

## 6. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan's investments are administered under a contract with Principal Financial Group, the custodian of the Plan. Contributions are held and managed by Principal Financial Group, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. Payments made by the Plan to employees of the plan sponsor for performance of administrative tasks qualify as related-party transactions.

### 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:

1. 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 preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. 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 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 terminate 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 sponsor and the level of benefits guaranteed by the PBGC.

### 8. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 23, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

# Main Line Health, Inc. Retirement Income Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **9. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of 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.

## **Supplemental Schedules**

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(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	
	LARGE BALANCE	\$ 61,074,689	\$ 61,074,689	
	U.S. GOVT BOND POOL #7242 DTD 02/01/03	1,811,953	1,806,750	
	U.S. GOVT BOND DTD 02/01/04 6.500 02/01/2034	2,036,680	2,039,620	
	FED NATL MTG ASSN 30 YR TBA	264,410	265,326	
	FED NATL MTG ASSN 30 YR TBA	12,640	11,228	
	FED NATL MTG ASSN POOL #CA3674	79,902	80,982	
	FEDL NATL MTGE ASSN POOL #DA3338	2,316,784	2,063,625	
	30 YR GTD SINGLE FAMILY MORTGAGE	5,279,906	4,993,779	
	U.S. GOVT BOND DTD 08/15/2022 3.375% 08/15/2042	3,074,127	2,766,105	
	U.S. GOVT BOND DTD 11/15/2022 4.000% 11/15/2042	523,624	470,854	
	U.S. GOVT BOND DTD 02/15/2023 3.875% 02/15/2043	9,549,556	9,244,539	
	U.S. GOVT BOND DTD 05/15/2023 3.875% 05/15/2043	3,245,040	3,218,859	
	U.S. GOVT BOND DTD 08/15/2023 4.375% 08/15/2043	7,190,878	7,043,989	
	U.S. GOVT BOND DTD 11/15/2023 4.750% 11/15/2043	9,169,454	8,705,751	
	U.S. GOVT BOND DTD 02/15/2024 4.500% 02/15/2044	3,716,716	3,529,383	
	U.S. GOVT BOND DTD 05/15/2024 4.625% 05/15/2044	5,319,064	5,119,541	
	U.S. GOVT BOND DTD 08/15/2024 4.125% 08/15/2044	4,582,606	4,132,738	
	U.S. GOVT BOND DTD 11/15/2024 4.625% 11/15/2044	4,201,137	3,636,516	
	U.S. GOVT BOND DTD 02/15/2022 2.250% 02/15/2052	1,420,641	1,234,048	
	U.S. GOVT BOND DTD 05/15/2022 2.875% 05/15/2052	4,452,099	4,102,928	
	U.S. GOVT BOND DTD 08/15/2022 3.000% 08/15/2052	1,676,073	1,394,233	
	U.S. GOVT BOND DTD 11/15/2022 4.000% 11/15/2052	2,885,789	2,662,248	
	U.S. GOVT BOND DTD 02/15/2023 3.625% 02/15/2053	3,354,629	3,135,053	
	U.S. GOVT BOND DTD 05/15/2023 3.625% 05/15/2053	921,070	874,440	
	U.S. GOVT BOND DTD 08/15/2023 4.125% 08/15/2053	22,819,433	21,916,800	
	U.S. GOVT BOND DTD 11/15/2023 4.625% 11/15/2053	1,092,722	1,067,959	
	U.S. GOVT BOND DTD 02/15/2024 4.000% 02/15/2054	1,849,489	1,808,268	
	U.S. GOVT BOND DTD 05/15/2024 4.000% 05/15/2054	1,175,799	1,148,832	
	U.S. GOVT BOND DTD 08/15/2024 3.875% 08/15/2054	2,715,890	2,647,512	
	U.S. GOVT BOND DTD 11/15/2024 4.250% 11/15/2054	142,756	126,681	
	US TREAS SEC STRIPPED ZERO CPN	93,607	82,340	
	US TREAS SEC STRIPPED ZERO CPN	181,110	150,089	
	US TREAS SEC STRIPPED ZERO CPN	5,470,488	4,493,520	
	US TREASURY BOND	4,587,777	3,889,419	
	US TREASURY BOND	6,086,629	5,609,028	
	US TREASURY BOND	3,984,157	3,833,720	
	US TREASURY BOND	4,316,964	3,775,534	
	US TREASURY BOND	3,464,762	2,813,622	
	US TREASURY BOND	2,063,505	1,398,665	
	US TREASURY BOND	5,371,733	4,114,551	
	US TREASURY BOND	983,958	886,181	
	US TREASURY BOND	2,405,356	1,722,120	
	US TREASURY BOND	2,636,184	1,783,034	
	US TREASURY BOND	791,031	702,778	
	US TREASURY BOND	4,058,148	2,871,166	
	US TREASURY BOND	2,899,668	2,631,860	
	US TREASURY BOND	3,655,110	2,806,908	
	US TREASURY BOND	3,743,994	3,335,085	
	US TREASURY BOND	3,927,430	3,374,330	
	US TREASURY BOND	829,352	823,977	
	US TREASURY BOND	78,124	62,912	
	US TREASURY BOND	5,310,120	4,951,773	
	US TREASURY BOND	1,847,741	1,717,722	
	US TREASURY BOND	1,697,787	1,630,401	
	US TREASURY BOND	4,215,300	3,900,582	
	US TREASURY BOND	2,962,069	1,945,604	
	US TREASURY BOND	4,082,039	3,649,870	
	US TREASURY BOND ZERO CPN	527,447	476,532	
	US TREASURY BOND ZERO CPN	45,022	38,593	
	US TREASURY INFLATION INDEX BOND	645,238	621,977	
	US TREASURY INFLATION INDEX BOND	94,723	98,700	
	US TREASURY INFLATION INDEX BOND	563,638	491,509	
	AADVANTAGE LOYALTY IP LTD	138,600	143,961	
	ABBVIE INC	249,880	220,588	
	ABU DHABI GOVT INT'L	300,000	163,656	
	ADNOC MURBAN RSC LTD	196,898	180,506	
	AEP TEXAS INC	99,838	99,077	
	AERCAP IRELAND CAP	150,000	154,376	
	AES CORP/THE	400,000	410,848	
	AETNA INC	139,023	105,510	
	AIR LEASE CORP	300,000	290,556	
	AIRCASLE LTD	297,000	392,308	
	ALABAMA POWER CO	99,665	70,579	
	ALCON FINANCE CORP	199,348	196,590	
	ALIMENTATION COUCHE-TARD	200,000	195,130	
	ALIMENTATION COUCHE-TARD	300,000	283,218	
	ALLEGION PLC	199,932	186,892	
	ALLY FINANCIAL INC	400,000	387,532	
	ALTICE FRANCE S.A.	91,956	75,993	
	ALTICE FRANCE SA	234,990	154,720	
	ALTRIA GROUP INC	234,468	217,434	
	ALTRIA GROUP INC	199,444	195,682	
	ALTRIA GROUP INC	39,882	39,095	
	ALTRIA GROUP INC	198,380	139,594	
	AMGEN INC	396,288	383,624	
	ANGLO AMERICAN CAPITAL	394,468	394,864	

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(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	
ANTARES HOLDINGS	144A PRIV PLCMT 2.750 01/15/2027	\$ 397,228	\$ 374,896	
ANTHEM INC	CORPORATE BOND DTD 11/21/17 4.375 12/01/2047	370,200	322,416	
APPROVIN CORP	CORPORATE BOND DTD 12/05/2024 5.950% 12/01/2054	298,506	295,485	
ARES MANAGEMENT CORP	CORPORATE BOND DTD 10/11/2024 5.600% 10/11/2054	198,478	190,202	
ARTHUR J GALLAGHER & CO	CORPORATE BOND DTD 12/19/2024 5.550% 02/15/2055	397,504	384,052	
AT&T INC	CORPORATE BOND DTD 05/04/15 4.500 05/15/2035	565,668	554,928	
AT&T INC	CORPORATE BOND DTD 03/15/21 3.550 09/15/2055	550,730	456,016	
AT&T INC	CORPORATE BOND DTD 03/15/21 3.650 09/15/2059	196,527	156,319	
AT&T INC	CORPORATE BOND DTD 05/28/20 3.850 06/01/2060	298,722	207,825	
ATHENE GLOBAL FUNDING	144A PRIV PLCMT 2.500 01/14/2025	99,753	99,915	
ATHENE HOLDING LTD	CORPORATE BOND DTD 03/22/2024 6.250% 04/01/2054	198,762	200,344	
ATLISSIAN CORPORATION	CORPORATE BOND DTD 05/15/2024 5.500% 05/15/2034	397,272	401,748	
AVIATION CAPITAL GROUP	144A PRIV PLCMT 3.500 11/01/2027	98,368	95,607	
BACARDI LTD	144A PRIV PLCMT 4.450 05/15/2025	498,705	499,090	
BANCO MERCANTIL DE NORTE	CONVERTIBLE	300,000	298,635	
BARCLAYS PLC	CONVERTIBLE	376,575	389,422	
BAT CAPITAL CORP	CORPORATE BOND DTD 08/15/18 4.390 08/15/2037	249,528	258,798	
BAT CAPITAL CORP	CORPORATE BOND DTD 08/15/18 4.540 08/15/2047	55,141	52,838	
BAYER US FINANCE II LLC	144A PRIV PLCMT 4.625 06/25/2038	183,416	166,662	
BAYER US FINANCE II LLC	144A PRIV PLCMT 4.875 06/25/2048	188,106	155,822	
BAYER US FINANCE LLC	CORPORATE BOND DTD 11/21/2023 6.500% 11/21/2033	199,478	203,482	
BELL CANADA	CORPORATE BOND DTD 05/11/2023 5.100% 05/11/2033	199,860	194,354	
BELL TEL CO	CORPORATE BOND DTD 02/15/2024 5.550% 02/15/2054	99,869	93,771	
BERKSHIRE HATHAWAY ENERG	CORPORATE BOND DTD 01/15/21 3.700 07/15/2030	90,789	94,089	
BERKSHIRE HATHAWAY ENERGY CO	CORPORATE BOND DTD 11/01/2022 4.600% 05/01/2053	342,992	331,876	
BGC GROUP INC	CORPORATE BOND DTD 05/25/2023 8.000% 05/25/2028	192,000	212,322	
BLACK HILLS CORP	CORPORATE BOND DTD 10/03/19 3.875 10/15/2049	99,805	72,252	
BLOCK INC	CORPORATE BOND DTD 05/09/2024 6.500% 05/15/2032	200,000	201,930	
BLUE OWL FINANCE LLC	CORPORATE BOND DTD 10/18/2024 6.250% 04/18/2034	200,710	205,468	
BOEING CO	CORPORATE BOND DTD 05/04/20 5.150 05/01/2030	196,751	197,196	
BOEING CO	CORPORATE BOND DTD 05/04/20 5.930 05/01/2060	892,617	832,779	
BOEING CO/THE	CORPORATE BOND DTD 11/01/2024 6.858% 05/01/2054	300,000	318,855	
BOSTON GAS COMPANY	144A PRIV PLCMT 4.487 02/15/2042	101,337	82,311	
BP CAP MARKETS AMERICA	CORPORATE BOND DTD 08/10/20 2.772 11/10/2050	193,311	179,955	
BRIGHTHOUSE FINANCIAL IN	CORPORATE BOND DTD 12/22/17 4.700 06/22/2047	50,555	51,200	
BRISTOL-MYERS SQUIBB CO	CORPORATE BOND DTD 02/22/2024 5.650% 02/22/2064	199,150	192,476	
BRITISH TELECOMMUNICATIO	144A PRIV PLCMT 4.250 11/08/2049	200,000	155,298	
BROADCOM INC	144A PRIV PLCMT 3.137 11/15/2035	243,255	208,251	
BROADCOM INC	CORPORATE BOND DTD 04/18/2022 4.926% 05/15/2037	154,726	155,037	
BROADCOM INC	144A PRIV PLCMT 3.500 02/15/2041	199,308	156,186	
BROOKFIELD INFRA FIN ULC	CORPORATE BOND DTD 11/29/2024 VAR CPN 03/15/2055	500,000	500,725	
BURLINGTON NORTH SANTA	CORPORATE BOND DTD 06/09/2023 5.200% 04/15/2054	299,838	282,324	
CALIFORNIA ENDOWMENT/THE	MED TERM NOTE SER 2021	130,158	118,230	
CAPITAL ONE FINANCIAL CO	CORPORATE BOND DTD 06/08/2023 VAR CPN 06/08/2034	99,083	103,828	
CARNIVAL CORP	144A PRIV PLCMT 4.000 08/01/2028	200,000	189,558	
CARRIER GLOBAL CORP	CORPORATE BOND DTD 10/05/20 3.377 04/05/2040	599,976	463,362	
CENTENE CORP	CORPORATE BOND DTD 12/06/19 4.625 12/15/2029	200,000	189,152	
CENTERPOINT ENERGY INC	CORPORATE BOND DTD 08/14/2024 VAR CPN 02/15/2055	150,000	153,231	
CENTERPOINT ENERGY INC	CORPORATE BOND DTD 08/14/2024 VAR CPN 02/15/2055	150,000	154,293	
CHARTER COMM OPT LLC/CAP	CORPORATE BOND DTD 05/14/2024 6.550% 06/01/2034	399,020	409,164	
CHARTER COMM OPT LLC/CAP	CORPORATE BOND DTD 03/04/21 3.900 06/01/2052	799,608	514,648	
CHENIERE ENERGY PARTNERS	CORPORATE BOND DTD 05/22/2024 5.750% 08/15/2034	99,820	100,664	
CIGNA GROUP	CORPORATE BOND DTD 02/13/2024 5.600% 02/15/2054	599,130	561,936	
CITIGROUP INC	CORPORATE BOND DTD 05/29/2024 VAR CPN 12/31/2099	200,000	203,716	
CITIGROUP INC	CORPORATE BOND DTD 04/24/15 11/15/2168	275,000	274,717	
CITIZENS FINL GROUP INC	CORPORATE BOND DTD 01/23/2024 VAR CPN 01/23/2030	400,000	405,892	
COCA-COLA CO/THE	CORPORATE BOND DTD 08/14/2024 5.200% 01/14/2055	399,652	379,820	
COLUMBIA PIPELINES OPKO	CORPORATE BOND DTD 08/08/2023 6.544% 11/15/2053	199,916	209,594	
COLUMBIA PIPELINES OPKO	CORPORATE BOND DTD 08/08/2023 6.714% 08/15/2063	199,996	212,326	
COMCAST CORP	CORPORATE BOND DTD 05/01/2022 2.987% 11/01/2063	199,188	164,799	
COMMONSPIRIT HEALTH	CORPORATE BOND DTD 08/21/19 4.187 10/01/2049	300,000	234,756	
COMMONWEALTH EDISON CO	CORPORATE BOND DTD 05/13/2024 5.650% 06/01/2054	397,408	394,392	
CONNECTICUT LT & PWR CO	CORPORATE BOND DTD 07/06/2023 4.900% 07/01/2033	99,805	97,715	
CONOCOPHILLIPS COMPANY	CORPORATE BOND DTD 12/05/2024 5.650% 01/15/2065	299,874	283,554	
CONSTELLATION BRANDS INC	CORPORATE BOND DTD 10/29/18 5.250 11/15/2048	298,776	273,612	
CONSTELLATION ENERGY GEN LLC	CORPORATE BOND DTD 02/24/2023 5.800% 03/01/2033	399,904	408,724	
CORNING INC	CORPORATE BOND DTD 11/19/19 5.450 11/15/2079	99,720	90,477	
CORPORACION NACIONAL DEL COBRE	CORPORATE BOND DTD 09/08/2023 6.300% 09/08/2053	298,758	292,551	
COSTAR GROUP INC	144A PRIV PLCMT 2.800 07/15/2030	99,921	87,324	
COX COMMUNICATIONS INC	CORPORATE BOND DTD 01/19/2024 5.800% 12/15/2053	287,865	273,924	
COX COMMUNICATIONS INC	CORPORATE BOND DTD 08/20/2024 5.950% 09/01/2054	389,580	370,452	
CROWN CASTLE INTL CORP	CORPORATE BOND DTD 06/15/20 3.250 01/15/2051	299,358	195,453	
CSL FIN PLC	CORPORATE BOND DTD 04/03/2024 5.417% 04/03/2054	300,000	282,228	
CVS HEALTH CORP	CORPORATE BOND DTD 02/21/2023 5.625% 02/21/2053	603,528	532,164	
CVS HEALTH CORP	CORPORATE BOND DTD 05/09/2024 6.050% 06/01/2054	397,400	375,216	
CVS HEALTH CORP	CORPORATE BOND DTD 12/10/2024 VAR CPN 12/10/2054	200,000	196,108	
CVS HEALTH CORP	CORPORATE BOND DTD 06/02/2023 6.000% 06/01/2063	99,071	91,204	
DELL INTL L L C / EMC CORP	CORPORATE BOND DTD 01/15/21 8.100 07/15/2036	215,842	256,029	
DEUTSCHE BANK NY	CORPORATE BOND DTD 01/14/21 01/14/2032	300,978	261,876	
DEUTSCHE TELEKOM INT FIN	144A PRIV PLCMT 4.750 06/21/2038	298,047	274,932	
DEVON ENERGY CORP	CORPORATE BOND DTD 08/28/2024 5.750% 09/15/2054	499,410	453,600	
DIAMOND SPORTS GROUP (3/22) 1ST LIEN		3,336	562	
DIAMONDBACK ENERGY INC	CORPORATE BOND DTD 04/18/2024 5.750% 04/18/2054	299,871	281,529	
DISCOVER FINANCIAL SVS	CORPORATE BOND DTD 02/09/17 4.100 02/09/2027	290,469	294,582	
DOMINION ENERGY INC	CORPORATE BOND DTD 05/20/2024 VAR CPN 06/01/2054	300,000	316,794	
DUKE ENERGY CORP	CORPORATE BOND DTD 09/08/2023 6.100% 09/15/2053	599,742	609,480	
DUKE ENERGY CORP	CORPORATE BOND DTD 06/07/2024 5.800% 06/15/2054	298,305	292,230	
EAST OHIO GAS CO/THE	144A PRIV PLCMT 3.000 06/15/2050	394,304	244,868	

