

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA, PA 19104
2b	Employer Identification Number (EIN) 23-6434390
2c	Plan Sponsor's telephone number 215-898-3700
2d	Business code (see instructions) 621510

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ANDREW GAMBLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 372
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 48 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE WISTAR INSTITUTE	D Employer Identification Number (EIN) 23-6434390
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	14310664	
b	Actuarial value	2b	15025122	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	55	4223124	4223124
b	For terminated vested participants	269	6502793	6502793
c	For active participants	48	1646584	1665919
d	Total	372	12372501	12391836
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.14 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	54171	
c	Target normal cost	6c	54171	

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

SIGN HERE	Signature of actuary THOMAS VICENTE, FSA, EA, MAAA Type or print name of actuary BOLTON PARTNERS, INC. Firm name 1 W. PENNSYLVANIA AVE. SUITE 600 TOWSON, MD 21204 Address of the firm	10/10/2025 Date 23-05034 Most recent enrollment number 443-573-3918 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2708114
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	34232
9 Amount remaining (line 7 minus line 8)	0	2673882
10 Interest on line 9 using prior year's actual return of <u>8.72</u> %	0	233163
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		94193
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> %		3028
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2985
c Total available at beginning of current plan year to add to prefunding balance		100206
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2907045

Part III Funding Percentages

14 Funding target attainment percentage	14	97.79 %
15 Adjusted funding target attainment percentage	15	121.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

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
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	54171
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		273759	10610
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	64781
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	64781	64781
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WISTAR INSTITUTE	D Employer Identification Number (EIN) 23-6434390	

Part I	Service Provider Information (see instructions)
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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	
DIMENSIONAL FUND ADVISORS LP	6300 BEE CAVE ROAD BUILDING ONE AUSTIN, TX 78746

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FORESTER CAPITAL, LLC	TWO SOUND VIEW DRIVE THIRD FLOOR GREENWICH, CT 06830

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BAIRD FUNDS	P.O.BOX 701 MILWAUKEE, WI 53201-0701

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
COLCHESTER	
36-7324183	

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

VANGUARD

23-1945930

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

BROWN CAPITAL MANAGEMENT MUTUAL FD

8730 STONY POINT PARKWAY
SUITE 205
RICHMOND, VA 23235

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

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

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

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

(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)

PNC BANK

22-1146430

(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 62 68	NONE	17386	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE WISTAR INSTITUTE	D Employer Identification Number (EIN) 23-6434390	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CREDIT FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS COLLECTIVE TRUST			
c EIN-PN 13-4166989-034	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TREASURY STRIPS FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS COLLECTIVE TRUST			
c EIN-PN 13-4166989-030	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CREDIT FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS COLLECTIVE TRUST			
c EIN-PN 13-4166989-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WISTAR INSTITUTE	D Employer Identification Number (EIN) 23-6434390

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	878	5956
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	405883	0
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	11579345	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1285865	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1074303	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14346274	5956
Liabilities			
g Benefit claims payable	1g	35610	0
h Operating payables	1h	0	
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	35610	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14310664	5956

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	76534	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	8343	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3282	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		88159
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	26904683	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	26578695	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		325988
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-428046	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-428046

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5078
d Total income. Add all income amounts in column (b) and enter total	2d		-8821

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12374437	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1309497	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13683934
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	17386	
(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)	594567	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		611953
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14295887

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-14304708
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **1309498**.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553811.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN				B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 THE WISTAR INSTITUTE				D Employer Identification Number (EIN) 23-6434390	
Part I Distributions All references to distributions relate only to payments of benefits during the plan year. 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 10 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): 04-3581074 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 3174					
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8. 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a b Enter the amount contributed by the employer to the plan for this plan year 6b c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... 6c If you completed line 6c, skip lines 8 and 9. 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes ☐ No ☐ N/A 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes No N/A					
Part III Amendments 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No 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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule R (Form 5500) 2024 v. 240311					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**The Wistar Institute of Anatomy and
Biology Technical and Support
Personnel Pension Plan**

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

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Independent Auditors' Report

To the Plan Administrator of
The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

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

We have performed audits of the financial statements of The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 (in liquidation), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 (in liquidation), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Trustees of the Plan approved a plan of liquidation on March 17, 2023. In accordance with accounting principles generally accepted in the United States of America, the Plan's basis of accounting used in presenting the financial statements is the liquidation basis. Our opinion is not modified with respect to this matter.

