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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

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)
MAIN LINE HEALTH, INC.

240 RADNOR CHESTER ROAD, SUITE 200
RADNOR, PA 19087

2b Employer Identification Number (EIN)
23-2331531

2c Plan Sponsor's telephone number
484-580-4748

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	LEIGH EHRLICH
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	19375
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	11050
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10697
b	Retired or separated participants receiving benefits	**6b**	4914
c	Other retired or separated participants entitled to future benefits	**6c**	3694
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	19305
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	441
f	Total. Add lines **6d** and **6e**.	**6f**	19746
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	698
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 Characteristic Codes in the instructions:

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MAIN LINE HEALTH, INC.

D Employer Identification Number (EIN)
23-2331531

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1493849163
b Actuarial value	**2b**	1524125868

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	5194	668158801	668158801
b For terminated vested participants	3817	215781556	215781556
c For active participants	11050	552043882	579849308
d Total	20061	1435984239	1463789665

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	58599638
b Expected plan-related expenses	**6b**	2900000
c Target normal cost	**6c**	61499638

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

09/25/2026
Date

DAVID J PULITI
Type or print name of actuary

26-08318
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	154419487
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	154419487
10	Interest on line 9 using prior year's actual return of 1.36 %	0	2100105
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	156519592

Part III Funding Percentages

14	Funding target attainment percentage	14	93.42 %
15	Adjusted funding target attainment percentage	15	104.59 %
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	102.53 %
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
03/03/2025	25598	0	09/02/2025	4200000	0
04/01/2025	4200000	0	10/01/2025	4200000	0
05/01/2025	4200000	0	11/03/2025	4200000	0
06/02/2025	4200000	0	12/01/2025	4200000	0
07/01/2025	4200000	0	01/02/2026	4200000	0
08/01/2025	4200000	0	02/02/2026	4200000	0
			Totals ► 18(b)	64274681	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	61499638

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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
03/02/2026	4200000	0			
04/01/2026	4200000	0			
05/01/2026	4200000	0			
06/01/2026	4200000	0			
07/01/2026	1249083	0			
			Totals ► 18(b)		18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	1
22 Weighted average retirement age	**22**	67

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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	[X] Yes	[ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	[ ] Yes	[X] 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	[X] Yes	[ ] No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	[X] 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**	61499638
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	61499638

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	61499638
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	61499638
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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN LINE HEALTH, INC.

D Employer Identification Number (EIN)
23-2331531

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

400 CAPITAL MANAGEMENT LLC

26-3489627

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

AC CARBON CAYMAN LP

98-1622151

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

ADVENT INTERNATIONAL L.P.

23-2331531

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

AETOS CAPITAL OPP FUND CAYMAN LLP

98-1531331

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

ARBOUR LANE CREDIT OPP FUNDIV

99-5126603

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

ARTIMAN VENTURES 2014, LP

47-1042299

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

ARTIMAN VENTURES SELECT 2014, LP

47-1053971

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

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

ASF VI GP

98-1143184

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

ASF VII GP

98-1241828

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

ASF VIII GP

98-1444253

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

AVANTE CAPITAL PARTNERS, LP

47-2635933

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

BALANCE POINT CAP MGRS. III LLC

285 RIVERSIDE AVE.
SUITE 200
WESTPORT, CT 06880

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

BALANCE POINT CAP MGRS. V LLC

285 RIVERSIDE AVE.
SUITE 200
WESTPORT, CT 06880

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

BALANCE POINT CAPITAL PARTNERS IV

285 RIVERSIDE AVENUE
SUITE 200
WESTPORT, CT 06880

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

BARINGS LLC

51-0504477

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

BLACKSTONE REAL ESTATE ASSOC VII

45-3450248

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

BLUE TORCH CAPITAL, LP

35-2577360

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

BRIDGEWATER ASSOCIATES, LP

ONE NYALA FARMS ROAD
WESTPORT, CT 06880

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

CAPITAL TODAY EVERGREEN FUND, L.P.

98-1217842

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

CARNELIAN ENERGY CAPITAL GP V, L.P

2229 SAN FELIPE STREET
SUITE 1450
HOUSTON, TX 77019

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

CASTLELAKE V, L.P.

82-1221295

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

CAT ROCK CAPITAL PARTNERS LP

47-4285565

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

CEVIAN CAPITAL II GP LIMITED

98-0504656

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

CEVIAN CAPITAL LIMITED

98-0374494

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

CHARLES RIVER REALTY INVESTORS LLC

2310 WASHINGTON STREET
NEWTON, MA 02462

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

CHARLES-LIM ASIA GLOBAL LIMITED

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

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

COMMONFUND CAPITAL, INC.