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(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
EASTERN ENERGY GAS		CORPORATE BOND DTD 10/09/2024 5.650% 10/15/2054	\$ 399,708	\$ 377,264
ECOPETROL		CORPORATE BOND DTD 01/19/2024 8.375% 01/19/2036	298,323	289,332
ELECTRICITE DE FRANCE SA		144A PRIV PLCMT 4.750 10/13/2035	293,706	275,982
ELECTRICITE DE FRANCE SA		144A PRIV PLCMT 5.000 09/21/2048	258,909	261,207
ELEVANCE HEALTH INC		CORPORATE BOND DTD 10/31/2024 5.850% 11/01/2064	498,540	482,355
ELI LILLY & CO		CORPORATE BOND DTD 08/14/2024 5.200% 08/14/2064	399,864	372,412
EMERA US ENERGY LP		CORPORATE BOND DTD 12/15/16 4.750 06/15/2046	198,576	165,614
ENBRIDGE ENERGY PARTNERS		CORPORATE BOND DTD 10/06/15 7.375 10/15/2045	226,998	226,126
ENBRIDGE INC		CONVERTIBLE	200,000	222,130
ENEL FINANCE INTL NV		CORPORATE BOND DTD 06/26/2024 5.500% 06/26/2034	393,516	395,752
ENERGY TRANSFER LP		CORPORATE BOND DTD 10/13/2023 6.550% 12/01/2033	399,544	425,812
ENERGY TRANSFER LP		CORPORATE BOND DTD 01/22/2020 VAR CPN 12/01/2049	84,625	100,360
ENERGY TRANSFER LP		CORPORATE BOND DTD 06/21/2024 VAR CPN 10/01/2054	200,000	202,640
ENERGY TRANSFER PARTNERS		CORPORATE BOND DTD 06/23/15 4.750 01/15/2026	198,550	199,718
ENERGY TRANSFER PARTNERS		CORPORATE BOND DTD 01/17/17 5.300 04/15/2047	198,966	176,870
ENI SPA		CORPORATE BOND DTD 05/15/2024 5.950% 05/15/2054	496,518	480,040
ENTERGY ARKANSAS LLC		CORPORATE BOND DTD 05/10/2024 5.750% 06/01/2054	398,220	395,456
FARM CREDIT BANK OF TEXAS		CORPORATE BOND DTD 05/23/2024 VAR CPN 12/31/2099	200,000	210,038
FARMERS INS EXCH		CORPORATE BOND DTD 10/09/2024 VAR CPN 10/15/2064	300,000	309,291
FIFTH THIRD BANCORP		CORPORATE BOND DTD 04/25/2022 VAR CPN 04/25/2033	263,163	278,685
FIRST AMERICAN FINANCIAL		CORPORATE BOND DTD 08/03/21 2.400 08/15/2031	99,663	82,272
FORD FOUNDATION/THE		CORPORATE BOND DTD 06/25/20 2.815 06/01/2070	300,000	168,573
FORD MOTOR CREDIT CO LLC		CORPORATE BOND DTD 03/08/2024 6.125% 03/08/2034	791,480	782,712
FOUNDRY JV HOLDCO LLC		CORPORATE BOND DTD 05/07/2024 6.400% 01/25/2038	199,452	202,082
FOX CORP		CORPORATE BOND DTD 01/25/20 5.576 01/25/2049	300,000	278,766
FREEDOM MORTGAGE HOLD		CORPORATE BOND DTD 02/07/2024 9.250% 02/01/2029	200,000	206,388
GA GLOBAL FUNDING TRUST		CORPORATE BOND DTD 01/08/2024 5.500% 01/08/2029	298,257	302,964
GENERAL MILLS INC		CORPORATE BOND DTD 03/29/2023 4.950% 03/29/2033	399,188	390,228
GENERAL MOTORS FINL CO		CORPORATE BOND DTD 12/07/2023 6.100% 01/07/2034	399,368	405,792
GEORGIA POWER CO		CORPORATE BOND DTD 02/23/2024 5.250% 03/15/2034	299,037	297,666
GILEAD SCIENCES INC		CORPORATE BOND DTD 11/20/2024 5.500% 11/15/2054	398,836	389,060
GLOBAL PAYMENTS INC		CORPORATE BOND DTD 05/15/20 2.900 05/15/2030	51,830	46,295
GLP CAPITAL LP / FIN II		CORPORATE BOND DTD 08/06/2024 6.250% 09/15/2054	396,732	399,216
GOLDMAN SACHS GROUP INC		CORPORATE BOND DTD 07/23/2024 VAR CPN 07/23/2035	400,000	392,532
GOLDMAN SACHS GROUP INC		CORPORATE BOND DTD 09/26/2024 VAR CPN 12/31/2099	300,000	296,133
GOLDMAN SACHS GROUP INC		CORPORATE BOND DTD 04/23/2024 VAR CPN 12/31/2099	300,000	312,966
GOODMAN US FIN THREE		144A PRIV PLCMT 4.500 10/15/2037	399,360	351,528
HCA INC		CORPORATE BOND DTD 05/04/2023 5.500% 06/01/2033	199,864	197,862
HCA INC		CORPORATE BOND DTD 02/23/2024 6.100% 04/01/2064	298,140	286,218
HEALTHCARE TRUST OF AMER		CORPORATE BOND DTD 09/16/19 3.100 02/15/2030	199,316	179,736
HEWLETT-PACKARD CO		CORPORATE BOND DTD 09/19/11 6.000 09/15/2041	113,650	101,382
HIGHWOODS REALTY LP		CORPORATE BOND DTD 09/13/19 3.050 02/15/2030	99,745	88,191
HOME DEPOT INC		CORPORATE BOND DTD 03/28/2022 3.625% 04/15/2052	76,491	72,565
HOME DEPOT INC		CORPORATE BOND DTD 09/19/2022 4.950% 09/15/2052	191,126	182,084
HOME DEPOT INC		CORPORATE BOND DTD 06/25/2024 5.300% 06/25/2054	295,305	287,382
HOST HOTELS & RESORTS		CORPORATE BOND DTD 05/10/2024 5.700% 07/01/2034	400,720	399,344
HSBC HLDGS PLC		CONVERTIBLE	300,000	300,477
HUARONG FINANCE 2019 CO		CORPORATE BOND DTD 05/29/19 4.500 05/29/2029	199,000	190,542
HUDSON PACIFIC PROPERTY		CORPORATE BOND DTD 02/27/19 4.650 04/01/2029	98,663	75,362
IMPERIAL BRANDS FIN PLC		144A PRIV PLCMT 3.500 07/26/2026	302,100	293,535
INGERSOLL RAND INC		CORPORATE BOND DTD 05/10/2024 5.450% 06/15/2034	199,876	201,350
INTEL CORP		CORPORATE BOND DTD 02/10/2023 5.700% 02/10/2053	378,348	353,756
INTEL CORP		CORPORATE BOND DTD 02/21/2024 5.600% 02/21/2054	398,788	350,772
INTESA SANPAOLO SPA		144A PRIV PLCMT 5.710 01/15/2026	200,000	200,028
INTESA SANPAOLO SPA		CORPORATE BOND DTD 06/20/2023 VAR CPN 06/20/2054	423,990	427,220
JANE STREET 12/24 TLB			200,000	199,591
JANUS HEND US HLDGS INC		CORPORATE BOND DTD 09/10/2024 5.450% 09/10/2034	299,223	286,812
JETBLUE AWYS CORP		CORPORATE BOND DTD 08/27/2024 9.875% 09/20/2031	198,726	212,478
JP MORGAN MORTGAGE ACQUISITION		SER 2005-WMC1 CL M3 "0 DAY DELAY"	32,158	32,525
JPMORGAN CHASE		CORPORATE BOND DTD 11/29/2024 VAR CPN 11/29/2045	713,944	683,305
JPMORGAN CHASE & CO		CORPORATE BOND DTD 07/22/2024 VAR CPN 07/22/2035	400,510	395,708
JPMORGAN CHASE & CO		CORPORATE BOND DTD 10/22/2024 VAR CPN 10/22/2035	300,000	289,056
KENVUE INC		CORPORATE BOND DTD 09/22/2023 5.200% 03/22/2063	397,200	369,492
KINDER MORGAN ENER PART		MED TERM NOTE	127,879	108,353
KINDER MORGAN INC		CORPORATE BOND DTD 07/31/2024 5.950% 08/01/2054	99,542	97,697
KOSMOS ENERGY LTD		CORPORATE BOND DTD 09/24/2024 8.750% 10/01/2031	299,988	281,703
KROGER CO		CORPORATE BOND DTD 08/27/2024 5.650% 09/15/2064	298,665	281,538
LATAM AIRLINES GROUP SA		CORPORATE BOND DTD 10/15/2024 7.875% 04/15/2030	100,000	101,236
LLOYDS BANKING GROUP		CONVERTIBLE	200,000	199,170
MARSH & MCLENNAN COS INC		CORPORATE BOND DTD 11/08/2024 5.400% 03/15/2055	497,595	478,790
MASS MUTUAL LIFE INS CO		144A PRIV PLCMT 4.900 04/01/2077	198,198	161,506
MAYO CLINIC		CORPORATE BOND DTD 04/01/21 3.196 11/15/2061	68,292	64,457
META PLATFORMS INC		CORPORATE BOND DTD 05/03/2023 5.600% 05/15/2053	498,615	499,875
META PLATFORMS INC		CORPORATE BOND DTD 08/09/2024 5.400% 08/15/2054	398,404	387,348
MGM CHINA HOLDINGS LTD		CORPORATE BOND DTD 06/26/2024 7.125% 06/26/2031	200,000	202,180
MIDAMERICAN ENERGY CO		CORPORATE BOND DTD 01/09/19 4.250 07/15/2049	461,225	405,270
MORGAN STANLEY		MEDIUM TERM NOTE	300,000	305,712
MORGAN STANLEY		MEDIUM TERM NOTE	100,000	98,361
MORGAN STANLEY		CORPORATE BOND DTD 02/07/2024 VAR CPN 02/07/2039	200,000	200,656
MORGAN STANLEY BK		CORPORATE BOND DTD 11/01/2023 VAR CPN 11/01/2034	400,000	429,836
MPLX LP		CORPORATE BOND DTD 11/15/18 5.500 02/15/2049	379,896	367,264
MPLX LP		CORPORATE BOND DTD 03/14/2022 4.950% 03/14/2052	98,982	84,032
MUTHOOT FINANCE LIMITED		MEDIUM TERM NOTE	399,800	407,356
NATIONAL FUEL GAS CO		CORPORATE BOND DTD 06/25/15 5.200 07/15/2025	199,372	199,870
NATWEST GROUP PLC		CONVERTIBLE	200,000	197,230
NEUBERGER BERMAN GRP/FIN		144A PRIV PLCMT 4.875 04/15/2045	86,781	82,666
NEW RESIDENTIAL MORTGAGE LOAN		SER 2019-RPL3 CL A1 "24 DAY DELAY"	173,324	164,246
NEWMONT CORP/NEWCREST FIN		CORPORATE BOND DTD 05/13/2024 4.200% 05/13/2050	99,476	80,636

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(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	
NEXTERA ENERGY CAPITAL	CORPORATE BOND DTD 02/09/2023 5.250% 02/28/2053	\$ 149,927	\$ 137,669	
NIAGARA MOHAWK POWER	CORPORATE BOND DTD 01/17/2024 5.664% 01/17/2054	200,000	193,702	
NY STATE ELECTRIC & GAS	CORPORATE BOND DTD 08/06/2024 5.300% 08/15/2034	399,008	393,896	
OCCIDENTAL PETE CORP	CORPORATE BOND DTD 10/01/2054 6.050% 10/01/2054	605,054	569,274	
OCCIDENTAL PETROLEUM COR	CORPORATE BOND DTD 07/13/20 8.875 07/15/2030	114,749	114,205	
OCCIDENTAL PETROLEUM COR	CORPORATE BOND DTD 09/15/19 6.200 03/15/2040	591,944	591,120	
ONEOK INC	CORPORATE BOND DTD 02/01/2024 4.850% 02/01/2049	99,371	83,032	
ONEOK INC	CORPORATE BOND DTD 08/24/2023 6.625% 09/01/2053	398,028	420,568	
ONEOK INC	CORPORATE BOND DTD 09/24/2024 5.700% 11/01/2054	299,157	282,093	
ONEOK PARTNERS LP	CORPORATE BOND DTD 09/12/13 6.200 09/15/2043	99,567	99,731	
ORACLE CORP	CORPORATE BOND DTD 09/27/2024 5.375% 09/27/2054	398,876	368,688	
PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 02/18/22 4.400 03/01/2032	99,693	93,956	
PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 06/19/20 3.500 08/01/2050	179,179	137,008	
PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 03/30/2023 6.700% 04/01/2053	321,801	324,690	
PACIFIC GAS AND ELECTRIC COMPANY	CORPORATE BOND DTD 05/13/11 3.450 07/01/2025	48,000	49,609	
PACIFIC GAS AND ELECTRIC COMPANY	CORPORATE BOND DTD 05/13/11 3.750 07/01/2028	48,000	47,849	
PACIFIC LIFE INSURANCE C	144A PRIV PLCMT 9.250 06/15/2039	389,835	397,290	
PACIFICORP	CORPORATE BOND DTD 05/17/2023 5.500% 05/15/2054	399,824	373,784	
PACIFICORP	CORPORATE BOND DTD 01/05/2024 5.800% 01/15/2055	496,205	485,875	
PENSKE TRUCK LEASING/PTL	144A PRIV PLCMT 4.200 04/01/2027	199,722	196,678	
PETROLEOS MEXICANOS	CORPORATE BOND DTD 07/28/20 6.950 01/28/2060	143,526	98,191	
PFIZER INVT ENTERPRISES	CORPORATE BOND DTD 05/19/2023 5.300% 05/19/2053	499,255	468,160	
PG&E CORP	CORPORATE BOND DTD 09/11/2024 VAR CPN 3/15/2055	502,863	513,115	
PHILIP MORRIS INTL INC	CORPORATE BOND DTD 03/04/13 4.125 03/04/2043	236,260	203,025	
PHILIP MORRIS INTL INC	CORPORATE BOND DTD 11/10/14 4.250 11/10/2044	78,659	61,396	
PIEDMONT OPERATING PARTN	CORPORATE BOND DTD 07/20/2023 9.250% 07/20/2028	203,656	219,444	
PINE STREET TRUST II	CORPORATE BOND DTD 06/11/2024 6.223% 05/15/2054	200,000	201,822	
PROSUS NV	144A PRIV PLCMT 3.832 02/08/2051	199,984	129,062	
PROVIDENCE ST JOSEPH HEALTH	CORPORATE BOND DTD 05/04/2023 5.403% 10/01/2033	200,000	199,808	
PUBLIC SVC CO	CORPORATE BOND DTD 12/05/2024 5.200% 01/15/2035	399,932	387,252	
QUALITYTECH (11/24) TL		297,000	282,331	
REINSURANCE GRP OF AMER	CORPORATE BOND DTD 05/13/2024 5.750% 09/15/2034	198,574	201,574	
REPUBLIC OF TURKEY	CORPORATE BOND DTD 02/13/20 5.250 03/13/2030	295,371	280,110	
REYNOLDS AMERICAN INC	CORPORATE BOND DTD 06/12/15 5.850 08/15/2045	320,134	285,648	
ROCKEFELLER FOUNDATION	CORPORATE BOND DTD 10/15/20 2.492 10/01/2050	65,294	60,479	
ROGERS COMMUNICATIONS IN	CORPORATE BOND DTD 11/12/19 3.700 11/15/2049	98,926	69,885	
ROGERS COMMUNICATIONS INC	CORPORATE BOND DTD 03/15/2023 4.500% 03/15/2042	197,994	168,904	
ROYAL BK SCOTLND GRP PLC	CORPORATE BOND DTD 06/29/20 09/30/2169	400,000	397,840	
ROYALTY PHARMA PLC	CORPORATE BOND DTD 03/02/21 3.550 09/02/2050	276,989	266,744	
RWE FINANCE US LLC	CORPORATE BOND DTD 04/16/2024 6.250% 04/16/2054	299,556	296,295	
SABINE PASS LIQUEFACTION	CORPORATE BOND DTD 03/15/2023 5.900% 09/15/2037	101,428	101,561	
SAMMONS FINANCIAL GROUP	CORPORATE BOND DTD 03/28/2024 6.875% 04/15/2034	197,678	208,992	
SAN DIEGO G & E	CORPORATE BOND DTD 03/22/12 4.300 04/01/2042	396,304	330,088	
SAN DIEGO GAS & ELECTRIC CO	CORPORATE BOND DTD 03/10/2023 5.350% 04/01/2053	148,422	141,143	
SEMPRA	CORPORATE BOND DTD 09/09/2024 VAR CPN 10/01/2054	100,000	99,153	
SIERRA PACIFIC POWER CO	CORPORATE BOND DTD 03/15/2024 5.900% 03/15/2054	198,740	199,980	
SMBC AVIATION CAP FIN	CORPORATE BOND DTD 07/25/2023 5.700% 07/25/2033	298,983	301,875	
SOUTH BOW CAN INFRA HOLD	CORPORATE BOND DTD 08/28/2024 VAR CPN 03/01/2055	300,000	307,581	
SOUTHERN CAL EDISON	CORPORATE BOND DTD 03/07/13 3.900 03/15/2043	469,215	394,160	
SOUTHERN POWER CO	CORPORATE BOND DTD 07/16/13 5.250 07/15/2043	251,718	277,356	
SOUTHWESTERN ELEC POWER	CORPORATE BOND DTD 11/03/21 3.250 11/01/2051	199,278	126,630	
SOUTHWESTERN PUB SVC CO	CORPORATE BOND DTD 06/06/2024 6.000% 06/01/2054	99,258	101,083	
SPIRIT AEROSYSTEMS INC	CORPORATE BOND DTD 11/21/2023 9.750% 11/15/2030	100,000	110,661	
STRYKER CORPORATION	CORPORATE BOND DTD 09/11/2024 4.625% 09/11/2034	198,940	190,812	
SUMITOMO MITSUI TRUST BANK LTD	MEDIUM TERM NOTE	199,452	192,710	
SYNCHRONY FINANCIAL	CORPORATE BOND DTD 07/23/15 4.500 07/23/2025	191,156	199,196	
SYNCHRONY FINANCIAL	CORPORATE BOND DTD 08/04/16 3.700 08/04/2026	85,405	97,815	
SYNCHRONY FINANCIAL	CORPORATE BOND DTD 12/01/17 3.950 12/01/2027	89,768	96,688	
T MOBILE USA INC	CORPORATE BOND DTD 01/12/2024 5.500% 01/15/2055	199,792	188,218	
T-MOBILE USA INC	CORPORATE BOND DTD 04/15/21 3.875 04/15/2030	108,074	94,099	
T-MOBILE USA INC	CORPORATE BOND DTD 03/15/2022 2.700% 03/15/2032	199,380	169,344	
T-MOBILE USA INC	CORPORATE BOND DTD 09/15/2022 5.650% 01/15/2053	313,209	290,286	
T-MOBILE USA INC	CORPORATE BOND DTD 05/11/2023 5.750% 01/15/2054	199,190	195,132	
TAPESTRY INC	CORPORATE BOND DTD 12/11/2024 5.500% 03/11/2035	390,812	389,064	
TARGA RES CORP	CORPORATE BOND DTD 04/06/2022 4.200% 02/01/2033	99,815	90,802	
TD SYNnex CORP	CORPORATE BOND DTD 02/09/2022 2.650% 08/09/2031	298,224	252,306	
TELEFONICA EMISIONES SAU	CORPORATE BOND DTD 03/06/18 4.665 03/06/2038	200,000	177,574	
TELEFONICA EMISIONES SAU	CORPORATE BOND DTD 03/08/17 5.213 03/08/2047	200,000	177,170	
THERMO FISHER SCIENTI	CORPORATE BOND DTD 09/30/19 1.875 10/01/2049	216,534	144,425	
TOTALENERGIES CAP	CORPORATE BOND DTD 04/05/2024 5.638% 04/05/2064	200,000	191,168	
TOTALENERGIES CAP	CORPORATE BOND DTD 09/10/2024 5.425% 09/10/2064	300,000	278,235	
TOTALENERGIES CAP SA	CORPORATE BOND DTD 04/05/2024 5.488% 04/05/2054	300,000	287,523	
TOWD POINT MORTGAGE TRUST	SER 2019-HY3 CL A1A *0 DAY DELAY*	19,646	20,051	
TOWD POINT MORTGAGE TRUST	SER 2019-4 CL A1 *24 DAY DELAY*	64,946	61,194	
TRANSCANADA TRUST	CORPORATE BOND DTD 09/12/19 09/15/2079	300,000	288,291	
UBER TECHNOLOGIES INC	CORPORATE BOND DTD 09/09/2024 5.350% 09/15/2054	299,418	278,973	
UBS GROUP AG	CONVERTIBLE	418,250	458,372	
UNION PAC CORP	CORPORATE BOND DTD 03/16/21 2.973 09/16/2062	198,594	115,074	
UNITED TECHNOLOGIES CORP	CORPORATE BOND DTD 08/16/18 4.625 11/16/2048	199,366	169,918	
UNITEDHEALTH GROUP INC	CORPORATE BOND DTD 03/21/2024 5.500% 04/15/2064	498,845	467,110	
UPMC	CORPORATE BOND DTD 04/12/2023 5.377% 05/15/2043	300,000	290,247	
VERIZON COMMUNICATIONS	CORPORATE BOND DTD 04/30/21 2.987 10/30/2056	698,093	597,181	
VERIZON COMMUNICATIONS	CORPORATE BOND DTD 11/20/20 3.000 11/20/2060	99,124	57,861	
VICI PROPERTIES LP	CORPORATE BOND DTD 04/29/2022 5.125% 05/15/2032	377,980	389,472	
VMWARE INC	CORPORATE BOND DTD 08/21/17 3.900 08/21/2027	94,459	97,738	
VODAFONE GROUP PLC	CORPORATE BOND DTD 06/28/2024 5.750% 06/28/2054	302,577	289,341	
VODAFONE GROUP PLC	CORPORATE BOND DTD 06/19/19 5.125 06/19/2059	394,108	345,936	
VOLKSWAGEN INTL FIN NV	CORPORATE BOND DTD 09/06/2023 VAR CPN 12/31/2099	236,145	231,298	