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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Baker Tilly US, LLP

Pittston, Pennsylvania
October 14, 2025

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023 (in Liquidation)

	2024	2023
Assets		
Investments at fair value	\$ -	\$ 14,345,396
Receivables		
Interest receivable	5,956	878
Accrued income expected in liquidation	-	66,882
Total assets	5,956	14,413,156
Liabilities		
Accrued expenses expected to be incurred in liquidation	-	7,831
Net assets available for benefits	\$ 5,956	\$ 14,405,325

See notes to financial statements

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023 (in Liquidation)

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 26,355	\$ 131,337
Net appreciation in fair value of investments	-	1,052,631
Total investment income	26,355	1,183,968
Contributions		
Employer contributions	-	100,000
Total additions	26,355	1,283,968
Deductions		
Net depreciation in fair value of investments	102,058	-
Benefits paid to participants	5,725,564	819,910
Reversion to plan sponsor	1,309,497	-
Administrative expenses	604,122	136,881
Annuity purchase	6,684,483	-
Total deductions	14,425,724	956,791
Net (decrease) increase	(14,399,369)	327,177
Adjustments to Liquidation Basis		
Accrued income expected in liquidation	-	66,882
Accrued expenses expected to be incurred in liquidation	-	(7,831)
Net adjustments to liquidation basis	-	59,051
Net assets available for benefits		
Beginning of year	14,405,325	14,019,097
End of year	\$ 5,956	\$ 14,405,325

See notes to financial statements

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective April 1, 1960, as restated January 1, 2020. The Plan covers all employees excluding union employees, leased employees and employees who are participants in The Wistar Institute Retirement Savings Program, of The Wistar Institute (the Institute) who had completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Institute's Retirement Plan Administrative and Investment Committee (Committee) is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective May 15, 2015, the Institute amended the Plan to freeze all benefit accruals and participation.

Plan Termination

On March 17, 2023, the Board of Trustees of the Plan adopted a resolution to terminate the Plan effective March 17, 2023. All plan participants became 100% vested as a result of the decision to terminate. Upon termination, all assets remaining in the Plan will be distributed to the participants, subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document. Liquidation was completed in 2024. The Plan purchased an annuity contract from United of Omaha in the amount of \$7,054,939 in September 2024 to satisfy the unpaid accumulated pension benefit owed by the Plan.

The description of the Plan that follows describes the Plan prior to termination.

Funding Policy

The Plan's funding policy is for the Institute to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Plan made contributions of \$287,311 and \$100,000, respectively. Participant contributions are not permitted. The minimum funding requirements of ERISA were met in 2024 and 2023.

Pension Benefits

Participants with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to their accrued benefit. A participant is eligible for early retirement after attainment of age 55 and completion of 10 years of service. A participant's accrued benefit equal to 32% of their average monthly compensation plus 0.5% of the average compensation (the highest consecutive five years) multiplied by years of credited service in excess of 20 years. The accrued benefit for any participant who was a participant of The Wistar Institute Associates, Trainees and Lab Assistants' Pension Plan as of December 31, 1996 is equal to the product of 4% of average monthly compensation and years of credited service up to a maximum of 25 years.

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The normal form of benefit payment is 50% joint and survivor annuity for married participants and a single life annuity for participants who are not married. Participants may elect to receive their benefit payment in the form of a single-life annuity, a 100% joint and survivor annuity, 50% joint and survivor annuity, a 75% survivor annuity or an annuity for life with a period certain option not to exceed the participant's life expectancy or a lump sum.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension 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

As a result of the resolution to terminate the Plan, the Plan considers liquidation to be imminent and, therefore, the financial statements of the Plan as of and for the years ended December 31, 2024 and 2023 are presented on the liquidation 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 Institute's Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and trustees, 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.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Institute, as provided by the plan document. Expenses that are paid directly by the Institute 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.

Subsequent Events

Subsequent events were evaluated through October 14, 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, with interest, 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 actuarial present value of accumulated plan benefits as of January 1, 2024 are as follows:

Vested benefits:

Participants and beneficiaries receiving benefit payments	\$ 4,297,143
Vested benefits for other participants	8,169,041
Total vested benefits	12,466,184
Nonvested benefits	19,891
Total actuarial present value of accumulated plan benefits	\$ 12,486,075

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 11,935,023
Increase during the year attributable to:	
Changes in actuarial assumptions	563,834
Interest	691,862
Plan experience	115,266
Benefits paid	(819,910)
Net change	551,052
Actuarial present value of accumulated plan benefits, at end of year	\$ 12,486,075

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

Interest rate	5.0% for 2024
Mortality	PRI-2012 Total Dataset Amount-Weighted Mortality Tables with Scale MP-2021 generational improvement
Retirement age	Age 67 or age on valuation date

The segment rates assumed for the conversion to a joint and survivor annuity were change from the August 2022 417(e) rates to the August 2023 417(e) rates, the interest rate for the ASC 960 valuation decreased from 6.0% to 5.0% and the mortality tables changed from the IRS 2023 Static Mortality Table for annuitants and non-annuitants to the generational mortality tables in Treas. Reg. Section 1.430(h)-9(b) resulting in an increase of \$563,834 for the year ended December 31, 2023 in the actuarial present value of accumulated plan benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. On March 17, 2023, the Board of Trustees adopted a resolution to terminate the Plan effective March 17, 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 authoritative guidance 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.