06-1225208

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

CONSTELLATION ASSET MANAGEMENT

BRIGADEIRO FARIA LIMA
SAO PAUL, BRAZIL 0 BR

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

CRAYHILL CAPITAL MANAGEMENT LP

47-4510891

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

DEERFIELD MANAGEMENT CO LP

03-0553340

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

DOVER STREET X L.P

83-3379593

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

ELLIOTT INVESTMENT MANAGEMENT L.P.

84-3339129

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

FORTRESS CREDIT OPP IVA ADV. LLC

1345 AVE OF THE AMERICAS
NEW YORK, NY 10105

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

FORTRESS CREDIT OPP V ADV. LLC

1345 AVE OF THE AMERICAS
NEW YORK, NY 10105

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

FORTRESS CREDIT OPP VI ADV. LLC

1345 AVE OF THE AMERICAS
NEW YORK, NY 10105

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

GAOCHENG CAPITAL MANAGEMENT LIMITED

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

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

GGV CAPITAL IX, L.P

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

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

GLENDON CAPITAL MANAGEMENT L.P

46-1394333

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

HARBOURVEST PARTNERS LP

74-3130888

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

HBK INVESTMENTS L.P.

75-2622581

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

HILLHOUSE INV MGT INC

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

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

INCA INVESTMENTS, LLC

22-3899123

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

INDBABA CAPITAL PARTNERS

27-3363835

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

INDEPENDENT FRANCHISE PARTNERS, LLP

98-0682628

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

JACKSON SQUARE VENTURES MGT CO

46-4183470

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

JANCHOR PARTNERS LIMITED

1608, ONE EXCHANGE SQUARE
CENTRAL, HONG KONG 0 HK

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

JLL PARTNERS, LLC

81-3583478

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

JUNTO CAPITAL MANAGEMENT LP

550 MADISON AVENUE
33RD FLOOR
NEW YORK, NY 10022

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

KABOUTER MANAGEMENT, LLC

401 N. MICHIGAN AVENUE
SUITE 2510
CHICAGO, IL 60611

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

KENNEDY LEWIS MANAGEMENT LP

225 LIBERTY STREET
SUITE 4210
NEW YORK, NY 10281

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

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

98-1510175

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

LIGHTSPEED CHINA PARTNERS III, L.P.

98-1309256

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

LIGHTSPEED CHINA PARTNERS IV, L.P.

98-1462249

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

LIGHTSPEED CHINA PARTNERS SELECT I

98-1462260

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

LUMINOUS VENTURES SELECT V, L.P.