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(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	
	VULCAN MATERIALS CO	CORPORATE BOND DTD 11/20/2024 5.700% 12/01/2054	\$ 397,768	\$ 388,292
	WALGREENS BOOTS ALLIANCE INC	CORPORATE BOND DTD 08/12/2024 8.125% 08/15/2029	199,250	197,976
	WARNERMEDIA HOLDINGS INC	CORPORATE BOND DTD 03/15/2023 5.141% 03/15/2052	749,928	668,700
*	WELLS FARGO & COMPANY	CORPORATE BOND DTD 07/25/2023 VAR CPN 07/25/2034	400,000	399,468
*	WELLS FARGO & COMPANY	CORPORATE BOND DTD 07/23/2024 VAR CPN 12/31/2099	200,000	206,430
	WESTERN GAS PARTNERS LP	CORPORATE BOND DTD 08/09/18 5.500 08/15/2048	197,824	173,876
	WILLIS NORTH AMERICA INC	CORPORATE BOND DTD 09/10/19 3.875 09/15/2049	99,595	73,401
	WOODSIDE FINANCE LTD	144A PRIV PLCMT 3.650 03/05/2025	449,739	449,037
	WP CAREY INC	CORPORATE BOND DTD 09/12/16 4.250 10/01/2026	205,890	197,738
	XCEL ENERGY INC	CORPORATE BOND DTD 02/29/2024 5.500% 03/15/2034	398,612	398,436
	XP INC	CORPORATE BOND DTD 07/02/2024 6.750% 07/02/2029	593,760	596,406
	YINSON BORONIA PRODTN	CORPORATE BOND DTD 06/04/2024 8.947% 07/31/2042	300,000	313,185
	AIRBNB INC	COMMON STOCK	432,281	420,512
	ALIGN TECHNOLOGY INC	COMMON STOCK	779,265	707,057
	ALPHABET INC CL C	COMMON STOCK	494,168	762,712
	AMAZON COM INC COM	COMMON STOCK	346,010	455,234
	BEST BUY INC	COMMON STOCK	337,073	411,840
	BLOCK INC CL A	COMMON STOCK	1,364,103	1,725,127
	BOOKING HOLDINGS INC	COMMON STOCK	403,090	556,463
	COCA COLA CO	COMMON STOCK	655,563	703,538
	COSTAR GROUP, INC	COMMON STOCK	83,655	321,368
	DICKS SPORTING GOODS INC	COMMON STOCK	375,655	681,943
	DOMINOS PIZZA INC	COMMON STOCK	385,208	392,476
	ETSY INC	COMMON STOCK	990,593	645,046
	HEINEKEN N V	COMMON STOCK	529,162	407,755
	INTERACTIVE BROKERS GROUP INC CL A	COMMON STOCK	398,501	1,325,025
	LULULEMON ATHLETICA INC	COMMON STOCK	825,568	852,774
	LVMH MOET HENNESSY UNSP ADR - ADR	COMMON STOCK SPONSORED ADR	624,037	552,165
	MATTEL INC	COMMON STOCK	471,233	418,428
	MCDONALDS CORP	COMMON STOCK	534,108	601,522
	META PLATFORMS INC CL A	COMMON STOCK	589,552	752,380
	MICROSOFT CORP	COMMON STOCK	374,075	507,908
	NIKE INC CL B	COMMON STOCK	786,447	639,412
	PAYPAL HOLDINGS INC	COMMON STOCK	646,272	876,971
	PEGASYSTEMS INC	COMMON STOCK	1,743,806	1,791,490
	PEPSICO INC	COMMON STOCK	653,305	608,240
	PROCTER & GAMBLE CO	COMMON STOCK	356,871	389,786
	RALPH LAUREN CORP CL A	COMMON STOCK	324,025	561,281
	STARBUCKS CORP COM	COMMON STOCK	471,570	469,938
	UBER TECHNOLOGIES INC	COMMON STOCK	740,152	651,456
	VISA INC-CLASS A SHRS	COMMON STOCK	302,595	399,791
	WALT DISNEY CO	COMMON STOCK	784,117	860,179
	WAYFAIR INC	COMMON STOCK	1,077,308	380,000
	WILLIAMS SONOMA INC	COMMON STOCK	354,004	647,204
	WORKDAY INC	COMMON STOCK	643,479	1,149,008
	1798 VOLANTIS CATALYST FUND I	VENTURE CAPITAL LIMITED USD CLASS A VOTING	56,376	39,532
	1798 VOLANTIS CATALYST FUND I	VENTURE CAPITAL LIMITED USD CLASS A VOTING	57,131	37,971
	1798 VOLANTIS CATALYST FUND II LTD	VENTURE CAPITAL USD CLASS A VOTING SHARES APRIL 2017	59,093	34,352
	1798 VOLANTIS CATALYST FUND II LTD	VENTURE CAPITAL USD CLASS A VOTING SHARES AUGUST2017	59,263	34,069
	400 CAP ASSET BSD OFFS TERM FD IV LP	VENTURE CAPITAL	1,669,242	829,963
	400 CAPITAL ASSET BASED	VENTURE CAPITAL OFFSHORE TERM FUND III LF	10,000,000	12,342,731
	400 CAPITAL ASSET BASED OFFSHORE	VENTURE CAPITAL TERM FUND II LP	-	4,089,487
	AC CARBON CAYMAN LP	VENTURE CAPITAL	6,500,000	7,181,365
	ADVENT INT'L GPE IX LP	VENTURE CAPITAL	4,389,220	6,116,706
	ADVENT INTERNATIONAL GLOBAL PRIVATE	VENTURE CAPITAL EQUITY VIII-C LIMITED PARTNERSHIP	3,172,159	4,310,949
	ADVENT INTERNATIONAL GPE VII-B	VENTURE CAPITAL LIMITED PARTNERSHIP	1,643,445	510,782
	ADVENT INTERNATIONAL GPE X	VENTURE CAPITAL LIMITED PARTNERSHIP	2,588,026	3,012,492
	AETOS CAPITAL OPPORTUNITIES	VENTURE CAPITAL FUND CAYMAN LP	6,500,000	9,276,957
	ARBOUR LANE CREDIT OPPORTUNITY	VENTURE CAPITAL FUND III B LP	4,742,207	5,900,131
	ARTIMAN VENTURE SELECT 2014	VENTURE CAPITAL L.P FUND	2,396,250	1,496,203
	ARTIMAN VENTURES 2014, L.P	VENTURE CAPITAL	2,412,500	5,384,951
	ASF FND VII, L.P.	VENTURE CAPITAL	1	2,001,304
	ASF VI, L.P.	VENTURE CAPITAL	501	492,228
	ASF VIII L.P.	VENTURE CAPITAL	2,771,328	4,322,600
	BALANCE POINT CAP PTNRS VI LP	VENTURE CAPITAL	336,855	338,461
	BALANCE POINT CAPITAL	VENTURE CAPITAL PARTNERS III, LP	2,590,084	2,634,612
	BALANCE POINT CAPITAL PARTNERS	VENTURE CAPITAL V LP	6,518,991	8,132,448
	BARINGS NORTH AMERICAN PRIVATE	VENTURE CAPITAL LOAN FUND (CAYMAN), L.P	191,997	104,800
	BERKSHIRE FUND X LP	VENTURE CAPITAL	7,867,800	8,659,775
	BLACKSTONE REAL ESTATE PARTNERS	VENTURE CAPITAL FUND VIII L.P	4,123,358	4,433,607
	BLACKSTONE REAL ESTATE PARTNERS VI	VENTURE CAPITAL	1,671,947	645,611
	BLUE OWL ASSET INCOME FUND	VENTURE CAPITAL EVERGREEN GP LP	5,665,185	5,860,898
	BLUE OWL ASSET INCOME FUND V	VENTURE CAPITAL	2,268,407	2,187,853
	BLUE OWL CONTINUATION FUND VI-A, LP	VENTURE CAPITAL	115,424	582,289
	BLUE OWL SPECIAL OPPORTUNITIES	VENTURE CAPITAL FUND VI L.P.	740,913	279,637
	BLUE OWL SPECIAL OPPORTUNITIES	VENTURE CAPITAL FUND V LP	285,977	56,567
	BLUE TORCH CREDIT OPPORTUNITIES FUND	VENTURE CAPITAL I LP	-	960,934
	BLUE TORCH OFFSHORE CREDIT	VENTURE CAPITAL OPPORTUNITIES FUND II LF	5,920,260	7,218,405
	BLUE TORCH OFFSHORE CREDIT	VENTURE CAPITAL OPPORTUNITIES FUND III LF	3,937,500	4,364,984
	CAMBER CAPITAL OFFSHORE FUND	VENTURE CAPITAL CLASS A-IV SERIES 3 LTC	5,692,141	11,198,937
	CAPITAL TODAY EVERGREEN FUND	VENTURE CAPITAL L.P *CH*	10,213,665	22,841,257
	CAPITAL TODAY EVERGREEN SIDE POCKET	VENTURE CAPITAL	3,482,782	2,847,730
	CARNELIAN ENERGY CAPITAL V, L.P.	VENTURE CAPITAL	771,658	725,767
	CASTLELAKE V LP	VENTURE CAPITAL	1,584,339	3,324,726
	CAT ROCK CAPITAL PARTNERS FUND	VENTURE CAPITAL LTD	3,766,460	14,433,013
	CEVIAN CAPITAL II LF	VENTURE CAPITAL	6,027,020	14,453,605
	CHARLES RIVER INSTITUTIONAL FUND	VENTURE CAPITAL III, L.F	-	1,949,102
	CHARLES RIVER INSTITUTIONAL FUND	VENTURE CAPITAL IV LP	2,735,286	2,539,730

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(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	
	CHARLES RIVER INSTITUTIONAL FUND	VENTURE CAPITAL II, L.P.	\$ 4,471,030	\$ 2,778,433
	CHARLES-LIM ASIAGLOBAL LIMITED	VENTURE CAPITAL CLASS A, SERIES 04-2023	3,000,000	2,685,302
	COATUE OFFSHORE FUND	VENTURE CAPITAL LIQ ACCT TR 20 SERIES APRIL 22	498,341	306,295
	COMMONFUND CAPITAL INTERNATIONAL	VENTURE CAPITAL PARTNERS VI LP	491,775	76,325
	COMMONFUND CAPITAL PRIVATE EQUITY	VENTURE CAPITAL PARTNERS VII LP	349,689	291,704
	COMMONFUND CAPITAL VENTURE	VENTURE CAPITAL PARTNERS VII, LP - PHILA	282,947	177,376
	COMMONFUND INTERNATIONAL PARTNERS LL	VENTURE CAPITAL LLC VII	1,860,440	1,206,190
	COMMONFUND PRIVATE EQUITY PARTNERS	VENTURE CAPITAL VI - PHILA LP	272,026	13,690
	COMMONFUND VENTURE PARTNERS IX LP	VENTURE CAPITAL	952,938	2,335,865
	COMMONFUND VENTURE PARTNERS VIII LP	VENTURE CAPITAL	846,564	653,808
	CONST BRAZIL US FUND LP	VENTURE CAPITAL EQT IV 10-2015	666,502	635,113
	CONST BRAZIL US FUND LP	VENTURE CAPITAL EQT IV 10-2022	800,000	668,705
	CRAYHILL PRINCIPAL STRATEGIES	VENTURE CAPITAL FUND II LP	8,530,472	7,756,443
	CRAYHILL PRINCIPAL STRATEGIES	VENTURE CAPITAL FUND III LP	3,459,115	3,440,647
	CYRUS OPPORTUNITIES FUND II, LTD.	VENTURE CAPITAL SERIES 1	3,370,095	3,830,883
	DC CAPITAL PARTNERS FUND II	VENTURE CAPITAL LP	2,147,991	8,350,933
	DC CAPITAL PARTNERS FUND III LP	VENTURE CAPITAL	3,837,596	3,674,668
	DEERFIELD PARTNERS LP FUND	VENTURE CAPITAL	2,428,000	9,024,045
	DEERFIELD PRIVATE DESIGN FUND	VENTURE CAPITAL IV, L.P.	4,417,851	7,004,713
	DEERFIELD PRIVATE DESIGN FUND	VENTURE CAPITAL III, LP	3,071,263	4,551,809
	DOVER STREET VIII	VENTURE CAPITAL CAYMAN FUND, LTD	608,053	244,961
	DOVER STREET X LP	VENTURE CAPITAL	6,544,312	8,950,943
	ELLIOTT INTERNATIONAL LIMITEC	VENTURE CAPITAL	14,655,308	19,024,937
	ENCAP ENERGY CAP FUND X, LP	VENTURE CAPITAL	4,050,452	3,881,584
	ENCAP ENERGY CAPITAL FUND IX, L.P.	VENTURE CAPITAL	2,968,568	1,182,095
	ENCAP ENERGY CAPITAL FUND XI, LP	VENTURE CAPITAL	5,193,554	6,761,444
	ENCAP ENERGY CAPITAL FUND XII LP	VENTURE CAPITAL	1,626,994	2,212,695
	ENCAP FLATROCK MIDSTREAM FUND IV LP	VENTURE CAPITAL	2,622,841	2,738,783
	ENERVEST ENERGY INSTITUTIONAL	VENTURE CAPITAL FUND XIV-C, L.P.	18,634	1,742,538
	FORTRESS CREDIT OPPORTUNITES FUND	VENTURE CAPITAL V (A) L.P.	1,454,765	3,868,185
	FORTRESS CREDIT OPPORTUNITIES	VENTURE CAPITAL FUND IV LP	763,815	1,925,983
	FORTRESS CREDIT OPPORTUNITIES FUND	VENTURE CAPITAL V B LP	2,481,407	3,096,795
	FORTRESS CREDIT OPPORTUNITIES FUND	VENTURE CAPITAL VI (A) LP	2,405,297	2,613,092
	FORTRESS LENDING FUND II	VENTURE CAPITAL A LP	6,052,191	4,948,807
	FORTRESS LENDING FUND III A LP	VENTURE CAPITAL	6,498,095	6,881,067
	FORTRESS LENDING FUND IV A LP	VENTURE CAPITAL	1,250,000	1,287,733
	GAOCHENG FUND I, LP	VENTURE CAPITAL	7,166,982	6,970,180
	GAOCHENG FUND II LP	VENTURE CAPITAL	2,443,182	2,035,165
	GGV CAPITAL IX, L.P.	VENTURE CAPITAL	160,000	159,342
	GGV CAPITAL IX PLUS L.P.	VENTURE CAPITAL	1,080,000	943,775
	GOF III FEEDER B LP	VENTURE CAPITAL	3,498,344	4,763,983
	GREAT HILL EQUITY PARTNERS V LP	VENTURE CAPITAL	2,434,611	3,888,974
	GREAT HILL EQUITY PARTNERS VII LP	VENTURE CAPITAL	4,615,197	4,991,115
	GREAT HILL EQUITY PARTNERS VIII LP	VENTURE CAPITAL	4,721,458	4,272,209
	GREAT HILLS EQUITY	VENTURE CAPITAL PARTNERS VI LP FUND	2,637,636	6,234,222
	HBK MULTI-STRATEGY OFFSHORE FUND LTD	VENTURE CAPITAL CLASS A SUBCLASS A. 1: SERIES LEAC	10,455,506	19,433,458
	HILLHOUSE FUND IV FEEDER, LP	VENTURE CAPITAL	4,899,002	6,628,201
	HOLDBACK - TRIDENT VI	VENTURE CAPITAL	13,383	13,383
	INCA LATIN AMERICAN FUND	VENTURE CAPITAL L.P.	500,000	849,244
	INDABA CAPITAL PARTNERS	VENTURE CAPITAL (CAYMAN) L.P.	1	7,811,494
	INDEPENDENT FRANCHISE PARTNERS	VENTURE CAPITAL GLOBAL EQUITY LP	11,988,369	14,204,888
	JACKSON SQUARE VENTURES III LP	VENTURE CAPITAL	5,361,485	6,549,215
	JACKSON SQUARE VENTURES IV LP	VENTURE CAPITAL	395,062	288,664
	JANCHOR PARTNERS OPPORTUNITIES	VENTURE CAPITAL OFFSHORE FUND LP	-	425,443
	JANCHOR PARTNERS OPPORTUNITIES	VENTURE CAPITAL OFFSHORE FUND II LP	-	317,303
	JLL PARTNERS FUND VI, L.P.	VENTURE CAPITAL	32,141	43,729
	JUNTO OFFSHORE FUND LTD CLASS J	VENTURE CAPITAL SERIES 1E	12,615,740	21,356,733
	KABOUTER INTERNATIONAL	VENTURE CAPITAL OPPORTUNITIES OFFSHORE FUND II LTC	15,000,000	11,437,856
	KLCP CO-INVESTMENT OPPORTUNITIES	VENTURE CAPITAL III LP	2,036,134	2,445,606
	KLCP DOMESTIC FUND LP	VENTURE CAPITAL	4,025,603	6,241,031
	KLCP ERISA FUND E III LP	VENTURE CAPITAL	4,737,173	5,840,995
	KPS SPECIAL SITUATIONS FD VI (A) LF	VENTURE CAPITAL	915,800	893,829
	KPS SPECIAL SITUATIONS FUND V LP	VENTURE CAPITAL	5,282,535	7,553,750
	LCM PARTNERS COPS 4	VENTURE CAPITAL USD SLP	7,893,796	8,266,694
	LIGHTSPEED CHINA PARTNERS	VENTURE CAPITAL III FUND, LP	4,807,692	7,739,110
	LIGHTSPEED CHINA PARTNERS IV, LP	VENTURE CAPITAL	2,943,889	3,788,289
	LIGHTSPEED CHINA PARTNERS SELECT	VENTURE CAPITAL I, L.P.	1,094,643	1,463,355
	LIGHTSPEED OPPORTUNITY FUND II LP	VENTURE CAPITAL	7,050,000	8,074,483
	LIGHTSPEED OPPORTUNITY FUND, LP	VENTURE CAPITAL	7,425,000	5,085,082
	LIGHTSPEED VENTURE PARTNERS SELECT	VENTURE CAPITAL IV LP	3,249,794	2,208,792
	LIGHTSPEED VENTURE PARTNERS SELECT	VENTURE CAPITAL V LP	2,940,000	3,014,169
	LSC SELECT II LP	VENTURE CAPITAL	1,300,000	1,323,512
	LSC V LP	VENTURE CAPITAL	2,800,000	3,116,068
	LYXOR/BRIDGEWATER FUND LIMITED	VENTURE CAPITAL CLASS S	6,912,844	7,547,818
	MALABAR INDIA FUND LP	VENTURE CAPITAL	1,200,000	3,999,921
	MATRIX CAPITAL MANAGEMENT	VENTURE CAPITAL FUND LTD	1,993,601	4,530,210
	MCP PRIVATE CAPITAL FUND IV	VENTURE CAPITAL FEEDER SCSP	3,163,148	3,983,371
	MCP PRV CAP (FEEDER) FD III SCSP	VENTURE CAPITAL III SCSP	3,239,934	4,083,803
	MERITECH CAPITAL PARTNERS VI LP	VENTURE CAPITAL	4,767,644	5,488,743
	MERITECH CAPITAL PARTNERS VII LP	VENTURE CAPITAL	6,843,750	7,867,361
	MERITECH FRANCHISE FUND LP	VENTURE CAPITAL	2,325,000	2,467,392
	OCF ASIA FUND III, LP	VENTURE CAPITAL	4,027,439	4,311,685
	OCF ASIA FUND IV LP	VENTURE CAPITAL	2,652,320	3,530,764
	ORBIS INSTITUTIONAL GLOBAL EQUITY	VENTURE CAPITAL LP ZERO BASE (ACWI) RRF	6,966,532	13,277,715
	ORION EUROPEAN REAL ESTATE FUND IV,	VENTURE CAPITAL LP	3,626,099	2,726,243
	OVERLOOK 3G INVESTMENTS	VENTURE CAPITAL LP FUND	785,957	1,197,862
	OVERLOOK PARTNERS FUND, L.P.	VENTURE CAPITAL	2,403,000	8,675,097
	PARTNERS GROUP REAL ESTATE	VENTURE CAPITAL SECONDARY 2013 (USD) A LP	1,953,963	1,507,607