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 observables and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at and 2023.

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan were open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds were required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

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

Assets at Fair Value as of December 31, 2023	Level 1		Level 2		Level 3		Total
Money market funds	\$	405,883	\$	-	\$	-	\$ 405,883
Mutual funds		1,285,865		-		-	1,285,865
Total assets in the fair value hierarchy		1,691,748		-		-	1,691,748
Investments measured at net asset value (a)		-		-		-	12,653,648
Total investments at fair value	\$	1,691,748	\$	-	\$	-	\$ 14,345,396

(a) In accordance with Subtopic 820-10, 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.

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Fair Value of Investments That Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2023.

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Goldman Sachs Collective Trust Long Duration Credit Fund	\$ 4,544,921	N/A	Daily	1 day
Goldman Sachs Collective Trust Intermediate Credit Fund	3,518,240	N/A	Daily	1 day
Goldman Sachs Collective Trust Long Treasury Strips Fund	3,516,184	N/A	Daily	1 day
Equity hedge fund, Forester Diversified LTD	722,477	N/A	Annually	95 days
Equity hedge fund, Forester Offshore LTD	351,826	N/A	Annually	95 days

5. Concentrations

As of December 31, 2023, the Plan had investments \$11,579,345 which were concentrated in three funds.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, PNC Bank, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 (in Liquidation), and certain of the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 (in Liquidation) and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

2023

Investment Income:

Net appreciation in fair value of investments	\$ 1,058,945
Interest and dividends	109,418

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

7. Related-Party and Party in Interest Transactions

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

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Institute. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Institute by a letter dated September 29, 2020, 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.

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 concentration 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.

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2023, to Form 5500:

Net assets available for benefit per the financial statements	\$ 14,405,325
Benefit payments payable	(35,610)
Accrued income in liquidation	(66,882)
Accrued expenses to be incurred in liquidation	7,831
Net assets available for benefits per Form 5500	\$ 14,310,664

The following reconciles the decrease in net assets per the financial statements for the year ended December 31, 2024 to Form 5500:

	2024
Decrease in net assets per the financial statements	\$ (14,399,369)
Add: Prior year benefit payments payable	35,610
Add: Prior year accrued income in liquidation	66,882
Less: Prior year accrued expenses in liquidation	7,831
Decrease in net assets per Form 5500	\$ (14,304,708)

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-6434390 Plan Number: 001

Year Ended December 31, 2024

		(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions										
	Purchase	Federated Hermes	Federated Hermes Government Obligation Premier Shares	\$ 4,340,880	\$ -	\$ -	\$ -	\$ 4,340,880	\$ 4,340,880	\$ -
	Purchase	Federated Hermes	Federated Hermes Government Obligation Premier Shares	6,372,078	-	-	-	6,372,078	6,372,078	-
	Sale	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	4,327,911	-	-	4,327,911	4,327,911	-
	Sale	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	4,204,974	-	-	4,204,974	4,204,974	-
	Sale	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	2,692,702	-	-	2,692,702	2,692,702	-
	Sale	Goldman Sachs	Goldman Sachs Collective Trust Intermediate Credit Fund	-	3,797,315	-	-	3,472,568	3,797,315	324,747
	Sale	Goldman Sachs	Goldman Sachs Collective Trust Long Treas Strips Fund	-	3,090,000	-	-	3,361,502	3,090,000	(271,502)
	Sale	Goldman Sachs	Goldman Sachs Collective Trust Long Long Credit Fund	-	4,604,359	-	-	4,082,033	4,604,359	522,326
	Sale	Goldman Sachs	Goldman Sachs Managed Beta Institutional	-	723,887	-	-	607,109	723,887	116,778
	Sale	Forester Capital, LLC	Forester Diversified LTD Class USD Shares Sub-class A2 Series 1/13	-	788,191	-	-	509,799	788,191	278,392
Total single transactions				\$ 10,712,958	\$ 24,229,339	\$ -	\$ -	\$ 33,971,556	\$ 34,942,297	\$ 970,741

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-6434390 Plan Number: 001

Year Ended December 31, 2024

		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		Identity of Party	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses	Cost	Current Value	Net Gain/ (Loss)
Series Transactions										
	Purchase (2)	Goldman Sachs	Goldman Sachs Collective Trust Intermediate Credit Fund	\$ 210,000	\$ -	\$ -	\$ -	\$ 210,000	\$ 210,000	\$ -
	Sale (3)	Goldman Sachs	Goldman Sachs Collective Trust Intermediate Credit Fund	-	3,913,315	-	-	3,582,798	3,913,315	330,517
	Purchase (3)	Goldman Sachs	Goldman Sachs Collective Trust Long Treas Strips Fund	403,000	-	-	-	403,000	403,000	-
	Sale (2)	Goldman Sachs	Goldman Sachs Collective Trust Long Treas Strips Fund	-	3,665,286	-	-	3,917,491	3,665,286	(252,205)
	Purchase (2)	Goldman Sachs	Goldman Sachs Collective Trust Long Credit Fund	171,000	-	-	-	171,000	171,000	-
	Sale (4)	Goldman Sachs	Golden Sachs Collective Trust Intermediate Credit Fund	-	4,942,359	-	-	4,396,309	4,942,359	546,050
	Purchase (1)	Goldman Sachs	Goldman Sachs Managed Beta Institutional	10,000	-	-	-	10,000	10,000	-
	Sale (3)	Goldman Sachs	Goldman Sachs Managed Beta Institutional	-	823,887	-	-	695,749	823,887	128,138
	Purchase (15)	Federated Hermes	Federated Hermes Government Obligation Premier Shares	11,629,083	-	-	-	11,629,083	11,629,083	-
	Sale (19)	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	12,034,966	-	-	12,034,966	12,034,966	-
Total series transactions				\$ 12,423,083	\$ 25,379,813	\$ -	\$ -	\$ 37,050,396	\$ 37,802,896	\$ 752,500

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

EIN/PN: 23-6434390/001

Schedule SB, Line 26 (a) – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	1	0	0	0	0	0	0	0
40 to 44	0	3	0	0	0	0	0	0	0	0
45 to 49	1	5	3	1	0	0	0	0	0	0
50 to 54	0	4	4	0	1	0	0	0	0	0
55 to 59	1	3	2	2	2	1	0	0	0	0
60 to 64	0	3	3	2	1	0	0	0	0	0
65 to 69	0	2	1	0	1	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0
Total	2	21	14	5	5	1	0	0	0	0

The Wistar Institute of Anatomy and Biology Technical and
Support Personnel Pension Plan

EIN/PN: 23-6434390/001

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

Actuarial Method:

Standard Unit Credit Cost Method

Valuation Date:

January 1, 2024

Interest:

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor. For all FASB accounting purposes, the interest assumptions are selected by the plan sponsor.

For Minimum Required Contribution

On or after 2023, the full yield curve for the month preceding the valuation date. Samples rates from each yield curve are in the table below.

	1/1/2023 Full Yield Curve	1/1/2024 Full Yield Curve
Year 1	4.96%	5.46%
Year 5	4.75%	4.80%
Year 10	5.14%	5.07%
Year 15	5.28%	5.24%
Year 20	5.14%	5.22%
Year 25	5.01%	5.19%
Year 30	4.92%	5.17%
Effective Interest Rate	5.05%	5.14%

For PBGC Variable-Rate Premium

Alternative Method

The Alternative Method calculation uses the full yield curve interest rates for December 2023.

For FASB ASC 960:

5.0% compounded annually, increased from 6.0% compounded annually for 2023.

Future Increases in Maximum Benefits and Plan Compensation Limitations:

It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.

Assumed Cost-of-Living Adjustments:

None.

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

EIN/PN: 23-6434390/001

Salary Increases:

Not applicable for a frozen plan.

Plan-Related Expenses:

Plan-related expenses, including PBGC premium, actuarial fees, and asset-related fees and charges, expected to be paid from plan assets were added to the normal cost. The assumption is that plan-related expenses will be equal to the preceding year's expenses. For 2024, the plan-related expense assumption is \$130,000 and for 2022 it was \$34,232.

Mortality:

For Funding:

2024 - Generational mortality tables in Treas. Reg. Section 1.430(h)-1(b), reflecting separate tables for annuitants and non-annuitants

2023 - IRS 2023 Static Mortality Table for annuitants and non-annuitants

For Accounting:

Pri-2012 Total Dataset Amount-Weighted Mortality Tables with Scale MP-2021 generational improvement.