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**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(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	
PEMBERTON STRATEGIC CREDIT FUND	VENTURE CAPITAL CAYMAN I LP	\$ 3,465,275	\$ 3,995,561	
PENDING- COATUE OFFSHORE LIQ	VENTURE CAPITAL	5,000,000	5,000,000	
POLARIS VENTURE PARTNERS VI, L.P	VENTURE CAPITAL	600,760	1,235,047	
PRIMARY WAVE MUSIC IP FUND 4 LP	VENTURE CAPITAL	2,198,952	2,434,061	
PROSPERITY FUNDAMENTAL VALUE FD -S2	VENTURE CAPITAL	33,965	999,507	
PZENA US BEST IDEAS FUND	VENTURE CAPITAL LP	-	7,102,171	
QUAN VENTURE FUND II, LP	VENTURE CAPITAL	5,642,297	5,212,569	
QUAN VENTURE FUND III LP	VENTURE CAPITAL	4,342,500	4,546,860	
REVELATION HEALTHCARE FUND IV GP LP	VENTURE CAPITAL	2,314,676	2,879,349	
SENATOR GLOBAL OPPORTUNITY OFFSHORE	VENTURE CAPITAL FUND II LTD CLASS B1 TRANCHE 2 (NEW	4,573,690	13,872,550	
SILVER LAKE PARTNERS V, LP	VENTURE CAPITAL	3,107,329	4,104,451	
SILVER LAKE PARTNERS VI LP	VENTURE CAPITAL	9,204,132	11,425,461	
SILVER LAKE PARTNERS VII LP	VENTURE CAPITAL	2,117,365	2,678,992	
SOROBAN OPPORTUNITIES CAYMAN	VENTURE CAPITAL FUND LTD B-E/2	6,402,487	12,323,350	
TENZING PRIVATE EQUITY II LP	VENTURE CAPITAL	4,921,873	4,843,781	
TENZING PRIVATE EQUITY III LP	VENTURE CAPITAL	1,091,112	1,046,963	
THE CHILDRENS INVESTMENT FUND LP	VENTURE CAPITAL	6,028,586	14,053,839	
THINK INVESTMENTS	VENTURE CAPITAL TRANCHE A SUB TRANCHE 01	49,150	1,100,772	
THINK INVESTMENTS OFFSHORE LTD	VENTURE CAPITAL	49,302	3,254,792	
THINK INVESTMENTS OFFSHORE LTD	VENTURE CAPITAL	290,568	3,694,961	
THINK INVESTMENTS OFFSHORE TRANCHE A	VENTURE CAPITAL RESERVE CAPITAL (NON-PARTICIPATING	64,886	25,189	
THOMA BRAVO FUND XII-A GLOBAL, LP	VENTURE CAPITAL	703,262	1,217,675	
THOMA BRAVO FUND XII-A, LP	VENTURE CAPITAL	4,250,246	7,480,001	
THOMA BRAVO FUND XIII-A, LP	VENTURE CAPITAL	3,662,855	6,325,269	
THOMA BRAVO FUND XIV LP	VENTURE CAPITAL	8,157,812	9,680,433	
THOMA BRAVO FUND XV-A LP	VENTURE CAPITAL	5,733,069	7,655,204	
THOMPSON STREET CAPITAL	VENTURE CAPITAL PARTNERS VI LP	9,137,655	7,252,465	
TIGER GLOBAL LONG OPPORTUNITIES, LTD	VENTURE CAPITAL	7,559,216	11,472,620	
TRIDENT CAPITAL VI, L.P	VENTURE CAPITAL	1,453,828	2,111,684	
TRIDENT CAPITAL VIII LP	VENTURE CAPITAL	4,517,256	6,730,484	
TRIDENT IX LP	VENTURE CAPITAL	6,449,464	7,995,473	
TWO SIGMA CHINA CORE EQUITY CAYMAN	VENTURE CAPITAL FUND LTD	3,000,263	2,845,558	
TWO SIGMA INTERNATIONAL CORE	VENTURE CAPITAL FUND LP	24,885,621	27,976,248	
VALINOR CAPITAL PARTNERS	VENTURE CAPITAL OFFSHORE LTD	374,735	506,508	
VENROCK ASSOCIATES IX LP	VENTURE CAPITAL	3,475,000	3,589,324	
VENROCK ASSOCIATES VII	VENTURE CAPITAL LP	3,490,166	14,153,308	
VENROCK ASSOCIATES VIII LP	VENTURE CAPITAL	4,379,557	8,054,285	
VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS III, LP	2,756,953	6,072,147	
VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS EG LP	18,000,000	11,105,420	
VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS II, L.F	1,322,808	1,220,350	
VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS XP LP	350,000	350,000	
VENROCK OPPORTUNITIES FUND LP	VENTURE CAPITAL	5,800,000	5,482,137	
VIP III FEEDER	VENTURE CAPITAL LP	4,591,777	9,249,096	
VIP IV FEEDER LP	VENTURE CAPITAL	6,904,980	8,716,915	
VIP V SCSP	VENTURE CAPITAL	1,154,531	959,164	
YUN QI PARTNERS IV LP	VENTURE CAPITAL	1,250,000	1,243,369	
ACADIAN EMERGING MARKETS EQUITY I	EQUITY FUNDS	9,683,039	14,918,483	
JPMCB US ACTIVE CORE PLUS EQUITY FD	EQUITY FUNDS	7,000,000	7,175,409	
LGIMA LONG DURATION	EQUITY FUNDS US CREDIT FUND LLC	125,586,549	148,716,931	
SILCHESTER INTERNATIONAL VALUE	EQUITY FUNDS EQUITY GROUP TRUST	6,981,056	31,074,206	
ARTISAN INTERNATIONAL VALUE FUND	MUTUAL FUNDS CLASS INS #1672	10,625,734	13,663,651	
PAPS LONG DURATION CORPORATE BOND	MUTUAL FUNDS #1830	96,681,613	77,785,461	
PIMCO PAPS SHORT TERM FLOATING NAV	MUTUAL FUNDS PORT II FUND CLASS #1944	69,727	69,727	
VANGUARD RUSSELL 1000 VALUE	MUTUAL FUNDS	3,233,733	3,714,100	
BRAZIL REP OF	CORPORATE BONDS DTD 01/29/2024 7.125% 05/13/2054	398,828	369,828	
GOVERNMENT OF FRANCE	CORPORATE BONDS DTD 01/23/2024 3.000% 06/25/2049	193,552	185,246	
GOVT UNITED KINGDOM	CORPORATE BONDS DTD 01/24/2024 4.375% 07/31/2054	622,493	544,080	
REPUBLIC OF COLOMBIA	CORPORATE BONDS DTD 02/02/2023 7.500% 02/02/2034	99,263	98,350	
REPUBLIC OF COLOMBIA	CORPORATE BONDS DTD 11/14/2023 8.750% 11/14/2053	321,750	302,967	
REPUBLIC OF PANAMA	CORPORATE BONDS DTD 02/29/2024 8.000% 03/01/2038	199,998	200,480	
REPUBLIC OF PANAMA	CORPORATE BONDS DTD 02/29/2024 7.875% 03/01/2057	486,858	481,950	
REPUBLIC OF SOUTH AFRICA	CORPORATE BONDS DTD 11/19/2024 7.950% 11/19/2054	350,000	335,752	
UNITED MEXICAN STATES	CORPORATE BONDS DTD 03/07/2024 4.000% 08/24/2034	449,106	356,348	
UNITED MEXICAN STATES	CORPORATE BONDS DTD 01/08/2024 6.400% 05/07/2054	297,969	268,647	
CASH COLLATERAL	CASH EQUIVALENTS NOT ADMINISTERED BY BANK	15,023,000	15,023,000	
CDX ITRAXX XOV38 5Y 35-100% W/ BPS	CONTRACTS AND SWAPS PMT:Q RECEIVE 5% 1STPMT 12-20	272,674	272,674	
EXCESS FUTURES PIMCO MARGIN EQUITY	CASH EQUIVALENTS HELD WITH WELLS FARGO SECURITIES LLC	24,522	24,522	
ICE EXCESS SWAPS PIMCO MARGIN EQUITY	CASH EQUIVALENTS HELD WITH WELLS FARGO SECURITIES LLC	12,858	12,858	
ISDA2003CREDIT CR W/ OTC	CASH EQUIVALENTS PMT: Q RECEIVE 1% 1STPMT 12-20	7,469	7,469	
LCH EXCESS SWAPS PIMCO MARGIN EQUITY	CASH EQUIVALENTS HELD WITH WELLS FARGO SECURITIES LLC	19,105	19,105	
LIMI SNR AS SP JPM ISDA2014CREDIT	CASH EQUIVALENTS EFFDT 3/20/24 1SPMT 6/20	2,140	2,140	
VM CASH CCP ICE WFS EUR	CASH EQUIVALENTS	17,342	16,290	
VM CASH CCP LCH WFS EUR	CASH EQUIVALENTS	14,349	13,917	
VM CASH CCP LCH WFS GBP	CASH EQUIVALENTS	17,345	16,839	
VM CASH FUT FOR WFS EUR	CASH EQUIVALENTS	20,217	20,116	
VM CASH FUT FOR WFS GBP	CASH EQUIVALENTS	8,748	8,621	
BROKER OWNED CASH COLLATERAL	CASH EQUIVALENTS	(260,000)	(260,000)	
CALL WRITE OPTION W/ BPS	RFR USD SOFR-3.49 1-8-25-10Y LCH	(263)	-	
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.5 1-8-25-10Y LCH	(268)	-	
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.533 01-06-25-10Y LCH	(318)	-	
CALL WRITE OPTION W/ JPM	IRS EUR R 1.97 1-8-25-10Y LCH	(243)	-	
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.5 1-8-25-10Y LCH	(263)	-	
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.62 1-15-25-10Y LCH	(270)	(6)	
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.7 1-21-25-10Y LCH	(280)	(37)	
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.721 1-15-25-10Y LCH	(275)	(19)	
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.69 1-22-25-10Y LCH	(273)	(41)	
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.875 1-23-25-10Y LCH	(615)	(401)	
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.822 1-23-25-10Y LCH	(303)	(137)	

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**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)	(e)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost</u>	<u>Current value</u>	
	CALL WRITE OPTION W/GLM	RFR USD SOFR-3.9 1-27-25-10Y LCH	\$ (325)	\$ (281)
	CALL WRITE OPTION W/GLM	RFR USD SOFR-3.908 1-28-25-10Y LCH	(333)	(316)
	CALL WRITE OPTION W/GLM	RFR USD SOFR-3.886 1-29-25-10Y LCH	(324)	(295)
	CALL WRITE OPTION W/GPM	RFR USD SOFR-3.496 1-8-25-10Y LCH	(290)	-
	CALL WRITE OPTION W/RYL	RFR GBP SONIO-3.64 1-6-25-10Y LCH	(279)	-
	PUT WRITE OPTION W/ BPS	RFR USD SOFR-3.84 1-8-25-10Y LCH	(263)	(1,939)
	PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.9 1-8-25-10Y LCH	(268)	(1,462)
	PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.933 01-06-25-10Y LCH	(318)	(1,179)
	PUT WRITE OPTION W/ JPM	IRS EUR R 2.22 1-8-25-10Y LCH	(243)	(1,283)
	PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.85 1-8-25-10Y LCH	(263)	(1,859)
	PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.97 1-15-25-10Y LCH	(270)	(1,103)
	PUT WRITE OPTION W/BOA	RFR USD SOFR-4.1 1-21-25-10Y LCH	(280)	(573)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-4.071 1-15-25-10Y LCH	(275)	(581)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-4.09 1-22-25-10Y LCH	(273)	(642)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-4.275 1-23-25-10Y LCH	(615)	(414)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-4.222 1-23-25-10Y LCH	(303)	(297)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-4.3 1-27-25-10Y LCH	(325)	(209)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-4.308 1-28-25-10Y LCH	(333)	(215)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-4.286 1-29-25-10Y LCH	(324)	(264)
	PUT WRITE OPTION W/GPM	RFR USD SOFR-3.896 1-8-25-10Y LCH	(290)	(1,493)
	PUT WRITE OPTION W/RYL	RFR GBP SONIO-3.93 1-6-25-10Y LCH	(279)	(1,450)
	CDS MEXICO LA SP W/MYI	PMT:Q RECEIVE 1% 1STPMT 09-20	(287)	(287)
			<u>\$ 1,257,465,954</u>	<u>\$ 1,507,826,605</u>

\* A party-in-interest to the Plan.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
		\$	\$
ALLIANT (8/15)	MEDIUM TERM NOTE	(95,783)	95,489
BANCO BILBAO VIZCAYA ARG	DTD 01/13/2023 VAR CPN 01/13/2031	(444,544)	451,635
BANCO SANTANDER SA	CONVERTIBLE	(400,000)	409,264
BARCLAYS PLC	DTD 03/12/2024 VAR CPN 03/12/2055	(300,000)	320,826
BLACKROCK FUNDING INC	DTD 03/14/2024 5.250% 03/14/2054	(296,382)	297,096
BNP PARIBAS	DTD 02/20/2024 VAR CPN 02/20/2035	(200,000)	201,406
BRISTOL-MYERS SQUIBB CO	DTD 02/22/2024 5.550% 02/22/2054	(199,218)	209,346
BROOKFIELD FINANCE INC	DTD 03/04/2024 5.968% 03/04/2054	(200,000)	203,098
BURLINGTON NORTHN SANTA FE CORP	DTD 06/07/2024 5.500% 03/15/2055	(99,470)	106,167
CAESARS ENTERTAINMENT INC	DTD 02/06/2024 6.500% 02/15/2032	(200,000)	197,500
CARNIVAL CORPORATION - (2028) TERM	MEDIUM TERM NOTE	(194,523)	196,640
CENTRAIS ELETRICAS ELET	DTD 09/11/2024 6.500% 01/11/2035	(294,519)	297,750
CHARTER COMM OPT LLC/CAP	DTD 10/12/21 3.500 03/01/2042	(130,652)	135,180
COMMONWEALTH BANK OF AUSTRALIA	CONVERTIBLE	(200,000)	210,632
CRH AMERICA FINANCE	DTD 05/21/2024 5.400% 05/21/2034	(398,504)	407,244
DUKE ENERGY OHIO INC	DTD 03/14/2024 5.550% 03/15/2024	(299,217)	301,572
ENTERGY CORP	DTD 05/23/2024 VAR CPN 12/01/2054	(200,000)	206,000
EVERSOURCE ENERGY	DTD 04/18/2024 5.950% 07/15/2034	(299,169)	319,668
EXELON CORP	DTD 02/21/2023 5.600% 03/15/2053	(390,732)	394,948
FAIRFAX FINL HLDGS LTD	DTD 06/24/2024 6.100% 03/15/2055	(298,755)	307,656
FS KKR CAP CORP	DTD 06/06/2024 6.875% 08/15/2029	(395,432)	414,928
HEWLETT PACKARD ENTERPRISE CO	DTD 09/26/2024 5.600% 10/15/2054	(294,258)	291,738
HUMANA INC	DTD 03/13/2024 5.750% 04/15/2054	(299,847)	306,345
INTERSTATE POWER & LIGHT	DTD 09/26/19 3.500 09/30/2049	(148,190)	145,650
JPMORGAN CHASE & CO	DTD 01/23/2024 VAR CPN 01/23/2035	(400,000)	409,784
JPMORGAN CHASE & CO	DTD 03/12/2024 VAR CPN 12/31/2099	(400,000)	416,760
KBC GROUP	DTD 09/21/2023 VAR CPN 09/21/2034	(423,548)	432,176
MERCEDES-BENZ FIN	DTD 01/11/2024 5.000% 01/11/2034	(199,766)	196,128
MOODYS CORP	DTD 08/05/2024 5.000% 08/05/2034	(297,579)	301,869
PNC FINANCIAL SERVICES	DTD 01/22/2024 VAR CPN 01/22/2035	(300,000)	313,209
PRUDENTIAL FINL INC	DTD 03/11/2024 VAR CPN 03/15/2054	(200,000)	204,128
PUBLIC SERVICE COLORADO	DTD 04/04/2024 5.750% 05/15/2054	(199,494)	212,024
ROYAL BANK CANADA	CONVERTIBLE	(500,000)	522,000
SMURFIT KAPPA TREASURY	DTD 04/03/2024 5.777% 04/03/2054	(300,000)	312,570
STATE STREET CORP	DTD 01/31/2024 VAR CPN 12/31/2099	(200,000)	201,970
SUMITOMO MITSUI FINL	CONVERTIBLE	(200,000)	201,280
TORONTO DOMINION BANK	DTD 07/03/2024 VAR CPN 07/31/2084	(500,000)	510,190
UBS GROUP AG	DTD 01/12/2023 VAR CPN 01/12/2034	(206,646)	206,062
UKG INC	DTD 02/09/2024 6.875% 02/01/2031	(200,000)	201,750
UNITEDHEALTH GROUP INC	DTD 07/25/2024 5.625% 07/15/2054	(299,403)	319,032
UNITEDHEALTH GROUP INC	DTD 07/25/2024 5.750% 07/15/2064	(198,794)	213,986
VIRGINIA ELEC & POWER CO	DTD 01/08/2024 5.350% 01/15/2054	(498,730)	508,680
VOLKSWAGEN GROUP AMERICA	DTD 03/22/2024 5.600% 03/22/2034	(198,852)	200,478
VR DIRECTV FINANCING	MEDIUM TERM NOTE	(197,500)	201,251
SCHLUMBERGER LTD	COMMON STOCK	(701,980)	569,272

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
SCHOLAR ROCK HOLDING CORP	COMMON STOCK	\$ (242,874)	\$ 229,656
REPUBLIC ARGENTINA	DTD 07/12/2024 4.500% 01/17/2025	(26,431)	22,355
STATE OF ISRAEL	DLR BD GLOBAL ISSUE	(287,892)	283,650
BOEING CO-THE SNR S* ICE	ISDA2014CREDIT	-	6,345
CDS GENERAL ELECTRIC CO. SNR S* ICE	PMT:Q RECEIVE 1% 1STPMT 12-20	-	7,955
CDS GENERAL ELECTRIC COM SNR S ICE	PMT:Q RECEIVE 1% 1STPMT 03-21	-	240
CDS GENERAL MOTORS CO. SNR S* ICE	PMT: Q RECEIVE 5% 1STPMT 12-21	-	36,615
CDX EM41 ICE 6/20/2029	ISDA2014CREDIT	-	17,288
CDX.EM.40 ISDA2014CREDIT	EFFDT 9/20/23 1STPMT 12/20/2023	-	7,292
ICE CDS AT+T INC SNR S*ICE 6/20/2028	ISDA2014CREDIT	-	18,469
ICE CDX.NA.HY.41 ISDA2014CREDIT	EFFDT 9/20/23 1STPMT 12/20	-	34,535
ICE ISDA2014CREDIT	PMT:Q RECEIVE 1% 1STPMT 6-20	-	3,919
INDEX BOA ICE SWAP USD	US06051GFX25	-	14,636
INDEX CDX ICE SWAP USD	CDX.EM.39	-	9,110
ISDA 2014 CREDIT-AES CORP SNR S ICE	EFFDT 9/20/2021 1ST PMT 12/20/2021	-	3,387
ISDA2014CREDIT	PMT: Q RECEIVE 5% 1STPMT 12-20	-	39,253
ISDA2014CREDIT	PMT: Q RECEIVE 5% 1STPMT 6-20	-	56,426
ISDA2014CREDIT	EFFDT 9/20/2024 1STPMT 12-20	-	1,769
ISDA2014CREDIT	EFFDT 9/20/24 1STPMT 12-20	-	22,876
ISDA2014CREDIT CDX.NA.IG.43	EFFDT 9/20/24 1STPMT 12-20	-	4,623
ISDA2014CREDIT CDX.NA.IG.43	EFFDT 9/20/24 1STPMT 12-20	-	373
LCH RECEIVER RFR SWAP 10/17/2024	EFFDT 10/17/2024 1STPMT 10-21-2025	-	140
LCH RECEIVER RFR SWAP 10/17/2024	EFFDT 10/17/2024 1STPMT 10-21-2025	-	337
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.00000 12-18-23-2Y LCH	-	213,406
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.514 09-04-24-10Y LCH	-	31,324
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.231 09-18-24-10Y LCH	-	4,898
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.248 9/18/24-10Y LCH	-	4,887
LCH RECEIVER RFR USD SWAP 10/15/34	EFFDT 10/15/24 1STPMT 10/17/2025	-	51
LCH RECEIVER RFR USD SWAP 12/18/29	EFFDT 12/18/24 1STPMT 12/22/2025	-	390,974
LCH RECEIVER RFR USD SWAP 2/22/2029	EFFDT 2/22/24 1STPMT 2/26/2025	-	5,619
LCH RECEIVER RFR USD SWAP 2/27/29	EFFDT 2/27/27 1STPMT 3/3/2025	-	1,181
LCH RECEIVER RFR USD SWAP 3/5/34	EFFDT 3/5/24 1STPMT 3/7/2025	-	2,674
LCH RECEIVER RFR USD SWAP 4/16/34	EFFDT 4/16/24 1STPMT 4/18/2025	-	1,026
LCH RECEIVER RFR USD SWAP 4/17/34	EFFDT 4/17/24 1STPMT 4/21/2025	-	775
LCH RECEIVER RFR USD SWAP 4/22/34	EFFDT 4/22/24 1STPMT 4/24/2025	-	6,808
LCH RECEIVER RFR USD SWAP 4/22/34	EFFDT 4/22/24 1STPMT 4/24/2025	-	4,553
LCH RECEIVER RFR USD SWAP 5/3/34	EFFDT 5/3/24 1STPMT 5/7/2025	-	2,722
LCH RECEIVER RFR USD SWAP 8/20/34	EFFDT 8/20/24 1STPMT 8/22/2025	-	8,758
LCH RECEIVER RFR USD SWAP 8/28/34	EFFDT 8/28/24 1STPMT 9/2/2025	-	10,395
LCH RECEIVER RFR USD SWAP 8/7/34	EFFDT 08/07/2024 1STPMT 8/11/2025	-	4,885
LCH RECEIVER RFR USD SWAP 8/7/34	EFFDT 08/07/2024 1STPMT 8/11/2025	-	5,223
LCH RECEIVER RFR USD SWAP 9/4/34	EFFDT 9/4/24 1STPMT 9/8/2025	-	6,450
LCH RECEIVER RFR USD SWAP 9/4/34H	RFR USD SOFR-3.525 9-4-24-10Y LCH	-	47,011
LCH RECEIVER RFR USD SWAP 9/5/34	EFFDT 9/5/24 1STPMT 9/9/2025	-	31,166
LCH RECEIVERRFR USD SWAP 2/21/34	EFFDT 2/21/24 1STPMT 2/25/2025	-	8,709