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006. For all FASB accounting purposes, the assumption is selected by the plan sponsor. No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

Retirement:

Active Rates:

Attained Age	Rate
62	10%
63	10%
64	25%
65	15%
66	50%
67+	100%

Terminated Vested Rates:

Attained Age	Rate
61	5%
62-64	10%
65	60%
66-67	30%
68	60%
69+	100%

The Wistar Institute of Anatomy and Biology Technical and
Support Personnel Pension Plan

EIN/PN: 23-6434390/001

Withdrawal Rates:

Sample rates

Attained Age	Male
25	24.9%
35	20.8%
45	14.0%
50	9.7%
55	5.0%
60	1.2%
65	0

Form of Payment

25% elect a Single Life Annuity

10% elect a 100% Joint and Survivor Annuity

65% elect a Lump Sum

Form of Payment Conversion

For Funding: The Section 417(e) table for mortality with the underlying valuation segment rates for Lump Sum conversions and for Joint and Survivor Annuity conversions the prior year August 417(e) rates of 5.45%, 5.52%, 5.43% for the 2024 plan year, and 3.79%, 4.62%, and 4.69% for the 2023 plan year.

For Accounting: The Section 417(e) table for mortality and for Joint and Survivor Annuity conversions the prior year August 417(e) rates of 5.45%, 5.52%, 5.43% for the 2024 plan year, and 3.79%, 4.62%, and 4.69% for the 2023 plan year.

Disability Rates

None assumed

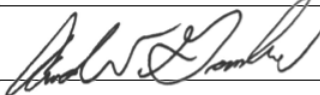
Surviving Spouse Benefit

It is assumed that 65% of males and 70% of females have an eligible spouse, and that males are five years older than their spouses.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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	
1a Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 04/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE WISTAR INSTITUTE 3601 SPRUCE STREET PHILADELPHIA PA 19104	2b Employer Identification Number (EIN) 23-6434390 2c Plan Sponsor's telephone number 215-898-3700 2d Business code (see instructions) 621510

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE		10/14/2025	ANDREW GAMBLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	372
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	48
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-6434390 Plan Number: 001

Year Ended December 31, 2024

		(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions										
	Purchase	Federated Hermes	Federated Hermes Government Obligation Premier Shares	\$ 4,340,880	\$ -	\$ -	\$ -	\$ 4,340,880	\$ 4,340,880	\$ -
	Purchase	Federated Hermes	Federated Hermes Government Obligation Premier Shares	6,372,078	-	-	-	6,372,078	6,372,078	-
	Sale	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	4,327,911	-	-	4,327,911	4,327,911	-
	Sale	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	4,204,974	-	-	4,204,974	4,204,974	-
	Sale	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	2,692,702	-	-	2,692,702	2,692,702	-
	Sale	Goldman Sachs	Goldman Sachs Collective Trust Intermediate Credit Fund	-	3,797,315	-	-	3,472,568	3,797,315	324,747
	Sale	Goldman Sachs	Goldman Sachs Collective Trust Long Treas Strips Fund	-	3,090,000	-	-	3,361,502	3,090,000	(271,502)
	Sale	Goldman Sachs	Goldman Sachs Collective Trust Long Long Credit Fund	-	4,604,359	-	-	4,082,033	4,604,359	522,326
	Sale	Goldman Sachs	Goldman Sachs Managed Beta Institutional	-	723,887	-	-	607,109	723,887	116,778
	Sale	Forester Capital, LLC	Forester Diversified LTD Class USD Shares Sub- class A2 Series 1/13	-	788,191	-	-	509,799	788,191	278,392
Total single transactions				\$ 10,712,958	\$ 24,229,339	\$ -	\$ -	\$ 33,971,556	\$ 34,942,297	\$ 970,741

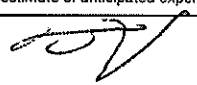
The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-6434390 Plan Number: 001

Year Ended December 31, 2024

		(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions										
	Purchase (2)	Goldman Sachs	Goldman Sachs Collective Trust Intermediate Credit Fund	\$ 210,000	\$ -	\$ -	\$ -	\$ 210,000	\$ 210,000	\$ -
	Sale (3)	Goldman Sachs	Goldman Sachs Collective Trust Intermediate Credit Fund	-	3,913,315	-	-	3,582,798	3,913,315	330,517
	Purchase (3)	Goldman Sachs	Goldman Sachs Collective Trust Long Treas Strips Fund	403,000	-	-	-	403,000	403,000	-
	Sale (2)	Goldman Sachs	Goldman Sachs Collective Trust Long Treas Strips Fund	-	3,665,286	-	-	3,917,491	3,665,286	(252,205)
	Purchase (2)	Goldman Sachs	Goldman Sachs Collective Trust Long Credit Fund	171,000	-	-	-	171,000	171,000	-
	Sale (4)	Goldman Sachs	Golden Sachs Collective Trust Intermediate Credit Fund	-	4,942,359	-	-	4,396,309	4,942,359	546,050
	Purchase (1)	Goldman Sachs	Goldman Sachs Managed Beta Institutional	10,000	-	-	-	10,000	10,000	-
	Sale (3)	Goldman Sachs	Goldman Sachs Managed Beta Institutional	-	823,887	-	-	695,749	823,887	128,138
	Purchase (15)	Federated Hermes	Federated Hermes Government Obligation Premier Shares	11,629,083	-	-	-	11,629,083	11,629,083	-
	Sale (19)	Federated Hermes	Federated Hermes Government Obligation Premier Shares	-	12,034,966	-	-	12,034,966	12,034,966	-
Total series transactions				\$ 12,423,083	\$ 25,379,813	\$ -	\$ -	\$ 37,050,396	\$ 37,802,896	\$ 752,500

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY TECHNICAL AND SUPPORT PERSONNEL PENSION PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE WISTAR INSTITUTE		D Employer Identification Number (EIN) 23-6434390
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		
Part I Basic Information		
1 Enter the valuation date: Month 01 Day 01 Year 2024		
2 Assets:		
a Market value		2a 14,310,664
b Actuarial value		2b 15,025,122
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	55	4,223,124 4,223,124
b For terminated vested participants	269	6,502,793 6,502,793
c For active participants	48	1,646,584 1,665,919
d Total	372	12,372,501 12,391,836
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions		4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b
5 Effective interest rate	5 5.14%	
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	54,171
c Target normal cost	6c	54,171
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE		10/10/2025
Signature of actuary		Date
Thomas Vicente, FSA, EA, MAAA		2305034
Type or print name of actuary		Most recent enrollment number
Bolton Partners, Inc.		443-573-3918
Firm name		Telephone number (including area code)
1 W. Pennsylvania Ave. Suite 600		
Towson MD 21204		
Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		Schedule SB (Form 5500) 2024 v. 240311

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,708,114
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	34,232
9	Amount remaining (line 7 minus line 8)	0	2,673,882
10	Interest on line 9 using prior year's actual return of <u>8.72</u> %	0	233,163
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		94,193
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> %		3,028
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2,985
	c Total available at beginning of current plan year to add to prefunding balance		100,206
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,907,045

Part III		Funding Percentages	
		14	97.79 %
14	Funding target attainment percentage		
15	Adjusted funding target attainment percentage	15	121.25 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
					0

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost								
21	Discount rate:								
a	Segment rates:	1st segment: % 2nd segment: % 3rd segment: %	☒ N/A, full yield curve used						
b	Applicable month (enter code).....		21b 65						
22	Weighted average retirement age		22 65						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								
Part VI	Miscellaneous Items								
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No								
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No								
26	Demographic and benefit information								
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No						
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No						
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27						
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years								
28	Unpaid minimum required contributions for all prior years		28 0						
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		29 0						
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30 0						
Part VIII	Minimum Required Contribution For Current Year								
31	Target normal cost and excess assets (see instructions):								
a	Target normal cost (line 6c).....		31a 54,171						
b	Excess assets, if applicable, but not greater than line 31a		31b 0						
32	Amortization installments:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Outstanding Balance</th> <th style="width: 40%;">Installment</th> </tr> <tr> <td>a Net shortfall amortization installment</td> <td>273,759 10,610</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0 0</td> </tr> </table>	Outstanding Balance	Installment	a Net shortfall amortization installment	273,759 10,610	b Waiver amortization installment	0 0	
Outstanding Balance	Installment								
a Net shortfall amortization installment	273,759 10,610								
b Waiver amortization installment	0 0								
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33						
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 64,781						
35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">Carryover balance</th> <th style="width: 20%;">Prefunding balance</th> <th style="width: 40%;">Total balance</th> </tr> <tr> <td>Balances elected for use to offset funding requirement</td> <td>0</td> <td>64,781 64,781</td> </tr> </table>	Carryover balance	Prefunding balance	Total balance	Balances elected for use to offset funding requirement	0	64,781 64,781		
Carryover balance	Prefunding balance	Total balance							
Balances elected for use to offset funding requirement	0	64,781 64,781							
36	Additional cash requirement (line 34 minus line 35).....		36 0						
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0						
38	Present value of excess contributions for current year (see instructions)								
a	Total (excess, if any, of line 37 over line 36)		38a 0						
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0						
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0						
40	Unpaid minimum required contributions for all years		40 0						
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)								
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021								

The Wistar Institute of Anatomy and Biology Technical and
Support Personnel Pension Plan

EIN/PN: 23-6434390/001

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

April 1, 1960.