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
LCH RFRF USD RECEIVER SWAP	RFRF USD SF+26.161-1.7* 12-21-16-10Y	\$ -	\$ 183,060
LCH SWAP RECEIVER	RFR USD SOFR-3.5940 01-09-2024-10Y LCH	-	2,439
PENDING-400 CAPITAL ASSET BASED	OFFSHORE TERM FUND IV LP	(899,505)	899,505
RFR USD SOFR-3.555 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	32,678
RFR USD SOFR-3.558 08-21-24	LCH RECEIVER RFR USD SWAP 8/21/34	-	9,202
RFR USD SOFR-3.565 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	8,498
RFR USD SOFR-3.569 8-14-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/14/34	-	10,137
RFR USD SOFR-3.595 08-19-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/19/34	-	9,768
RFR USD SOFR-3.599 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	9,466
RFR USD SOFR-3.60000 0L17-24-10Y LCH	LCH RECEIVER RFR USD SWAP 1/17/2034	-	1,826
RFR USD SOFR-3.605 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	9,469
RFR USD SOFR-3.613 8-22-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/22/34	-	14,527
RFR USD SOFR-3.643 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	16,408
RFR USD SOFR-3.64500 08-07-24-1 0Y L	LCH RECEIVER RFR USD SWAP 8/7/34	-	18,834
RFR USD SOFR-3.64750 1-8-24-10Y LCH	LCH RECEIVER RFR USD SWAP 1/8/2034	-	3,322
RFR USD SOFR-3.66674 3-1-24-4Y LCH	LCH RECEIVER RFR USD SWAP 5/31/28	-	821,412
RFR USD SOFR-3.679 8-13-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/13/34	-	18,070
RFR USD SOFR-3.795 8-6-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/6/34	-	19,855
RFR USD SOFR-3.81000 0L02-24-10Y LCH	LCH RECEIVER RFR USD SWAP 01/02/34	-	3,862
RFR USD SOFR-3.81000 0L02-24-10Y LCH	LCH RECEIVER RFR USD SWAP 01/02/34	-	7,233
RFR USD SOFR-3.85 8-5-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/5/34	-	19,908
RFR USD SOFR-3.994 7-2-24-10Y LCH	LCH RECEIVER RFR USD SWAP 7/2/34	-	45,102
RFR USD SOFR-4.06 7-2-24-10Y LCH	LCH RECEIVER RFR USD SWAP 7/2/34	-	22,620
RFR USD SOFR-4.08 6-05-24-10Y LCH	LCH RECEIVER RFR USD SWAP 6/5/34	-	26,075
RFR USD SPFR-3.232 09-10-24-10Y LCH	LCH RECEIVER RFR USD SWAP 9/10/34	-	2,535
RFRF USD SOFR-2.06000 10-27-23-30Y L	LCH RECEIVER RFRF USD SWAP 10/27/53	-	828,368
SWAP MARK TO MARKET ACTIVITY	CONTRACTS AND SWAPS	-	127,375
CAD FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	54,959
EURO FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	684,963
FUTURES CONTRACT	MARKET TO MARKET ACTIVITY	-	167,415,588
FVM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	43,286
FVU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	33,797
FVZ4L FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	41,945
GREAT BRITISH POUNDS FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	201,496
TYM4 FUTURE CONTRACT	CONTRACTS AND SWAPS	-	49,139
TYM4L FUTURE CONTRACT	CONTRACTS AND SWAPS	-	52,673
TYU4L FUTURE CONTRACT	CONTRACTS AND SWAPS	-	408,423
TYZ4L FUTURE CONTRACT	CONTRACTS AND SWAPS	-	399,094
USM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	290,000
USU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	595,938
USZ4L FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	813,503
UXYM4 FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	11,016
UXYM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	9,746
UXYU4 FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	19,032
UXYU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	183,749

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
UXYZ4L FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	\$ -	\$ 522,635
WNM4 FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	96,501
WNM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	9,281
WNU4 FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	212,152
WNU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	8,060
WNZ4 FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	58,953
BOEING CO-THE SNR S* ICE	ISDA2014CREDIT	-	(2,112)
BROKER OWNED CASH COLLATERAL	CASH EQUIVALENTS	4,300,000	(4,260,000)
CAD FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	(34,453)
CALL BUY OPTION W/GLM	RFR USD SOFR-3.05 10-11-24-10Y LCH	364	-
CALL BUY OPTION W/GLM	RFR USD SOFR-2.975 10-15-24-10Y LCH	356	-
CALL OPTION W/BPS	IRS EUR R 2.6 3-26-24-10Y LCH	289	-
CALL WRITE OPT W/GLM	RFR USD SOFR-3.615 12-30-24-10Y LCH	320	-
CALL WRITE OPTION W /JPM	RFR USD SOFR-3.47 09-04-24-10Y LCH	378	-
CALL WRITE OPTION W/ BOA	RFR USD SOFR-3.928 05-14-24-10Y LCH	350	-
CALL WRITE OPTION W/ BOA	IRS EUR R 2.14 11-05-24- 10Y LCH	265	-
CALL WRITE OPTION W/ BPS	RFR USD SOFR-3.49400 01-10-24-10Y LC	459	-
CALL WRITE OPTION W/ BPS	IRS EUR R 2.517 02-21-24-10Y LCH	340	-
CALL WRITE OPTION W/ BPS	IRS EUR R 2.57 02-28-24-10Y LCH	341	-
CALL WRITE OPTION W/ BPS	IRS EUR R 2.45 03-04-24-10Y LCH	310	-
CALL WRITE OPTION W/ BPS	IRS EUR R 2.42 03-05-24-10Y LCH	317	-
CALL WRITE OPTION W/ BPS	IRS EUR R 2.65 05-22-24-5Y LCH	170	-
CALL WRITE OPTION W/ BPS	RFR USD SOFR-4.06 07-02-24-10Y LCH	326	-
CALL WRITE OPTION W/ BRC	IRS EUR R 2.40000 02-14-24-JOY LCH	359	-
CALL WRITE OPTION W/ BRC	IRS EUR R 2.53 02-27-24-10Y LCH	344	-
CALL WRITE OPTION W/ BRC	IRS EUR R 2.56 03-22-24-5Y LCH	176	-
CALL WRITE OPTION W/ BRC	IRS EUR R 2.818 6-26-24-5Y LCH	297	-
CALL WRITE OPTION W/ BRC	IRS EUR R 2.700 07-08-24-5Y LCH	298	-
CALL WRITE OPTION W/ BRC	RFR GBP SONIO -3.7 07-05-24 10Y LCH	394	-
CALL WRITE OPTION W/ BRC	EFFDT 9/4/24 STRIKE 2.76000	557	-
CALL WRITE OPTION W/ BRC	IRS EUR R 2.26 11-19-24-10Y LCH	304	-
CALL WRITE OPTION W/ BRC	IRS EUR R 2.22 11-20-24-10Y LCH	295	-
CALL WRITE OPTION W/ CBK	IRS EUR R 2.59000 01-09-24-10Y LCH	369	-
CALL WRITE OPTION W/ CBK	IRS EUR R 2.31000 01-22-24-10Y LCH	393	-
CALL WRITE OPTION W/ CBK	RFR USD SOFR-3.23500 01-24-24-10Y LC	410	-
CALL WRITE OPTION W/ CBK	RFR USD SOFR-3.46000 02-21-24-10Y LC	445	-
CALL WRITE OPTION W/ CBK	IRS EUR R 2.54 03-14-24-5Y LCH	364	-
CALL WRITE OPTION W/ CBK	IRS EUR R 2.547 05-06-24-5Y LCH	306	-
CALL WRITE OPTION W/ CBK	RFR USD SOFR-3.935 05-14-24-10Y LCH	340	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.64750 01-08-24-10Y LC	455	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.59400 01-09-24-10Y LC	500	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.56000 01-09-24-10Y LC	513	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.21500 01-24-24-10Y LC	405	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.27500 02-07-24-10Y LC	503	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.46000 02-21-24-10Y LC	450	-

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.49 02-22-24-SY LCH	\$ 960	\$ -
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.5800 02-22-24-10Y LCH	365	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.52 02-27-24-5Y LCH	235	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.51 02-28-24-10Y LCH	391	-
CALL WRITE OPTION W/ GLM	IRS EUR R 2.45 03-07-24-5Y LCH	172	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.735 03-18-24-10Y LCH	425	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.6775 03-18-24-10Y LCH	410	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.725 03-26-24-10Y LCH	700	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.5 04-10-24-10Y LCH	375	-
CALL WRITE OPTION W/ GLM	IRS EUR R 2.6 05-20-24-10Y LCH	329	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-4.07 05-29-24-10Y LCH	399	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.994 07-02-24-10Y LCH	611	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.84350 07-08-24-10Y LC	670	-
CALL WRITE OPTION W/ GLM	RFR USD SPFR -3.88 07-10-24 10Y LCH	915	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.205 9-23-24-10Y LCH	1,185	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.131 10-29-24-10Y LCH	313	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.115 10-30-24-10Y LCH	969	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.115 11-06-24-10Y LCH	1,065	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.365 11-20-24-10Y LCH	414	-
CALL WRITE OPTION W/ GLM	RFR USD SOFR-3.46 11-26-24-10Y LCH	464	-
CALL WRITE OPTION W/ JPM	IRS EUR R 2.65000 01-08-24-10Y LCH	362	-
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.20500 01-24-24-10Y LC	410	-
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.17000 01-31-24-10Y LC	433	-
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.3 03-05-24-10Y LCH	380	-
CALL WRITE OPTION W/ JPM	IRS EUR R 2.52 03-19-24-10Y LCH	339	-
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.7 04-02-24-10Y LCH	733	-
CALL WRITE OPTION W/ JPM	IRS EUR R 2.49 04-09-24-10Y LCH	310	-
CALL WRITE OPTION W/ JPM	RFR USD SOFR-3.55 04-16-24-10Y LCH	690	-
CALL WRITE OPTION W/ JPM	IRS EUR R 2.62 05-21-24-10Y LCH	308	-
CALL WRITE OPTION W/ JPM	RFR USD SOFR-4.07 05-29-24-10Y LCH	404	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.96 5-15-24-10Y LCH	360	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.8 7-10-24-10Y LCH	450	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.85 8-5-24-10Y LCH	385	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-2.995 10-17-24-10Y LCH	335	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.54500 1-18-24-10Y LCH	449	-
CALL WRITE OPTION W/BPS	IRS EUR R 2.323 2-6-24-10Y LCH	444	-
CALL WRITE OPTION W/BPS	IRS EUR R 2.49 3-11-24-10Y LCH	315	-
CALL WRITE OPTION W/BPS	IRS EUR R 2.76 6-5-24-5Y LCH	326	-
CALL WRITE OPTION W/BPS	IRS EUR R 2.58 8-29-24-10Y LCH	270	-
CALL WRITE OPTION W/BPS	IRS EUR R 2.31 09-17-24-10Y LCH	288	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.205 09-25-24-10Y LCH	388	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.195 10-1-24-10Y LCH	379	-
CALL WRITE OPTION W/BPS	IRS EUR R 2.29 10-28-24-10Y LCH	514	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.27 2-7-24-10Y LCH	419	-
CALL WRITE OPTION W/BRC	RFR USD SOFR-4.01 5-17-24-10Y LCH	465	-

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**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
CALL WRITE OPTION W/BRC	RFR USD SOFR-3.605 8-28-24-10Y LCH	\$ 398	\$ -
CALL WRITE OPTION W/BRC	IRS EUR R 2.3 9-25-24-5Y LCH	341	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.36 10-07-24-5Y LCH	375	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.21 11-6-24-10Y LCH	280	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.67 4-3-24-10Y LCH	317	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.5 4-10-24-5Y LCH	367	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.55 4-17-24-10Y LCH	306	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.56 4-22-24-10Y LCH	297	-
CALL WRITE OPTION W/CBK	RFR USD SOFR-3.73 5-3-24-10Y LCH	270	-
CALL WRITE OPTION W/CBK	RFR USD SOFR-3.71 7-30-24-10Y LCH	379	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.68 8-7-24-10Y LCH	276	-
CALL WRITE OPTION W/CBK	RFR GBP SONIO-3.45 9-20-24-10Y LCH	356	-
CALL WRITE OPTION W/CKL	IRS EUR R 2.48 5-2-24-5Y LCH	292	-
CALL WRITE OPTION W/CKL	IRS EUR R 2.68 6-25-24-5Y LCH	375	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.30000 01-18-24-10Y LC	426	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.285 1-23-24-10Y LCH	418	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.7 3-25-24-10Y LCH	350	-
CALL WRITE OPTION W/GLM	RFR GBP SONIO-3.7 3-28-24-10Y LCH	427	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.43 4-16-24-5Y LCH	333	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.68 4-17-24-10Y LCH	511	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.685 4-22-24-10Y LCH	593	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.75 4-22-24-10Y LCH	349	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.52 5-17-24-10Y LCH	308	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-4.01 5-17-24-10Y LCH	475	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.9925 5-21-24-10Y LCH	416	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-4.052 5-22-24-10Y LCH	418	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.7 5-30-24-5Y LCH	177	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-4.1 6-3-24-10Y LCH	380	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.65 6-12-24-5Y LCH	172	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.95 6-12-24-10Y LCH	340	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.76 7-2-24-10Y LCH	287	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.55 7-17-24-10Y LCH	355	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.689 7-17-24-5Y LCH	615	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.54 7-26-24-10Y LCH	420	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.55 7-22-24-10Y LCH	333	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.628 7-22-24-10Y LCH	1,140	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.68 7-24-24-10Y LCH	390	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.648 7-26-24-10Y LCH	1,088	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.71 7-31-24-10Y LCH	328	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.795 8-6-24-10Y LCH	395	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.645 8-7-24-10Y LCH	340	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.679 8-13-24-10Y LCH	368	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.569 8-14-24-10Y LCH	330	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.59 8-19-24-10Y LCH	262	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.595 8-19-24-10Y LCH	355	-

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.532 8-20-24-10Y LCH	\$ 355	\$ -
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.558 8-21-24-10Y LCH	340	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.613 8-22-24-10Y LCH	358	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.599 8-28-24-10Y LCH	361	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.643 8-28-24-10Y LCH	365	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.611 8-28-24-10Y LCH	404	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.555 8-28-24-10Y LCH	740	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.565 8-28-24-10Y LCH	360	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.514 09-04-24-10Y LCH	758	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.41 9-5-24-10Y LCH	790	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.232 9-10-24-10Y LCH	480	(60)
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.248 9-18-24-10Y LCH	359	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.231 9-18-24-10Y LCH	355	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.17 09-24-24-10Y LCH	403	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.147 09-24-24-10Y LCH	405	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.1375 09-25-24-10Y LCH	424	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.151 9-30-24-10Y LCH	368	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3063 10-23-24-10Y LCH	298	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.47 11-27-24-10Y LCH	451	-
CALL WRITE OPTION W/GST	IRS EUR R 2.44000 1-10-24-5Y LCH	459	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.49000 1-16-24-10Y LCH	398	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.60000 1-17-24-10Y LCH	458	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.35 1-22-24-10Y LCH	495	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.8 3-20-24-5Y LCH	795	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.48 4-29-24-10Y LCH	284	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.586 5-15-24-10Y LCH	298	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.58 5-17-24-5Y LCH	324	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.65 5-31-24-10Y LCH	337	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-4.08 6-5-24-10Y LCH	404	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.7 6-19-24-5Y LCH	305	-
CALL WRITE OPTION W/JPM	RFR GBP SONIO-3.8 7-3-24-10Y LCH	404	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.8 7-9-24-10Y LCH	390	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.85 7-9-24-5Y LCH	735	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.61 7-17-24-5Y LCH	179	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.675 7-24-24-10Y LCH	390	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.64 7-25-24-10Y LCH	400	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.525 09-04-24-10Y LCH	1,125	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.43 9-4-24-10Y LCH	270	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.215 9-10-24-10Y LCH	480	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.2775 09-16-24-10Y LCH	440	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.24 09-16-24-10Y LCH	458	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.39 10-1-24-10Y LCH	268	-
CALL WRITE OPTION W/JPM	RFR GBP SONIO-3.54 10-3-24-10Y LCH	343	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.065 10-8-24-10Y LCH	393	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-2.995 10-17-24-10Y LCH	335	-

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
CALL WRITE OPTION W/JPM	RFR USD SOFR-2.985 10-17-24-10Y LCH	\$ 340	\$ -
CALL WRITE OPTION W/JPM	IRS EUR R 2.26 10-18-24-10Y LCH	340	-
CALL WRITE OPTION W/MYI	IRS EUR R 2.31 9-25-24-10Y LCH	284	-
CALL WRITE OPTION W/RYL	IRS EUR R 2.74 7-17-24-5Y LCH	318	-
CALL WRITE OPTION W/RYL	IRS EUR R 2.63 7-19-24-5Y LCH	346	-
CALL WRITE OPTION W/RYL	IRS EUR R 2.63 7-24-24-5Y LCH	324	-
CALL WRITE OPTION W/RYL	IRS EUR R 2.7 8-13-24-5Y LCH	150	-
CALL WRITE OPTION W/RYL	IRS EUR R 2.28 09-11-24-5Y LCH	187	-
CALL WRITE OPTION W/RYL	IRS EUR R 2.1 10-16-24-5Y LCH	157	-
CALL WRITE PRTION W/ BPS	IRS EUR R 2.42000 02-13-24-10Y LCH	417	-
CBOT ACAL US 5YR FUT 7-24 @ 107.25	FIN FUT US 5YR CBT 9-30-24	582	-
CBOT ACAL USTN FUT 04-24 @ 113.5	FIN FUT US LOYR CBT 06-18-24	2,586	(1)
CBOT ACAL USTN FUT 11-24 @ 117	FIN FUT US 10YR CBT 12-19-24	993	(1)
CBOT ACAL USTN FUT 12-24 @ 112.5	FIN FUT US 10YR CBT 12-19-24	826	(157)
CBOT ACAL USTN FUT 7-24 @ 111	FIN FUT US 10YR CBT 9-19-24	466	-
CBOT ACAL USTN FUT 7-24 @ 111.25	FIN FUT US 10YR CBT 9-19-24	840	-
CBOT ACAL USTN FUT 7-24 @ 118.5	FIN FUT US 30YR CBT 9-19-24	405	(1)
CBOT ACAL USTN FUT 9-24 @ 112	FIN FUT US 10YR CBT 09-19-24	685	(1)
CBOT ACAL USTN FUT 9-24 @ 112.5	FIN FUT US 10YR CBT 9-19-24	2,490	(4)
CBOT APUT US 5YR FUT 7-24 @ 105.75	FIN FUT US 5YR CBT 9-30-24	535	-
CBOT APUT USTN FUT 11-24 @ 112	FIN FUT US 10YR CBT 12-19-24	1,059	-
CBOT APUT USTN FUT 12-24 @ 108.5	FIN FUT US 10YR CBT 12-19-24	1,196	(390)
CBOT APUT USTN FUT 4-24 @ 110.5	FIN FUT US 10YR CBT 6-18-24	3,117	(1)
CBOT APUT USTN FUT 7-24 @ 108	FIN FUT US 10YR CBT 9-19-24	497	-
CBOT APUT USTN FUT 7-24 @ 109.25	FIN FUT US 10YR CBT 9-19-24	658	-
CBOT APUT USTN FUT 7-24 @ 114	FIN FUT US 30YR CBT 9-19-24	390	-
CBOT APUT USTN FUT 9-24 @ 109	FIN FUT US 10YR CBT 9-19-24	1,432	-
CBOT APUT USTN FUT 9-24 @ 110	FIN FUT US 10YR CBT 9-19-24	2,130	(1)
EURO FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	(544,667)
FUTURES CONTRACT	MARKET TO MARKET ACTIVITY	-	(197,107,122)
FVH4L FUTURE CONTRACT MAR 24	CONTRACTS AND SWAPS	-	(40,923)
FVH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(11,859)
FVM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	(37,234)
FVU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	(52,461)
FVZ4L FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	(23,164)
GREAT BRITISH POUNDS FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	(187,179)
ISDA2014CREDIT	PMT: Q RECEIVE 5% 1STPMT 6-20	-	(45,092)
LCH RECEIVER RFR SWAP 10/17/2024	EFFDT 10/17/2024 1STPMT 10-21-2025	-	(2,157)
LCH RECEIVER RFR SWAP 10/17/2024	EFFDT 10/17/2024 1STPMT 10-21-2025	-	(2,820)
LCH RECEIVER RFR SWAP 10/23/2034	EFFDT 10/23/24 1STPMT 10/27/2025	-	(2,252)
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.231 09-18-24-10Y LCH	-	(1,528)
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.248 9/18/24-10Y LCH	-	(2,304)
LCH RECEIVER RFR USD SWAP 01/23/2034	EFFDT 01/23/2024 1STPMT 01/27/2024	-	(331)
LCH RECEIVER RFR USD SWAP 01/24/34	EFFDT 01/24/24 1STPMT 01/28/2025	-	(609)
LCH RECEIVER RFR USD SWAP 01/24/34	EFFDT 01/24/24 1STPMT 01/28/2025	-	(361)