Eligibility

The plan was frozen to new participants as of May 15, 2015.

Year of Service

Plan year during which an employee completes at least 1,000 hours of service. Benefit accrual service is frozen as of May 15, 2015.

Compensation

Base pay.

Average Annual Compensation

Average of highest 5 consecutive Plan years of compensation paid during the 10 years preceding actual Retirement Date. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

Normal Retirement Benefit

Eligible on the first of the month coincident with or next following the later of age 65 or the fifth anniversary of plan participation.

The amount of annual benefit based on service to Normal Retirement Date is:

1. 32% of Average Annual Compensation, plus
2. 0.5% of Average Annual Compensation multiplied by years of service up to 20.

Benefit amounts are frozen as of May 15, 2015.

Early Retirement Benefit

Eligible at the later of age 55 and 10 years of vesting service.

and the frozen benefit multiplied by the appropriate age-based factor below:

Age	Factor	Age	Factor
64	93%	59	63%
63	87%	58	60%
62	80%	57	57%
61	73%	56	53%
60	67%	55	50%

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Postponed Retirement Benefit

The monthly benefit calculated at an actual retirement date after normal retirement date. The benefit is determined to be the greater of (1) the actuarial equivalent of his Normal Retirement Benefit, or (2) the accrued benefit calculated using actual service and compensation through benefit commencement.

Disability Benefit

Total and permanent disability which entitles the participant to Social Security benefits. Benefit is computed in the same way as the early retirement benefit.

Termination Benefit

Vesting Schedule

0% with fewer than 5 Years of Service.

100% with 5 or more Years of Service.

Benefit Commencement Date

Normal retirement date. The participant may elect for early retirement benefits, if the participant meets the age and service eligibility.

Benefit

Computed by same formula as early or normal retirement benefit, as applicable.

Death Benefit

Prior to eligibility for early retirement: the surviving spouse of a vested participant receives the survivor portion of a 50% joint and survivor benefit based upon the accrued benefit starting on the date the participant would have become eligible for early retirement.

Once eligible for early retirement: the surviving spouse of the vested participant receives the survivor portion of a 50% joint and survivor benefit based upon the accrued benefit starting on the first of the month following date of death.

Normal Form of Payment

Life Annuity.

Optional Methods of Receiving Benefit Payments

Options available include:

- Lump sum
- 50%, 66 2/3%, 75%, or 100% Joint & Survivor Annuity
- 5, 10, 15 or 20 year certain and life annuity.

These options are generally calculated using the current 417(e) mortality table and the 417(e) rates for the August of the prior calendar year.

Lump Sum Option Limitation

For those who terminated prior to reaching normal or early retirement, the maximum amount of lump sum is \$5,000. For those reaching normal or early retirement, there is no limitation to the lump sum amount.

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

Actuarial Method:

Standard Unit Credit Cost Method

Valuation Date:

January 1, 2024

Interest:

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor. For all FASB accounting purposes, the interest assumptions are selected by the plan sponsor.

For Minimum Required Contribution

On or after 2023, the full yield curve for the month preceding the valuation date. Samples rates from each yield curve are in the table below.

	1/1/2023 Full Yield Curve	1/1/2024 Full Yield Curve
Year 1	4.96%	5.46%
Year 5	4.75%	4.80%
Year 10	5.14%	5.07%
Year 15	5.28%	5.24%
Year 20	5.14%	5.22%
Year 25	5.01%	5.19%
Year 30	4.92%	5.17%
Effective Interest Rate	5.05%	5.14%

For PBGC Variable-Rate Premium

Alternative Method

The Alternative Method calculation uses the full yield curve interest rates for December 2023.

For FASB ASC 960:

5.0% compounded annually, increased from 6.0% compounded annually for 2023.

Future Increases in Maximum Benefits and Plan Compensation Limitations:

It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.

Assumed Cost-of-Living Adjustments:

None.

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Salary Increases:

Not applicable for a frozen plan.

Plan-Related Expenses:

Plan-related expenses, including PBGC premium, actuarial fees, and asset-related fees and charges, expected to be paid from plan assets were added to the normal cost. The assumption is that plan-related expenses will be equal to the preceding year's expenses. For 2024, the plan-related expense assumption is \$130,000 and for 2022 it was \$34,232.

Mortality:

For Funding:

2024 - Generational mortality tables in Treas. Reg. Section 1.430(h)-1(b), reflecting separate tables for annuitants and non-annuitants

2023 - IRS 2023 Static Mortality Table for annuitants and non-annuitants

For Accounting:

Pri-2012 Total Dataset Amount-Weighted Mortality Tables with Scale MP-2021 generational improvement.

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006. For all FASB accounting purposes, the assumption is selected by the plan sponsor. No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

Retirement:

Active Rates:

Attained Age	Rate
62	10%
63	10%
64	25%
65	15%
66	50%
67+	100%

Terminated Vested Rates:

Attained Age	Rate
61	5%
62-64	10%
65	60%
66-67	30%
68	60%
69+	100%

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Withdrawal Rates:

Sample rates

Attained Age	Male
25	24.9%
35	20.8%
45	14.0%
50	9.7%
55	5.0%
60	1.2%
65	0

Form of Payment

25% elect a Single Life Annuity

10% elect a 100% Joint and Survivor Annuity

65% elect a Lump Sum

Form of Payment Conversion

For Funding: The Section 417(e) table for mortality with the underlying valuation segment rates for Lump Sum conversions and for Joint and Survivor Annuity conversions the prior year August 417(e) rates of 5.45%, 5.52%, 5.43% for the 2024 plan year, and 3.79%, 4.62%, and 4.69% for the 2023 plan year.

For Accounting: The Section 417(e) table for mortality and for Joint and Survivor Annuity conversions the prior year August 417(e) rates of 5.45%, 5.52%, 5.43% for the 2024 plan year, and 3.79%, 4.62%, and 4.69% for the 2023 plan year.

Disability Rates

None assumed

Surviving Spouse Benefit

It is assumed that 65% of males and 70% of females have an eligible spouse, and that males are five years older than their spouses.

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Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) * (3)	(5) Weighted Age (1)* (4)
62	27.4123	0.10	2.7412	169.9565
63	25.5340	0.10	2.5534	160.8639
64	25.8318	0.25	6.4580	413.3092
65	23.2077	0.15	3.4812	226.2749
66	19.5548	0.50	9.7774	645.3082
67	9.6147	1.00	9.6147	644.1874
68	1.0000	1.00	1.0000	68.0000
69	1.0000	1.00	1.0000	69.0000
Sum			36.6259	2,396.9001
Weighted Average Retirement Age				65.44

The Wistar Institute of Anatomy and Biology Technical and
Support Personnel Pension Plan

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Schedule SB, line 24– Change in Actuarial Assumptions

The segment rates assumed for the conversion to a Joint and Survivor annuity were changed from the August 2022 417(e) rates to the August 2023 417(e) rates.

The Plan Sponsor elected to change the mortality tables from the IRS 2023 Static Mortality Table for annuitants and non-annuitants to the generational mortality tables in Treas. Reg. Section 1.430(h)-9(b), reflecting separate tables for annuitants and non-annuitants for 2024.

The Wistar Institute of Anatomy and Biology Technical and Support Personnel Pension Plan

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Schedule SB, Line 26 (a) – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	1	0	0	0	0	0	0	0
40 to 44	0	3	0	0	0	0	0	0	0	0
45 to 49	1	5	3	1	0	0	0	0	0	0
50 to 54	0	4	4	0	1	0	0	0	0	0
55 to 59	1	3	2	2	2	1	0	0	0	0
60 to 64	0	3	3	2	1	0	0	0	0	0
65 to 69	0	2	1	0	1	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0
Total	2	21	14	5	5	1	0	0	0	0

The Wistar Institute of Anatomy and Biology Technical and
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Schedule SB, line 32(a) – Schedule of Shortfall Amortization Bases

Date Established	Present Value	Annual Payment	Years Remaining
1/1/2023	\$ 57,874	\$ 5,581	14
1/1/2024	215,885	19,881	15
Totals	\$ 273,759	\$ 25,462	

The Wistar Institute of Anatomy and Biology Technical and
Support Personnel Pension Plan

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Sum			36.6259	2,396.9001
Weighted Average Retirement Age				65.44

The Wistar Institute of Anatomy and Biology Technical and
Support Personnel Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions

Effective Date

April 1, 1960.

Eligibility

The plan was frozen to new participants as of May 15, 2015.

Year of Service

Plan year during which an employee completes at least 1,000 hours of service. Benefit accrual service is frozen as of May 15, 2015.

Compensation

Base pay.

Average Annual Compensation

Average of highest 5 consecutive Plan years of compensation paid during the 10 years preceding actual Retirement Date. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

Normal Retirement Benefit

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Schedule SB, line 32(a) – Schedule of Shortfall Amortization Bases

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Schedule SB, line 24– Change in Actuarial Assumptions

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