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
LCH RECEIVER RFR USD SWAP 01/24/34	EFFDT 01/24/24 1STPMT 01/28/2025	\$ -	\$ (526)
LCH RECEIVER RFR USD SWAP 01/31/34	EFFDT 01/31/24 1STPMT 02/04/2025	-	(834)
LCH RECEIVER RFR USD SWAP 02/07/234	EFFDT 02/07/24 1STPMT 02/11/2025	-	(578)
LCH RECEIVER RFR USD SWAP 10/11/34	EFFDT 10/11/24 1STPMT 10/16/2025	-	(1,233)
LCH RECEIVER RFR USD SWAP 10/15/34	EFFDT 10/15/24 1STPMT 10/17/2025	-	(2,081)
LCH RECEIVER RFR USD SWAP 10/25/33	EFFDT 10/25/23 1STPMT 10/29/2024	-	(167)
LCH RECEIVER RFR USD SWAP 10/29/2034	EFFDT 10/29/2024 1STPMT 10/31/2025	-	(2,223)
LCH RECEIVER RFR USD SWAP 10/30/2034	EFFDT 10/30/24 1STPMT 11/03/2025	-	(8,071)
LCH RECEIVER RFR USD SWAP 11/20/2034	EFFDT 11/20/2024 1STPMT 11/24/2025	-	(703)
LCH RECEIVER RFR USD SWAP 11/6/34	EFFDT 11/6/24 1STPMT 11/10/2025	-	(8,069)
LCH RECEIVER RFR USD SWAP 12/30/2034	EFFDT 12/30/24 1STPMT 1/2/2026	-	(599)
LCH RECEIVER RFR USD SWAP 2/22/2029	EFFDT 2/22/24 1STPMT 2/26/2025	-	(4,386)
LCH RECEIVER RFR USD SWAP 2/27/29	EFFDT 2/27/27 1STPMT 3/3/2025	-	(712)
LCH RECEIVER RFR USD SWAP 3/5/34	EFFDT 3/5/24 1STPMT 3/7/2025	-	(5,270)
LCH RECEIVER RFR USD SWAP 4/10/34	EFFDT 4/10/24 1STPMT 4/14/2025	-	(1,188)
LCH RECEIVER RFR USD SWAP 4/16/34	EFFDT 4/16/24 1STPMT 4/18/2025	-	(2,482)
LCH RECEIVER RFR USD SWAP 4/17/34	EFFDT 4/17/24 1STPMT 4/21/2025	-	(2,321)
LCH RECEIVER RFR USD SWAP 4/22/34	EFFDT 4/22/24 1STPMT 4/24/2025	-	(7,419)
LCH RECEIVER RFR USD SWAP 4/22/34	EFFDT 4/22/24 1STPMT 4/24/2025	-	(4,435)
LCH RECEIVER RFR USD SWAP 5/3/34	EFFDT 5/3/24 1STPMT 5/7/2025	-	(2,725)
LCH RECEIVER RFR USD SWAP 8/20/34	EFFDT 8/20/24 1STPMT 8/22/2025	-	(6,676)
LCH RECEIVER RFR USD SWAP 8/28/34	EFFDT 8/28/24 1STPMT 9/2/2025	-	(7,905)
LCH RECEIVER RFR USD SWAP 8/7/34	EFFDT 08/07/2024 1STPMT 8/11/2025	-	(1,920)
LCH RECEIVER RFR USD SWAP 8/7/34	EFFDT 08/07/2024 1STPMT 8/11/2025	-	(2,533)
LCH RECEIVER RFR USD SWAP 9/4/34	EFFDT 9/4/24 1STPMT 9/8/2025	-	(4,336)
LCH RECEIVERRFR USD SWAP 2/21/34	EFFDT 2/21/24 1STPMT 2/25/2025	-	(10,215)
LCH SWAP RECEIVER	RFR USD SOFR-3.5940 01-09-2024-10Y LCH	-	(1,256)
LIMI SNR AS SP JPM ISDA2014CREDIT	EFFDT 3/20/24 1SPMT 6/20	-	(2,140)
PUT BUY OPTION W/BPS	IRS EUR R 2.6 09-17-24-10Y LCH	288	-
PUT BUY OPTION W/GLM	RFR USD SOFR-3.45 10-11-24-10Y LCH	364	-
PUT BUY OPTION W/GLM	RFR USD SOFR-3.375 10-15-24-10Y LCH	356	-
PUT OPTION W/BPS	IRS EUR R 2.92 3-26-24-10Y LCH	289	-
PUT WRITE OPT W/GLM	RFR USD SOFR-4.015 12-30-24-10Y LCH	320	-
PUT WRITE OPTION W /JPM	RFR USD SOFR-3.82 09-04-24-10Y LCH	378	-
PUT WRITE OPTION W/ BOA	RFR USD SOFR-4.328 05-14-24-10Y LCH	350	-
PUT WRITE OPTION W/ BOA	IRS EUR R 2.41 11-05-24- 10Y LCH	265	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.43100 02-12-24-10Y LCH	412	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.83900 02-12-24-10Y LCH	412	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.82000 02-13-24-10Y LCH	417	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.87 02-21-24-10Y LCH	340	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.9 02-28-24-10Y LCH	341	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.76 03-04-24-10Y LCH	310	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.75 03-05-24-10Y LCH	317	-
PUT WRITE OPTION W/ BPS	IRS EUR R 2.96 05-22-24-5Y LCH	170	-
PUT WRITE OPTION W/ BPS	RFR USD SOFR-4.41 07-02-24-10Y LCH	326	-

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**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
PUT WRITE OPTION W/ BRC	IRS EUR R 2.77000 02-14-24-JOY LCH	\$ 359	\$ -
PUT WRITE OPTION W/ BRC	IRS EUR R 2.87 02-27-24-10Y LCH	344	-
PUT WRITE OPTION W/ BRC	IRS EUR R 2.9 03-22-24-5Y LCH	176	-
PUT WRITE OPTION W/ BRC	IRS EUR R 3.109 6-26-24-5Y LCH	297	-
PUT WRITE OPTION W/ BRC	IRS EUR R 3.00 07-07-24 5Y LCH	298	-
PUT WRITE OPTION W/ BRC	RFR GBP SONIO -4.07 07-05-24 10Y LCH	394	-
PUT WRITE OPTION W/ BRC	EFFDT 9/4/24 STRIKE 2.76000	557	-
PUT WRITE OPTION W/ BRC	IRS EUR R 2.56 11-19-24-10Y LCH	304	-
PUT WRITE OPTION W/ BRC	IRS EUR R 2.52 11-20-24-10Y LCH	295	-
PUT WRITE OPTION W/ CBK	IRS EUR R 2.96000 01-09-24-10Y LCH	369	-
PUT WRITE OPTION W/ CBK	IRS EUR R 2.70000 01-22-24-10Y LCH	393	-
PUT WRITE OPTION W/ CBK	RFR USD SOFR-3.68500 01-24-24-10Y LC	410	-
PUT WRITE OPTION W/ CBK	RFR USD SOFR-3.86000 02-21-24-10Y LC	445	-
PUT WRITE OPTION W/ CBK	IRS EUR R 2.89 03-14-24-5Y LCH	364	-
PUT WRITE OPTION W/ CBK	IRS EUR R 2.827 05-06-24-5Y LCH	306	-
PUT WRITE OPTION W/ CBK	RFR USD SOFR-4.385 05-14-24-10Y LCH	340	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.04400 01-09-24-10Y LC	500	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.01000 01-09-24-10Y LC	513	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.66500 01-24-24-10Y LC	405	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.72500 02-07-24-10Y LC	503	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.86000 02-21-24-10Y LC	450	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.94 02-22-24-5Y LCH	960	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.0300 02-22-24-10Y LCH	365	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.97 02-27-24-5Y LCH	235	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.91 02-28-24-10Y LCH	391	-
PUT WRITE OPTION W/ GLM	IRS EUR R 2.8 03-07-24-5Y LCH	172	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.135 03-18-24-10Y LCH	425	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.0775 03-18-24-10Y LCH	410	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.175 03-26-24-10Y LCH	700	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.9 04-10-24-10Y LCH	375	-
PUT WRITE OPTION W/ GLM	IRS EUR R 2.93 05-20-24-10Y LCH	329	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.47 05-29-24-10Y LCH	399	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.344 07-02-24-10Y LCH	611	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-4.19350 07-08-24-10Y LC	670	-
PUT WRITE OPTION W/ GLM	RFR USD SPFR -4.23 07-10-24 10Y LCH	915	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.605 9-23-24-10Y LCH	1,185	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.481 10-29-24-10Y LCH	313	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.465 10-30-24-10Y LCH	969	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.515 11-06-24-10Y LCH	1,065	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.865 11-20-24-10Y LCH	414	-
PUT WRITE OPTION W/ GLM	RFR USD SOFR-3.96 11-26-24-10Y LCH	464	-
PUT WRITE OPTION W/ JPM	IRS USD R 3.03000 01-08-24-10Y LCH	362	-
PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.65500 01-24-24-10Y LC	410	-
PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.62000 01-31-24-10Y LC	433	-
PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.7 03-05-24-10Y LCH	380	-

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
PUT WRITE OPTION W/ JPM	IRS EUR R 2.8 03-19-24-10Y LCH	\$ 339	\$ -
PUT WRITE OPTION W/ JPM	RFR USD SOFR-4.1 04-02-24-10Y LCH	733	-
PUT WRITE OPTION W/ JPM	IRS EUR R 2.81 04-09-24-10Y LCH	310	-
PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.95 04-16-24-10Y LCH	690	-
PUT WRITE OPTION W/ JPM	IRS EUR R 2.96 05-21-24-10Y LCH	308	-
PUT WRITE OPTION W/ JPM	RFR USD SOFR-4.47 05-29-24-10Y LCH	404	-
PUT WRITE OPTION W/ JPM	RFR USD SOFR-3.875 09-04-24-10Y LCH	1,125	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.41 5-15-4-10Y LCH	360	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.35 7-10-24-10Y LCH	450	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.25 8-5-24-10Y LCH	385	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.395 10-17-24-10Y LCH	335	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.99400 01-10-24-10Y LC	459	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.99500 1-18-24-10Y LCH	449	-
PUT WRITE OPTION W/BPS	IRS EUR R 2.751 2-6-24-10Y LCH	444	-
PUT WRITE OPTION W/BPS	IRS EUR R 2.81 3-11-24-10Y LCH	315	-
PUT WRITE OPTION W/BPS	IRS EUR R 3.07 6-5-24-5Y LCH	326	-
PUT WRITE OPTION W/BPS	IRS EUR R 2.85 8-29-24-10Y LCH	270	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.605 09-25-24- 10Y LCH	388	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.595 10-1-24-10Y LCH	379	-
PUT WRITE OPTION W/BPS	IRS EUR R 2.53 10-28-24-10Y LCH	257	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.68 2-7-24-10Y LCH	419	-
PUT WRITE OPTION W/BRC	RFR USD SOFR-4.41 5-17-24-10Y LCH	465	-
PUT WRITE OPTION W/BRC	RFR USD SOFR-3.955 8-28-24-10Y LCH	398	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.58 9-25-24-5Y LCH	341	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.61 10-07-24-5Y LCH	322	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.49 11-6-24-10Y LCH	280	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.97 4-3-24-10Y LCH	317	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.85 4-10-24-5Y LCH	367	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.81 4-17-24-10Y LCH	306	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.85 4-22-24-10Y LCH	297	-
PUT WRITE OPTION W/CBK	RFR USD SOFR-4.13 5-3-24-10Y LCH	270	-
PUT WRITE OPTION W/CBK	RFR USD SOFR-4.06 7-30-24-10Y LCH	379	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.97 8-7-24-10Y LCH	276	-
PUT WRITE OPTION W/CBK	RFR GBP SONIO-3.77 9-20-24-10Y LCH	358	-
PUT WRITE OPTION W/CKL	IRS EUR R 2.78 5-2-24-5Y LCH	292	-
PUT WRITE OPTION W/CKL	IRS EUR R 3.03 6-25-24-5Y LCH	375	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.75000 01-18-24-10Y LC	426	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.735 1-23-24-10Y LCH	418	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.15 3-25-24-10Y LCH	350	-
PUT WRITE OPTION W/GLM	RFR GBP SONIO-4.1 3-28-24-10Y LCH	427	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.77 4-16-24-5Y LCH	333	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.08 4-17-24-10Y LCH	511	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.085 4-22-24-10Y LCH	593	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.15 4-22-24-10Y LCH	349	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.84 5-17-24-10Y LCH	308	-

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.41 5-17-24-10Y LCH	\$ 475	\$ -
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.3925 5-21-24-10Y LCH	416	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.452 5-22-24-10Y LCH	418	-
PUT WRITE OPTION W/GLM	IRS EUR R 3.02 5-30-24-5Y LCH	177	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.5 6-3-24-10Y LCH	380	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.95 6-12-24-5Y LCH	172	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.3 6-12-24-10Y LCH	340	-
PUT WRITE OPTION W/GLM	IRS EUR R 3.03 7-2-24-10Y LCH	287	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.88 7-17-24-10Y LCH	355	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.139 7-17-24-5Y LCH	615	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4 7-26-24-10Y LCH	420	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.89 7-22-24-10Y LCH	333	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.978 7-22-24-10Y LCH	1,140	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.03 7-24-24-10Y LCH	390	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.998 7-26-24-10Y LCH	1,088	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.11 7-31-24-10Y LCH	328	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.195 8-6-24-10Y LCH	395	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.045 8-7-24-10Y LCH	340	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.029 8-13-24-10Y LCH	368	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.919 8-14-24-10Y LCH	330	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.86 8-19-24-10Y LCH	262	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.945 8-19-24-10Y LCH	355	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.882 8-20-24-10Y LCH	355	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.908 8-21-24-10Y LCH	340	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.963 8-22-24-10Y LCH	358	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.949 8-28-24-10Y LCH	361	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.993 8-28-24-10Y LCH	365	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.961 8-28-24-10Y LCH	404	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.905 8-28-24-10Y LCH	740	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.915 8-28-24-10Y LCH	360	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.864 09-04-24-10Y LCH	758	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.76 9-5-24-10Y LCH	790	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.632 9-10-24-10Y LCH	480	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.648 9-18-24-10Y LCH	359	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.631 9-18-24-10Y LCH	355	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.57 09-24-24-10Y LCH	403	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.547 09-24-24-10Y LCH	405	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.5375 09-25-24-10Y LCH	424	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.551 9-30-24-10Y LCH	368	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.463 10-23-24-10Y LCH	298	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.97 11-27-24-10Y LCH	451	-
PUT WRITE OPTION W/GST	IRS EUR R 2.86000 1-10-24-5Y LCH	459	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.89000 1-16-24-10Y LCH	398	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.05000 1-17-24-10Y LCH	458	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.75 1-22-24-10Y LCH	495	-

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.25 3-20-24-5Y LCH	\$ 795	\$ -
PUT WRITE OPTION W/JPM	IRS EUR R 2.77 4-29-24-10Y LCH	284	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.889 5-15-24-10Y LCH	298	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.88 5-17-24-5Y LCH	324	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.97 5-31-24-10Y LCH	337	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.48 6-5-24-10Y LCH	404	-
PUT WRITE OPTION W/JPM	IRS EUR R 3 6-19-24-5Y LCH	305	-
PUT WRITE OPTION W/JPM	RFR GBP SONIO-4.15 7-3-24-10Y LCH	404	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.15 7-9-24-10Y LCH	390	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.25 7-9-24-5Y LCH	735	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.94 7-17-24-5Y LCH	179	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.025 7-24-24-10Y LCH	390	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.99 7-25-24-10Y LCH	400	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.7 9-4-24-10Y LCH	264	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.615 9-10-24-10Y LCH	480	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.6775 09-16-24-10Y LCH	440	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.64 09-16-24-10Y LCH	458	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.65 10-1-24-10Y LCH	324	-
PUT WRITE OPTION W/JPM	RFR GBP SONIO-3.85 10-3-24-10Y LCH	343	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.515 10-8-24-10Y LCH	393	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.395 10-17-24-10Y LCH	335	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.385 10-17-24-10Y LCH	340	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.49 10-18-24-10Y LCH	271	-
PUT WRITE OPTION W/MYI	IRS EUR R 2.59 9-25-24-10Y LCH	284	-
PUT WRITE OPTION W/RYL	IRS EUR R 3.04 7-17-24-5Y LCH	318	-
PUT WRITE OPTION W/RYL	IRS EUR R 2.97 7-19-24-5Y LCH	346	-
PUT WRITE OPTION W/RYL	IRS EUR R 2.94 7-24-24-5Y LCH	324	-
PUT WRITE OPTION W/RYL	IRS EUR R 2.95 8-13-24-5Y LCH	150	-
PUT WRITE OPTION W/RYL	IRS EUR R 2.62 09-11-24-5Y LCH	187	-
PUT WRITE OPTION W/RYL	IRS EUR R 2.39 10-16-24-5Y LCH	157	-
RFR USD SOFR-3.558 08-21-24	LCH RECEIVER RFR USD SWAP 8/21/34	-	(7,087)
RFR USD SOFR-3.565 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	(6,400)
RFR USD SOFR-3.569 8-14-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/14/34	-	(8,006)
RFR USD SOFR-3.595 08-19-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/19/34	-	(7,689)
RFR USD SOFR-3.599 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	(7,210)
RFR USD SOFR-3.60000 0L17-24-10Y LCH	LCH RECEIVER RFR USD SWAP 1/17/2034	-	(463)
RFR USD SOFR-3.605 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	(7,263)
RFR USD SOFR-3.613 8-22-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/22/34	-	(11,000)
RFR USD SOFR-3.64750 1-8-24-10Y LCH	LCH RECEIVER RFR USD SWAP 1/8/2034	-	(2,799)
RFR USD SOFR-4.50000 7-18-23-1Y LCH	EFFDT 7/18/2023 1STPMT 7/22/2024	-	(12,393)
RFR USD SPFR-3.232 09-10-24-10Y LCH	LCH RECEIVER RFR USD SWAP 9/10/34	-	(943)
SWAP MARK TO MARKET ACTIVITY	CONTRACTS AND SWAPS	-	(71,577)
TYH4 FUTURE CONTRACT	CONTRACTS AND SWAPS	-	(65,375)
TYH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(121,550)
TYM4 FUTURE CONTRACT	CONTRACTS AND SWAPS	-	(74,449)

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment, including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost of acquisitions</u>	<u>Proceeds of dispositions</u>
TYM4L FUTURE CONTRACT	CONTRACTS AND SWAPS	\$ -	\$ (62,101)
TYU4L FUTURE CONTRACT	CONTRACTS AND SWAPS	-	(704,275)
TYV4C CALL ON TYZ4 @ 115.5 9/20/24	CBOT ACAL USTN FUT 10-24 @115.5	591	-
TYV4P PUT ON TYZ4 @ 112.75 9/20/24	CBOT ACAL USTN FUT 10-24 @112.75	591	-
TYZ4L FUTURE CONTRACT	CONTRACTS AND SWAPS	-	(226,643)
USH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(287,563)
USM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	(263,762)
USU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	(832,139)
USZ4L FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	(498,454)
UXYH4 FUTURE CONTRACT MAR 24	CONTRACTS AND SWAPS	-	(11,470)
UXYH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(54,567)
UXYM4 FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	(14,335)
UXYM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	(3,631)
UXYU4 FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	(13,062)
UXYU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	(308,364)
UXYZ4 FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	(239)
UXYZ4L FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	(301,263)
VM CASH FUT FOR WFS EUR	CASH EQUIVALENTS	10,191	(9,388)
WNH4 FUTURE CONTRACT MAR 24	CONTRACTS AND SWAPS	-	(165,984)
WNH4L FUTURE CONTRACT MAR 24	CONTRACTS AND SWAPS	-	(2)
WNH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(120,258)
WNM4 FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	(67,214)
WNM4L FUTURE CONTRACT JUNE 24	CONTRACTS AND SWAPS	-	(10,138)
WNU4 FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	(170,887)
WNU4L FUTURE CONTRACT SEPT 24	CONTRACTS AND SWAPS	-	(12,625)
WNZ4 FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	(87,136)
WNZ4L FUTURE CONTRACT DEC 24	CONTRACTS AND SWAPS	-	(43,936)
		<u>\$ (9,876,453)</u>	<u>\$ (17,041,284)</u>

See independent auditor's report.

**MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**EIN: 23-2331531 PLAN NUMBER: 001**

(a)	(b)	Number of purchases	Number of sales	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Identity of party involved	Description of assets								
<b>Category (iii) - series of transactions exceeds 5% of plan assets</b>									
ALLSPRING 100% TREASURY MONEY MARKET INSTITUTIONAL	Money Market Fund	-	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ALLSPRING 100% TREASURY MONEY MARKET INSTITUTIONAL	Money Market Fund	-	12	-	79,860,720	-	79,860,720	79,860,720	-
FUTURES CONTRACT MARK TO MARKET ACTIVITY	Futures Contracts	398	-	-	-	-	-	197,107,166	(197,107,166)
FUTURES CONTRACT MARK TO MARKET ACTIVITY	Futures Contracts	-	408	-	-	-	-	167,415,628	167,415,628
PIMCO PAPS SHORT TERM FLOATING NAV PORT II FUND	Miscellaneous	98	-	4,685,614	-	-	46,932,486	46,932,486	-
PIMCO PAPS SHORT TERM FLOATING NAV PORT II FUND	Miscellaneous	-	61	-	4,702,318	-	47,099,693	47,100,000	307
PRINCIPAL DEPOSIT SWEEP PROGRAM LARGE BALANCE	Cash Sweep Trades	1,111	-	561,551,824	-	-	561,551,824	561,551,824	-
PRINCIPAL DEPOSIT SWEEP PROGRAM LARGE BALANCE	Cash Sweep Trades	-	969	-	500,477,141	-	500,477,141	500,477,141	-
US TREASURY BONDS DTD 02/15/2024 4.500% 02/15/2044	U.S. Government and Agency Obligations	42	-	74,070,000	-	26	72,776,188	72,776,162	-
US TREASURY BONDS DTD 02/15/2024 4.500% 02/15/2044	U.S. Government and Agency Obligations	-	38	-	66,690,000	-	65,585,310	65,181,577	(403,733)
US TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2044	U.S. Government and Agency Obligations	40	-	77,565,000	-	12	79,402,739	79,402,727	-
US TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2044	U.S. Government and Agency Obligations	-	36	-	66,585,000	-	70,233,284	70,456,875	223,591
US TREASURY BONDS DTD 08/15/2024 4.125% 08/15/2044	U.S. Government and Agency Obligations	36	-	88,085,000	-	21	84,461,451	84,461,430	-
US TREASURY BONDS DTD 08/15/2024 4.125% 08/15/2044	U.S. Government and Agency Obligations	-	32	-	84,185,000	-	80,744,736	80,295,915	(448,821)

See independent auditor's report.

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month December 2023
- Interest rate basis PPA Full Yield Curve

#### Interest rates:

- 10-year rate 5.13%
- 20-year rate 5.22%
- 30-year rate 5.17%
- Effective interest rate 5.15%

#### Annual rates of increase

- Compensation 3.50% / 3.00%<sup>1</sup>
- Future Social Security wage base 3.50%

#### Administrative expenses

Estimated PBGC premiums and fees associated with the active administration of the plan are assumed in the normal cost (\$2,300,000 for 2024)

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<sup>1</sup> Select and ultimate salary scale of 3.50% in 2024, and 3.00% thereafter

Plan Name: Main Line Health, Inc. Retirement Income Plan  
EIN / PN: 23-2331531/001  
Plan Sponsor: Main Line Health, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Demographic and Other Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant (i.e., earns one year of Vesting Service).
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Benefit commencement dates</b>	
• Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
• Deferred vested benefit	The later of age 65 or termination of employment.
• Retirement benefit	Upon termination of employment.
<b>Form of payment</b>	100% of single participants and 50% of married participants are assumed to elect a single life annuity and 50% of married participants are assumed to elect a 50% J&S.
<b>Percent married</b>	80% of active and terminated participants. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
<b>Spouse age</b>	Male participants 3 years older than spouse, female participants 1 year younger than spouse.
<b>Covered pay</b>	Assumed plan compensation for the year beginning on the valuation date was determined as pensionable earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate.  Riddle Grandfathered assumed compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase.

Plan Name: Main Line Health, Inc. Retirement Income Plan  
EIN / PN: 23-2331531/001  
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# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

### Mortality:

- Healthy**

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Disabled life mortality rates**

The disability mortality table is the same as the healthy mortality table shown.
- Termination (not due to disability or retirement) rates**

The rates at which participants are assumed to leave the Company by age and service are shown below:

### Percentage assumed to leave during the year

Attained Age	Years of Service						
	<1	1	2	3	4	5-9	10+
20	25.00%	25.00%	25.00%	25.00%	25.00%	12.50%	9.00%
25	19.00%	19.00%	19.00%	18.00%	17.50%	12.50%	9.00%
30	18.00%	18.00%	16.00%	14.00%	14.00%	12.00%	9.00%
35	18.00%	18.00%	15.00%	14.00%	14.00%	10.00%	7.00%
40	18.00%	18.00%	15.00%	13.00%	13.00%	9.00%	5.00%
45	15.00%	15.00%	15.00%	12.00%	9.00%	9.00%	5.00%
50	15.00%	15.00%	13.00%	10.00%	8.00%	8.00%	5.00%
55	15.00%	15.00%	12.50%	9.00%	7.00%	6.00%	4.00%
59	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	4.00%

- Disability**

No disability decrements are reflected for any participants.

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# SCHEDULE SB ATTACHMENTS

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## Retirement

Rates at which participants are assumed to retire by age are shown below and are based on legacy group structure. The average retirement age is 67.

Age	Career Earnings	Transition/ Grandfathered
55	1.0%	1.0%
56	1.0%	1.0%
57	1.0%	1.0%
58	1.0%	1.0%
59	1.0%	1.0%
60	2.0%	2.0%
61	2.0%	2.0%
62	4.0%	7.5%
63	2.0%	5.0%
64	7.5%	10.0%
65	15.0%	30.0%
66	25.0%	40.0%
67	20.0%	30.0%
68	15.0%	30.0%
69	15.0%	30.0%
70	25.0%	50.0%
71	25.0%	50.0%
72	25.0%	50.0%
73	25.0%	50.0%
74	25.0%	50.0%
75	100.0%	100.0%

## Benefit commencement dates

- Preretirement death benefit  
The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit  
The later of age 65 or termination of employment.
- Retirement benefit  
Upon termination of employment.

## Form of payment

100% of single participants and 50% of married participants are assumed to elect a single life annuity, 50% of married participants are assumed to elect a 50% J&S.

## Percent married

80% of active and terminated participants. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

## Spouse age

Male participants 3 years older than spouse, female participants 1 year younger than spouse.

## Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as pensionable earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate.

Plan Name: Main Line Health, Inc. Retirement Income Plan  
EIN / PN: 23-2331531/001  
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# SCHEDULE SB ATTACHMENTS

Riddle Grandfathered assumed compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase.

## Additional Assumptions

### Cash flow

- Timing of benefit payments      Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.
- Amount and timing of contributions      Contributions are assumed to be made monthly during the Fiscal Year.

### Funding policy

The Company's funding policy is to contribute an amount no less than the minimum required contribution for the plan year.

## Methods

### Valuation date

First day of plan year.

### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

### Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

### Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Main Line Health and, based on that review, is not aware of any other significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$7,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

## Data Sources

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for

Plan Name:            Main Line Health, Inc. Retirement Income Plan  
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# SCHEDULE SB ATTACHMENTS

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reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Preliminary Phase II audit results, sent by Main Line Health to WTW on July 23, 2024, were reflected in the valuation with adjustments made for some significant changes to the manual items in early August 2024.

In consultation with Main Line Health, the following assumptions were made for missing or apparently inconsistent data elements:

- Retirees missing beneficiary sex are assumed to be the opposite sex.
- Retirees missing beneficiary date of birth are assumed to be 3 years older than spouse (male) or 1 year younger than spouse (female).

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale – Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Rates of increase in compensation</b>	Assumed compensation increases were chosen by the plan sponsor and, as required by applicable standards, they represent an estimate of future experience. Assumed increases were based upon an experience study performed in 2021, factoring in Main Line Health's view of future expectations.
<b>Administrative expenses</b>	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding year.

## Assumptions Rationale – Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes as prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Given the plan design, Main Line Health uses the same assumption for disabled lives as they do for healthy lives. Therefore, there is no separate table used.
<b>Termination</b>	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Disability</b>	No disability decrements are reflected for any participants.
<b>Retirement</b>	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

### Benefit commencement date for deferred benefits:

- Preretirement death benefit  
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because the Plan requires benefits

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to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

- Deferred vested benefit

Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) due to the plan design and consideration of plan experience regarding the deferred vested population.

## Form of payment

The plan's normal form is the single life annuity for single participants and the 50% J&S annuity for married participants. The remaining forms of payment are not subsidized.

## Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

## Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The IRS-prescribed one-month average yield curve based on bond yields in the month preceding the valuation date (December) used to calculate the funding target and target normal cost was updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated as specified in the regulations under §1.430(h)(3)-1.

### Change in methods since prior valuation

There were no changes in methods since the prior year.

Plan Name: Main Line Health, Inc. Retirement Income Plan  
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<b>Plan Name</b>	<b>Main Line Health, Inc. Retirement Income Plan</b>
<b>Plan Sponsor EIN</b>	<b>23-2331531</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

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).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
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)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAIN LINE HEALTH, INC.	<b>D</b> Employer Identification Number (EIN) 23-2331531	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	1,515,570,473
	<b>b</b> Actuarial value .....	<b>2b</b>	1,627,434,603
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	5,030	653,989,011
	<b>b</b> For terminated vested participants .....	3,661	218,076,635
	<b>c</b> For active participants .....	10,525	539,734,083
	<b>d</b> Total .....	19,216	1,411,799,729
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.15%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	58,079,626
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	2,300,000
	<b>c</b> Target normal cost .....	<b>6c</b>	60,379,626

**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.

<b>SIGN HERE</b>	 David J Puliti Signature of actuary	10/10/2025 Date 2308318 Most recent enrollment number 215-246-6000 Telephone number (including area code)
	David J Puliti Type or print name of actuary Willis Towers Watson US LLC Firm name 1900 Market Street Floor 8 Philadelphia PA 19103-3527 Address of the firm	



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 1
<b>22</b> Weighted average retirement age .....				<b>22</b> 67
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 60,379,626
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 36,386,780
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 23,992,846
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 23,992,846
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 23,992,846
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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 SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Main Line Health, Inc.
<b>EIN/PN</b>	23-2331531/001
<b>Plan Name</b>	Main Line Health, Inc. Retirement Income Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	David J Puliti
<b>Enrollment Number</b>	23-08318

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

For participants under age 55, the weighted average retirement age would be calculated as follows:

Career Earnings legacy group:

(A)	(B)	(C)	(D)	(A)*(D)
Age	Hypothetical Number of Employees	Retirement Rates	Number Retiring	
55	1,000	0.01	10	550.000
56	990	0.01	10	554.400
57	980	0.01	10	558.657
58	970	0.01	10	562.774
59	961	0.01	10	566.754
60	951	0.02	19	1,141.200
61	932	0.02	19	1,136.979
62	913	0.04	37	2,265.046
63	877	0.02	18	1,104.768
64	859	0.075	64	4,124.480
65	795	0.15	119	7,749.495
66	676	0.25	169	11,147.334
67	507	0.2	101	6,789.713
68	405	0.15	61	4,134.604
69	345	0.15	52	3,566.127
70	293	0.25	73	5,125.260
71	220	0.25	55	3,898.823
72	165	0.25	41	2,965.320
73	124	0.25	31	2,254.897
74	93	0.25	23	1,714.284
75	69	1	69	5,212.425
Total			1,000	67.123

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EIN / PN: 23-2331531/001  
Plan Sponsor: Main Line Health, Inc.  
Valuation Date: January 1, 2024

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Transition/Grandfathered legacy group:

(A) Age	(B) Hypothetical Number of Employees	(C) Retirement Rates	(D) Number Retiring	(A)*(D)
55	1,000	0.01	10	550.000
56	990	0.01	10	554.400
57	980	0.01	10	558.657
58	970	0.01	10	562.774
59	961	0.01	10	566.754
60	951	0.02	19	1,141.200
61	932	0.02	19	1,136.979
62	913	0.075	69	4,247.000
63	845	0.05	42	2,661.246
64	803	0.1	80	5,136.576
65	722	0.3	217	14,085.435
66	506	0.4	202	13,348.632
67	303	0.3	91	6,097.938
68	212	0.3	64	4,332.280
69	149	0.3	45	3,077.193
70	104	0.5	52	3,642.030
71	52	0.5	26	1,847.065
72	26	0.5	13	936.504
73	13	0.5	7	474.719
74	7	0.5	3	240.648
75	3	1	3	243.900
Total			1,000	65.442

There are 10,274 Career Earnings participants and 251 Transition/Grandfathered participants. The head-count weighted total retirement age is therefore 67.083, with the rounded average being 67.

Plan Name: Main Line Health, Inc. Retirement Income Plan  
 EIN / PN: 23-2331531/001  
 Plan Sponsor: Main Line Health, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month December 2023
- Interest rate basis PPA Full Yield Curve

#### Interest rates:

- 10-year rate 5.13%
- 20-year rate 5.22%
- 30-year rate 5.17%
- Effective interest rate 5.15%

#### Annual rates of increase

- Compensation 3.50% / 3.00%<sup>1</sup>
- Future Social Security wage base 3.50%

#### Administrative expenses

Estimated PBGC premiums and fees associated with the active administration of the plan are assumed in the normal cost (\$2,300,000 for 2024)

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<sup>1</sup> Select and ultimate salary scale of 3.50% in 2024, and 3.00% thereafter

Plan Name: Main Line Health, Inc. Retirement Income Plan  
EIN / PN: 23-2331531/001  
Plan Sponsor: Main Line Health, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Demographic and Other Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant (i.e., earns one year of Vesting Service).
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Benefit commencement dates</b>	
• Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
• Deferred vested benefit	The later of age 65 or termination of employment.
• Retirement benefit	Upon termination of employment.
<b>Form of payment</b>	100% of single participants and 50% of married participants are assumed to elect a single life annuity and 50% of married participants are assumed to elect a 50% J&S.
<b>Percent married</b>	80% of active and terminated participants. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
<b>Spouse age</b>	Male participants 3 years older than spouse, female participants 1 year younger than spouse.
<b>Covered pay</b>	<p>Assumed plan compensation for the year beginning on the valuation date was determined as pensionable earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate.</p> <p>Riddle Grandfathered assumed compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase.</p>

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## Demographic Assumptions

### Mortality:

- Healthy**

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Disabled life mortality rates**

The disability mortality table is the same as the healthy mortality table shown.
- Termination (not due to disability or retirement) rates**

The rates at which participants are assumed to leave the Company by age and service are shown below:

### Percentage assumed to leave during the year

Attained Age	Years of Service						
	<1	1	2	3	4	5-9	10+
20	25.00%	25.00%	25.00%	25.00%	25.00%	12.50%	9.00%
25	19.00%	19.00%	19.00%	18.00%	17.50%	12.50%	9.00%
30	18.00%	18.00%	16.00%	14.00%	14.00%	12.00%	9.00%
35	18.00%	18.00%	15.00%	14.00%	14.00%	10.00%	7.00%
40	18.00%	18.00%	15.00%	13.00%	13.00%	9.00%	5.00%
45	15.00%	15.00%	15.00%	12.00%	9.00%	9.00%	5.00%
50	15.00%	15.00%	13.00%	10.00%	8.00%	8.00%	5.00%
55	15.00%	15.00%	12.50%	9.00%	7.00%	6.00%	4.00%
59	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	4.00%

- Disability**

No disability decrements are reflected for any participants.

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## Retirement

Rates at which participants are assumed to retire by age are shown below and are based on legacy group structure. The average retirement age is 67.

Age	Career Earnings	Transition/ Grandfathered
55	1.0%	1.0%
56	1.0%	1.0%
57	1.0%	1.0%
58	1.0%	1.0%
59	1.0%	1.0%
60	2.0%	2.0%
61	2.0%	2.0%
62	4.0%	7.5%
63	2.0%	5.0%
64	7.5%	10.0%
65	15.0%	30.0%
66	25.0%	40.0%
67	20.0%	30.0%
68	15.0%	30.0%
69	15.0%	30.0%
70	25.0%	50.0%
71	25.0%	50.0%
72	25.0%	50.0%
73	25.0%	50.0%
74	25.0%	50.0%
75	100.0%	100.0%

## Benefit commencement dates

- Preretirement death benefit  
The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit  
The later of age 65 or termination of employment.
- Retirement benefit  
Upon termination of employment.

## Form of payment

100% of single participants and 50% of married participants are assumed to elect a single life annuity, 50% of married participants are assumed to elect a 50% J&S.

## Percent married

80% of active and terminated participants. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

## Spouse age

Male participants 3 years older than spouse, female participants 1 year younger than spouse.

## Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as pensionable earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate.

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Riddle Grandfathered assumed compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase.

## Additional Assumptions

### Cash flow

- Timing of benefit payments      Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.
- Amount and timing of contributions      Contributions are assumed to be made monthly during the Fiscal Year.

### Funding policy

The Company's funding policy is to contribute an amount no less than the minimum required contribution for the plan year.

## Methods

### Valuation date

First day of plan year.

### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

### Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

### Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Main Line Health and, based on that review, is not aware of any other significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$7,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

## Data Sources

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for

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reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Preliminary Phase II audit results, sent by Main Line Health to WTW on July 23, 2024, were reflected in the valuation with adjustments made for some significant changes to the manual items in early August 2024.

In consultation with Main Line Health, the following assumptions were made for missing or apparently inconsistent data elements:

- Retirees missing beneficiary sex are assumed to be the opposite sex.
- Retirees missing beneficiary date of birth are assumed to be 3 years older than spouse (male) or 1 year younger than spouse (female).

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale – Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Rates of increase in compensation</b>	Assumed compensation increases were chosen by the plan sponsor and, as required by applicable standards, they represent an estimate of future experience. Assumed increases were based upon an experience study performed in 2021, factoring in Main Line Health's view of future expectations.
<b>Administrative expenses</b>	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding year.

## Assumptions Rationale – Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes as prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Given the plan design, Main Line Health uses the same assumption for disabled lives as they do for healthy lives. Therefore, there is no separate table used.
<b>Termination</b>	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Disability</b>	No disability decrements are reflected for any participants.
<b>Retirement</b>	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

### Benefit commencement date for deferred benefits:

- Preretirement death benefit  
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because the Plan requires benefits

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to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

- Deferred vested benefit

Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) due to the plan design and consideration of plan experience regarding the deferred vested population.

## Form of payment

The plan's normal form is the single life annuity for single participants and the 50% J&S annuity for married participants. The remaining forms of payment are not subsidized.

## Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

## Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The IRS-prescribed one-month average yield curve based on bond yields in the month preceding the valuation date (December) used to calculate the funding target and target normal cost was updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated as specified in the regulations under §1.430(h)(3)-1.

### Change in methods since prior valuation

There were no changes in methods since the prior year.

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

Main Line Health, Inc.

### EIN/PN

23-2331531 / 001

### Plan Year

January 1 to December 31

### Eligibility and Participation

Employees who are Participants in a Prior Plan on December 31, 1987 are Participants effective January 1, 1988. All other employees become Participants on the first January 1 or July 1 following attainment of age 21 and the completion of one Year of Service. Participants in the Riddle Health System Pension Plans were participants in the Plan as of January 1, 2011.

### Years of Vesting Service

One year of Vesting Service for each Plan Year during which a Participant completes at least 1,000 Hours of Service.

### Years of Benefit Service

Prior to January 1, 1988: Years and months of Benefit Service as determined under the provisions of a Prior Plan.

On or After January 1, 1988: A Year of Benefit Service for each Plan Year in which 1,000 Hours of Service are completed. In the years of hire and termination, 1/12<sup>th</sup> of a year is credited for each month in which 83.3 Hours of Service are completed.

Benefit service for former Riddle Health System Pension Plan participants prior to January 1, 2011 determined under provisions of that plan.

The Plan was frozen during 2021 and all participants were not eligible to accrue a Year of Benefit Service between January 1, 2021 and December 31, 2021.

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## Compensation

Base salary for the calendar year, including overtime, on-call pay, and incentive pay and bonuses. Compensation for a given year is limited to \$345,000 (as indexed) for benefit calculation purposes.

Compensation for Riddle Grandfathered Participants is the compensation multiplied by a ratio of 2,080 / the lesser of 2,080 or the actual number of hours worked for the Plan Year.

## Final Average Compensation

Annualized average of Compensation received during the 60 consecutive calendar months which produce the highest average.

The average for Riddle Grandfathered Participants is based on the 60 consecutive calendar months that produce highest average out of the last 120 months.

## Social Security Covered Compensation

Average of the Social Security Taxable Wage Bases for the 35-year period ending with the year in which the Participant attains Social Security retirement age. The Wage Base is assumed to remain constant from age at determination to Social Security retirement age.

## Benefit Group Code

As of January 1, 2003, a Benefit Group Code was established for each active employee. This code determines how future benefits will accrue. The Benefit Group Code are based on the calculations below and assigned as follows:

Grandfathered: Employees who satisfy both (i) and (ii), where:

- (i) Date of birth is January 1, 1948 or earlier, and
- (ii) Date of hire is January 1, 1993 or earlier

Transition: Employees who are not Grandfathered and who satisfy both (i) and (ii), where:

- (i) Points (age plus service as of January 1, 2003) are greater than or equal to 60, and
- (ii) Date of hire is January 1, 1993 or earlier

Career Earnings: Employees who do not meet the requirements for either Grandfathered or Transition Benefit Group Code.

As of January 1, 2011, a Benefit Group Code was established for Riddle Health System Pension Plan Participants. This code determines how future benefits will accrue. The Benefit Group Codes are based on the calculations below and assigned as follows:

Riddle Grandfathered: Employees who, as of January 1, 2011, have attained age 55 and completed ten years of Vesting Service.

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Riddle Transition: Employees who are not grandfathered and who have completed ten years of Vesting Service and whose points (age plus service as of January 1, 2011) are greater than or equal to 60.

Career Earnings: Employees who do not meet the requirements for either Riddle Grandfathered or Riddle Transition Benefit Group Code.

## Benefit Formulas

- A. Prior to January 1, 2003, the benefit was determined under the Final Average Earnings formula, the sum of (i) and (ii), minimum (iii):
- (i) 1.375% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 2.0% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service not in excess of 30 years.
  - (ii) .5% of Final Average Compensation, multiplied by Years of Benefit Service in excess of 30 years.
  - (iii) Minimum Benefits:
    - a. For a Participant as of September 5, 1991, the Accrued Benefit as of September 5, 1991 under the provisions of the Plan as of that date.
    - b. For a Participant of a Prior Plan on December 31, 1987 and born on or before January 1, 1938, the benefit determined under the provisions of the Prior Plan assuming continued participation in that Plan until the earlier of termination of employment or December 31, 1992.
- B. As of January 1, 2011, the benefit formula is the sum of (i), (ii) and (iii):
- (i) Accrued benefit as of December 31, 2010 calculated according to the formula in Part A above.
  - (ii) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 1.75% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service earned after January 1, 2011, such that total service is not in excess of 30 years.
  - (iii) .5% of Final Average Compensation, multiplied by Years of Benefit Service earned after January 1, 2011 in excess of 30 years.
- C. Under the Riddle Health System Pension Plan was the greater of (i) and (ii) below:
- (i) 1% of Average Annual Salary, up to Covered Compensation plus 1.6% of Average Annual Salary in excess of Covered Compensation multiplied by Benefit Service up to maximum of 35 years.
  - (ii) \$1,600
- The benefit earned as of December 31, 2010 serves as minimum benefit.
- D. Individuals who participated in both the Main Line Health Retirement Income Plan and Riddle Health System Pension Plan prior to December 31, 2010 receive a benefit equal to the greater of the sum of benefit earned under respective plans as of December 31, 2010 and the benefit earned under the respective benefit formula.

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## Normal Retirement Benefit

1. Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65 and 5 years of service.
2. Benefit Formula: As of January 1, 2003, the benefit formula is based on the Career Earnings formula, the sum of (i) and (ii) below:
  - (i) 1.375% of plan compensation for each year of benefit service not in excess of Social Security Covered Compensation, plus
  - (ii) 2.0% of plan compensation for each year of benefit service in excess of Social Security Covered Compensation

As of January 1, 2011, the benefit formula is defined as the sum of (i) and (ii) below:

- (i) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus
- (ii) 1.75% of Final Average Compensation in excess of Social Security Covered Compensation

Based on a Participant's Benefit Group Code, the Normal Retirement Benefit is calculated as follows:

Grandfathered: Grandfathered Participants shall receive the greater of (i) and (ii) below:

- (i) All accruals post 2010 calculated under the Final Average Earnings formula plus the Final Average Earnings formula earned as of December 31, 2010.
- (ii) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula

Transition: Transition employees shall receive (i) x [1 + (ii)] below:

- (i) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula,
- (ii) 1% for each year, in which the employee works at least one hour from January 1, 2003 (not to exceed 10 years)

Career Earnings: Career Earnings employees shall receive the Accrued Benefit as of December 31, 2002, plus future accruals under the Career Earnings formula

Riddle Grandfathered: Riddle Grandfathered Participants shall receive the great of (i) and (ii) below:

- (i) All accruals calculated under the benefit formula of Riddle Health System Pension Plan
- (ii) Sum of the benefits earned under the Main Line Health Retirement Income Plan and the Riddle Health System Pension Plan as of December 31, 2010.

Riddle Transition: Riddle Transition employees shall receive (i) x [1 + (ii)] below:

- (i) Accrued benefit as of December 31, 2010 plus future accruals under the Career Earnings formula
- (ii) 1% for each year in which the employee works at least 1,000 hours from January 1, 2011 (not to exceed 10 years)

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## Late Retirement Benefit

1. Eligibility: The first day of any month subsequent to Normal Retirement Date.
2. Benefit: Normal Retirement Benefit based on Compensation and Benefit Service earned through Late Retirement Date.

## Early Retirement Benefit

1. Eligibility: The first day of any month coincident with or following the date of attainment of age 55 and completion of 5 or more Years of Benefit Service.
2. Benefit: The benefit accrued to retirement date, commencing at Normal Retirement Date or Early Retirement Date, multiplied by the following factors according to the Participant's Benefit Group Code.

<u>Age</u>	<u>Grandfathered</u>	<u>Grandfathered Riddle</u>	<u>Transition and Riddle Transition</u>	<u>Career Earnings</u>
55	60%	50%	50%	40%
56	63%	53%	53%	44%
57	66%	57%	57%	48%
58	69%	60%	60%	52%
59	72%	64%	64%	57%
60	75%	67%	67%	62%
61	80%	73%	73%	68%
62	85%	80%	80%	75%
63	90%	87%	87%	82%
64	95%	93%	93%	91%
65	100%	100%	100%	100%

## Disability Benefit

1. Eligibility: Total and permanent disability.
2. Monthly Benefit: Accrued Benefit payable at Normal Retirement Date based on continued Years of Benefit Service through period of disability and Final Average Compensation and Social Security Covered Compensation at date of disability.

## Vested Benefit Upon Termination of Service

1. Eligibility: The completion of at least 5 years of Vesting Service.
2. Benefit: Accrued Benefit commencing at Normal Retirement Date, or if eligible, reduced for commencement between Early and Normal Retirement Dates.

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## Pre-Retirement Death Benefit

1. Eligibility: Spouse of an active vested Participant who dies while in service, or the spouse of a terminated vested Participant who dies before receipt of benefits.
2. Benefit: Upon death of the Grandfathered Riddle Participant, if the Participant is eligible for Normal, Early, or Late Retirement at death, the benefit payable to the spouse is 50% of the Accrued Benefit reduced 1% for each quarter year in excess of five years by which the spouse is younger than the deceased Participant, but in no case shall such reduction cause the benefit to be lower than the actuarial equivalent reduction.

Otherwise, the benefit payable to the spouse commencing on the date that the Participant would have been first eligible to receive a benefit (immediate if the Participant is eligible for Early Retirement Benefit), is equal to the survivor's portion of a joint & 50% survivor annuity based on the Participant's Accrued Benefit at death.

## Forms of Retirement Annuity

1. Normal: Life annuity for a single Participant. An actuarially equivalent joint & 50% survivor annuity for a married Participant.
2. Optional: A Participant may elect an actuarially equivalent optional form of payment, including joint & survivor annuities (50%, 75% or 100%), or life with terms certain (5, 10 or 15 years).

## Special Provisions for Top-Heavy Plans

Not applicable; the plan has never been top-heavy.

## Employee Contributions

Plan costs are funded by employer contributions.

## Changes in Plan Provisions Since Last Actuarial Valuation

As part of the DVACO transaction, approximately 50 participants in the MLH Retirement Income Plan were transferred to Humana effective July 8, 2023. MLH amended the Plan to provide immediate vesting for participants who have not yet met vesting eligibility. In addition, the plan was amended effective January 1, 2024 as follows:

- Allow residents and fellows to accrue Benefit Service beginning January 1, 2024, and
- Increase the mandatory cash-out threshold from \$5,000 to \$7,000 as allowed under SECURE 2.0

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## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>2</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	302	3	0	0	0	0	0	0	0	0	305
	-	62,516	-	-	-	-	-	-	-	-	-	62,531
25-29	0	945	134	1	0	0	0	0	0	0	0	1,080
	-	70,756	79,277	-	-	-	-	-	-	-	-	71,788
30-34	0	895	452	89	0	0	0	0	0	0	0	1,436
	-	80,252	83,704	84,027	-	-	-	-	-	-	-	81,573
35-39	0	725	429	227	89	4	0	0	0	0	0	1,474
	-	91,377	96,062	88,590	92,384	-	-	-	-	-	-	92,393
40-44	0	495	285	183	170	65	2	0	0	0	0	1,200
	-	89,976	108,355	108,472	98,967	91,772	-	-	-	-	-	98,466
45-49	0	358	238	174	180	108	41	2	0	0	0	1,101
	-	83,119	104,375	103,708	109,902	105,072	108,918	-	-	-	-	98,481
50-54	0	319	205	175	166	156	83	33	6	0	0	1,143
	-	85,253	99,879	102,598	110,463	97,633	100,012	95,504	-	-	-	97,197
55-59	2	292	196	151	167	132	86	102	77	4	4	1,209
	-	82,420	91,497	109,168	110,640	91,464	99,440	117,822	96,187	-	-	97,056
60-64	0	196	153	132	149	127	74	75	89	40	40	1,035
	-	69,994	105,802	96,156	103,331	105,856	107,163	99,606	93,954	107,602	-	96,141
65-69	0	72	73	66	50	51	40	22	23	31	31	428
	-	85,269	90,542	127,025	101,266	99,595	97,568	76,678	98,441	89,381	-	97,897
70 & over	1	25	26	16	16	12	6	4	3	5	5	114
	-	66,644	117,899	-	-	-	-	-	-	-	-	103,054
Total	3	4,624	2,194	1,214	987	655	332	238	198	80	80	10,525
	-	80,212	95,649	101,194	105,189	99,583	101,958	104,385	95,299	97,569	-	91,031

<sup>2</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,437,809	2,706,400	67,111,681	72,255,890
2025	6,917,974	5,028,313	60,707,668	72,653,955
2026	10,800,087	6,027,018	59,246,017	76,073,122
2027	14,363,523	6,970,007	57,704,517	79,038,047
2028	17,741,364	7,865,315	56,060,912	81,667,591
2029	20,979,395	8,703,765	54,334,913	84,018,073
2030	24,088,813	9,612,749	52,543,365	86,244,927
2031	27,018,377	10,595,048	50,664,053	88,277,478
2032	29,734,703	11,504,184	48,686,697	89,925,584
2033	32,195,409	12,340,311	46,629,932	91,165,652
2034	34,419,983	13,219,176	44,517,815	92,156,974
2035	36,479,128	14,148,072	42,331,551	92,958,751
2036	38,410,148	14,901,120	40,079,332	93,390,600
2037	40,157,570	15,431,075	37,735,709	93,324,354
2038	41,697,550	15,920,603	35,335,542	92,953,695
2039	43,141,082	16,350,753	32,949,421	92,441,256
2040	44,408,967	16,662,800	30,555,544	91,627,311
2041	45,450,151	16,991,897	28,156,857	90,598,905
2042	46,272,277	17,279,616	25,769,364	89,321,257
2043	46,904,479	17,540,060	23,410,201	87,854,740
2044	47,442,031	17,718,905	21,097,409	86,258,345
2045	47,817,575	17,844,900	18,849,847	84,512,322
2046	47,949,580	17,891,768	16,686,689	82,528,037
2047	47,941,161	17,831,258	14,626,758	80,399,177
2048	47,892,284	17,803,264	12,687,946	78,383,494
2049	47,710,782	17,705,968	10,886,123	76,302,873
2050	47,367,544	17,524,607	9,234,127	74,126,278
2051	46,856,396	17,287,800	7,741,000	71,885,196
2052	46,200,985	16,992,248	6,411,297	69,604,530
2053	45,381,074	16,604,808	5,245,169	67,231,051
2054	44,351,914	16,144,317	4,238,527	64,734,758
2055	43,197,574	15,618,846	3,383,427	62,199,847
2056	41,897,781	14,983,244	2,668,887	59,549,912
2057	40,466,022	14,318,394	2,081,646	56,866,062
2058	38,960,163	13,633,818	1,607,073	54,201,054
2059	37,367,139	12,914,426	1,229,978	51,511,543
2060	35,693,939	12,179,043	935,306	48,808,288
2061	33,954,289	11,425,969	708,742	46,089,000
2062	32,185,384	10,677,726	537,188	43,400,298
2063	30,435,818	9,946,978	409,073	40,791,869
2064	28,689,826	9,240,590	314,520	38,244,936
2065	26,933,449	8,561,806	245,352	35,740,607
2066	25,196,400	7,911,909	195,006	33,303,315
2067	23,501,900	7,291,571	158,359	30,951,830

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	21,866,189	6,701,008	131,525	28,698,722
2069	20,292,922	6,139,998	111,622	26,544,542
2070	18,783,404	5,608,061	96,547	24,488,012
2071	17,336,975	5,104,585	84,809	22,526,369
2072	15,952,665	4,628,815	75,375	20,656,855
2073	14,629,619	4,180,016	67,553	18,877,188

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

Main Line Health, Inc.

### EIN/PN

23-2331531 / 001

### Plan Year

January 1 to December 31

### Eligibility and Participation

Employees who are Participants in a Prior Plan on December 31, 1987 are Participants effective January 1, 1988. All other employees become Participants on the first January 1 or July 1 following attainment of age 21 and the completion of one Year of Service. Participants in the Riddle Health System Pension Plans were participants in the Plan as of January 1, 2011.

### Years of Vesting Service

One year of Vesting Service for each Plan Year during which a Participant completes at least 1,000 Hours of Service.

### Years of Benefit Service

Prior to January 1, 1988: Years and months of Benefit Service as determined under the provisions of a Prior Plan.

On or After January 1, 1988: A Year of Benefit Service for each Plan Year in which 1,000 Hours of Service are completed. In the years of hire and termination, 1/12<sup>th</sup> of a year is credited for each month in which 83.3 Hours of Service are completed.

Benefit service for former Riddle Health System Pension Plan participants prior to January 1, 2011 determined under provisions of that plan.

The Plan was frozen during 2021 and all participants were not eligible to accrue a Year of Benefit Service between January 1, 2021 and December 31, 2021.

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## Compensation

Base salary for the calendar year, including overtime, on-call pay, and incentive pay and bonuses. Compensation for a given year is limited to \$345,000 (as indexed) for benefit calculation purposes.

Compensation for Riddle Grandfathered Participants is the compensation multiplied by a ratio of 2,080 / the lesser of 2,080 or the actual number of hours worked for the Plan Year.

## Final Average Compensation

Annualized average of Compensation received during the 60 consecutive calendar months which produce the highest average.

The average for Riddle Grandfathered Participants is based on the 60 consecutive calendar months that produce highest average out of the last 120 months.

## Social Security Covered Compensation

Average of the Social Security Taxable Wage Bases for the 35-year period ending with the year in which the Participant attains Social Security retirement age. The Wage Base is assumed to remain constant from age at determination to Social Security retirement age.

## Benefit Group Code

As of January 1, 2003, a Benefit Group Code was established for each active employee. This code determines how future benefits will accrue. The Benefit Group Code are based on the calculations below and assigned as follows:

Grandfathered: Employees who satisfy both (i) and (ii), where:

- (i) Date of birth is January 1, 1948 or earlier, and
- (ii) Date of hire is January 1, 1993 or earlier

Transition: Employees who are not Grandfathered and who satisfy both (i) and (ii), where:

- (i) Points (age plus service as of January 1, 2003) are greater than or equal to 60, and
- (ii) Date of hire is January 1, 1993 or earlier

Career Earnings: Employees who do not meet the requirements for either Grandfathered or Transition Benefit Group Code.

As of January 1, 2011, a Benefit Group Code was established for Riddle Health System Pension Plan Participants. This code determines how future benefits will accrue. The Benefit Group Codes are based on the calculations below and assigned as follows:

Riddle Grandfathered: Employees who, as of January 1, 2011, have attained age 55 and completed ten years of Vesting Service.

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Riddle Transition: Employees who are not grandfathered and who have completed ten years of Vesting Service and whose points (age plus service as of January 1, 2011) are greater than or equal to 60.

Career Earnings: Employees who do not meet the requirements for either Riddle Grandfathered or Riddle Transition Benefit Group Code.

## Benefit Formulas

- A. Prior to January 1, 2003, the benefit was determined under the Final Average Earnings formula, the sum of (i) and (ii), minimum (iii):
- (i) 1.375% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 2.0% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service not in excess of 30 years.
  - (ii) .5% of Final Average Compensation, multiplied by Years of Benefit Service in excess of 30 years.
  - (iii) Minimum Benefits:
    - a. For a Participant as of September 5, 1991, the Accrued Benefit as of September 5, 1991 under the provisions of the Plan as of that date.
    - b. For a Participant of a Prior Plan on December 31, 1987 and born on or before January 1, 1938, the benefit determined under the provisions of the Prior Plan assuming continued participation in that Plan until the earlier of termination of employment or December 31, 1992.
- B. As of January 1, 2011, the benefit formula is the sum of (i), (ii) and (iii):
- (i) Accrued benefit as of December 31, 2010 calculated according to the formula in Part A above.
  - (ii) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 1.75% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service earned after January 1, 2011, such that total service is not in excess of 30 years.
  - (iii) .5% of Final Average Compensation, multiplied by Years of Benefit Service earned after January 1, 2011 in excess of 30 years.
- C. Under the Riddle Health System Pension Plan was the greater of (i) and (ii) below:
- (i) 1% of Average Annual Salary, up to Covered Compensation plus 1.6% of Average Annual Salary in excess of Covered Compensation multiplied by Benefit Service up to maximum of 35 years.
  - (ii) \$1,600
- The benefit earned as of December 31, 2010 serves as minimum benefit.
- D. Individuals who participated in both the Main Line Health Retirement Income Plan and Riddle Health System Pension Plan prior to December 31, 2010 receive a benefit equal to the greater of the sum of benefit earned under respective plans as of December 31, 2010 and the benefit earned under the respective benefit formula.

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## Normal Retirement Benefit

1. Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65 and 5 years of service.
2. Benefit Formula: As of January 1, 2003, the benefit formula is based on the Career Earnings formula, the sum of (i) and (ii) below:
  - (i) 1.375% of plan compensation for each year of benefit service not in excess of Social Security Covered Compensation, plus
  - (ii) 2.0% of plan compensation for each year of benefit service in excess of Social Security Covered Compensation

As of January 1, 2011, the benefit formula is defined as the sum of (i) and (ii) below:

- (i) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus
- (ii) 1.75% of Final Average Compensation in excess of Social Security Covered Compensation

Based on a Participant's Benefit Group Code, the Normal Retirement Benefit is calculated as follows:

Grandfathered: Grandfathered Participants shall receive the greater of (i) and (ii) below:

- (i) All accruals post 2010 calculated under the Final Average Earnings formula plus the Final Average Earnings formula earned as of December 31, 2010.
- (ii) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula

Transition: Transition employees shall receive (i) x [1 + (ii)] below:

- (i) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula,
- (ii) 1% for each year, in which the employee works at least one hour from January 1, 2003 (not to exceed 10 years)

Career Earnings: Career Earnings employees shall receive the Accrued Benefit as of December 31, 2002, plus future accruals under the Career Earnings formula

Riddle Grandfathered: Riddle Grandfathered Participants shall receive the great of (i) and (ii) below:

- (i) All accruals calculated under the benefit formula of Riddle Health System Pension Plan
- (ii) Sum of the benefits earned under the Main Line Health Retirement Income Plan and the Riddle Health System Pension Plan as of December 31, 2010.

Riddle Transition: Riddle Transition employees shall receive (i) x [1 + (ii)] below:

- (i) Accrued benefit as of December 31, 2010 plus future accruals under the Career Earnings formula
- (ii) 1% for each year in which the employee works at least 1,000 hours from January 1, 2011 (not to exceed 10 years)

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## Late Retirement Benefit

1. Eligibility: The first day of any month subsequent to Normal Retirement Date.
2. Benefit: Normal Retirement Benefit based on Compensation and Benefit Service earned through Late Retirement Date.

## Early Retirement Benefit

1. Eligibility: The first day of any month coincident with or following the date of attainment of age 55 and completion of 5 or more Years of Benefit Service.
2. Benefit: The benefit accrued to retirement date, commencing at Normal Retirement Date or Early Retirement Date, multiplied by the following factors according to the Participant's Benefit Group Code.

<u>Age</u>	<u>Grandfathered</u>	<u>Grandfathered Riddle</u>	<u>Transition and Riddle Transition</u>	<u>Career Earnings</u>
55	60%	50%	50%	40%
56	63%	53%	53%	44%
57	66%	57%	57%	48%
58	69%	60%	60%	52%
59	72%	64%	64%	57%
60	75%	67%	67%	62%
61	80%	73%	73%	68%
62	85%	80%	80%	75%
63	90%	87%	87%	82%
64	95%	93%	93%	91%
65	100%	100%	100%	100%

## Disability Benefit

1. Eligibility: Total and permanent disability.
2. Monthly Benefit: Accrued Benefit payable at Normal Retirement Date based on continued Years of Benefit Service through period of disability and Final Average Compensation and Social Security Covered Compensation at date of disability.

## Vested Benefit Upon Termination of Service

1. Eligibility: The completion of at least 5 years of Vesting Service.
2. Benefit: Accrued Benefit commencing at Normal Retirement Date, or if eligible, reduced for commencement between Early and Normal Retirement Dates.

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## Pre-Retirement Death Benefit

1. Eligibility: Spouse of an active vested Participant who dies while in service, or the spouse of a terminated vested Participant who dies before receipt of benefits.
2. Benefit: Upon death of the Grandfathered Riddle Participant, if the Participant is eligible for Normal, Early, or Late Retirement at death, the benefit payable to the spouse is 50% of the Accrued Benefit reduced 1% for each quarter year in excess of five years by which the spouse is younger than the deceased Participant, but in no case shall such reduction cause the benefit to be lower than the actuarial equivalent reduction.

Otherwise, the benefit payable to the spouse commencing on the date that the Participant would have been first eligible to receive a benefit (immediate if the Participant is eligible for Early Retirement Benefit), is equal to the survivor's portion of a joint & 50% survivor annuity based on the Participant's Accrued Benefit at death.

## Forms of Retirement Annuity

1. Normal: Life annuity for a single Participant. An actuarially equivalent joint & 50% survivor annuity for a married Participant.
2. Optional: A Participant may elect an actuarially equivalent optional form of payment, including joint & survivor annuities (50%, 75% or 100%), or life with terms certain (5, 10 or 15 years).

## Special Provisions for Top-Heavy Plans

Not applicable; the plan has never been top-heavy.

## Employee Contributions

Plan costs are funded by employer contributions.

## Changes in Plan Provisions Since Last Actuarial Valuation

As part of the DVACO transaction, approximately 50 participants in the MLH Retirement Income Plan were transferred to Humana effective July 8, 2023. MLH amended the Plan to provide immediate vesting for participants who have not yet met vesting eligibility. In addition, the plan was amended effective January 1, 2024 as follows:

- Allow residents and fellows to accrue Benefit Service beginning January 1, 2024, and
- Increase the mandatory cash-out threshold from \$5,000 to \$7,000 as allowed under SECURE 2.0

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<b>Plan Sponsor EIN</b>	<b>23-2331531</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

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).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
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)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	