98-1619381

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

MALABAR INVESTMENTS LLC

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

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

MATRIX CAPITAL MANAGEMENT CO LP

04-3475951

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

MCP PVT CAPITAL FUND III GPLP SCS

98-1351263

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

MCP PVT CAPITAL FUND IV GPLP SCS

98-1512405

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

MERITECH FRANCHISE ASS. LLC

245 LYTTON AVE
SUITE 125
PALO ALTO, CA 94301

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

ND CAPITAL INSTITUTIONAL FUND 5

2310 WASHINGTON STREET
NEWTON, MA 02462

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

OCP ASIA (AUSTRALIA) PTY LIMITED

98-1669741

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

OCP ASIA (HONG KONG) LIMITED

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

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

OCP ASIA (SINGAPORE) PTE. LIMITED

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

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

ORBIS FEE RESERVE (U.S.) LIMITED

25 FRONT STREET ORBIS HOUSE
HAMILTON, HAMILTON HM 11 BM

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

ORBIS INVESTMENT MANAGEMENT LIMITED

98-0451139

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

ORION CAPITAL MANAGERS, LLP

63 BROOKE STREET
LONDON, LONDON W1K 4HS GB

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

OVERLOOK INVESTMENTS LIMITED

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

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

PEMBERTON STRATEGIC CREDIT CAYMAN I

98-1407429

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

PRIMARY WAVE

1165 BROADWAY
5TH FLOOR NEW YORK
NEW YORK, NY 10001

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

QUAN CAPITAL MANAGEMENT LLC

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

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

REVELATION HEALTHCARE FUND IV, LP

46-4624189

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

SENATOR INVESTMENT GROUP LP

26-2124641

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

SILVER LAKE TECHNOLOGY ASSOC VI LP

84-4908393

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

SILVER LAKE TECHNOLOGY ASSOC VII LP

87-2542352

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

SOROBAN CAPITAL GP LLC

27-3323055

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

STONE POINT CAPITAL LLC

20-2508799

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

TCI FUND MANAGEMENT LIMITED

7 CLIFFORD STREET
LONDON, LONDON W1S 2FT GB

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

THINK INVESTMENTS LLC

46-3177216

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

THINK INVESTMENTS LP

46-3174318

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

THOMPSON STREET CAPITAL MANAGER

11-3568481

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

TIGER GLOBAL LONG OPPORTUNITIES LTD

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

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

TWO SIGMA ADVISER, LP

35-2191456

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

TWO SIGMA INST PARTNERS LLC

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

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

VALINOR MANAGEMENT, L.P.

20-8961915

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

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

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

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

CAMBRIDGE ASSOCIATES, LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	NONE	2180640	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	1906424	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DC CAPITAL PARTNERS MGMT LP

81-1708646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	1000286	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ENCAP ENERGY CAPITAL FUND X

9651 KATY FREEWAY
SUITE 600
HOUSTON, TX 77024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	992181	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [ ]

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

THOMA BRAVO ADVISERS, L.P.

84-5194444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	772619	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL BANK DBA PRINCIPAL CUS. S

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	734392	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LEGAL & GENERAL INVESTMENT MGMT AME

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	665427	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACIFIC INVESTMENT MANAGEMENT COMPA

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	410839	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TENZING PRIVATE EQUITY LLP

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	170816	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BLE OWL ALT CREDIT ADVISORS LLC

51-0504477

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	162360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARBOUR LANE

86-3505724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	145891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	134657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADVENT INTERNATIONAL CORPORATION

11-3774841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	108046	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARYANN STOREY

240 RADNOR CHESTER ROAD
SUITE 200
RADNOR, PA 19087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	105410	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT LLC

04-2840139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 49 51 52	NONE	93239	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	74549	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

FORTRESS LENDING ADVISORS III LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	69465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPS CAPITAL PARTNERS, LP

ONE VANDERBILT AVENUE
52ND FLOOR
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	67921	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

SILVER LAKE TECHNOLOGY ASSOCIATES V

32-0516907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	66683	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

FORTRESS LENDING ADVISORS II LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	59909	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HS MANAGEMENT PARTNERS LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	58501	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

CRAYHILL PRINCIPAL STR LLC

83-4513417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	57192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITRIN COOPERMAN & COMPANY. LLP

22-2428965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	47700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VITRUVIAN PARTNERS LLP

105 WIGMORE STREET
LONDON, LONDON WIU 1QY GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	46335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARTNERS GROUP MGT XIV LIMITED

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	30568	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BARES CAPITAL MANAGEMENT INC

74-2961140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	23825	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JP MORGAN

13-2994650

(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?
24 27 28 50 51	NONE	20727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FORTRESS LENDING ADVISORS IV LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	18809	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKSTONE REAL ESTATE ASSOC VIII

47-2277154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	12991	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TRIDENT CAPITAL VI, L.P.

98-1131812

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	12137	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

ATALAYA CAPITAL MANAGEMENT, LP

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	11414	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILLHOUSE FUND IV HOLDING PARTNERS

4TH FLOOR, HARBOUR PLACE SOUTH CHURCH STREET, P.O. BOX 10240
GRAND CAYMAN, CAYMAN ISLANDS KY1-1002 KY

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	10731	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
MALABAR INVESTMENTS LLC.	15 28 52	69582

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HOLDING CAPITAL GROUP INC 104 WEST 40TH STREET, 19TH FLOOR NEW YORK, NY 10018	MANAGEMENT FEES AND INCENTIVE ALLOCATION.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HBK MULTI-STRATEGY OFFSHORE FUND LT 98-0497416	REIMBURSEMENT PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MAIN LINE HEALTH, INC.

D Employer Identification Number (EIN)
23-2331531

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: INT'L VALUE EQUITY GROUP TRUST

b Name of sponsor of entity listed in (a): SILCHESTER INT'L INVESTORS LLP

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)
36-7045783-001	E	32222070

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN EMERGING MARKETS EQUITY II

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

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)
04-2929221-012	E	13721382

a Name of MTIA, CCT, PSA, or 103-12 IE: LGIMA LONG DURATION US CREDIT FUND

b Name of sponsor of entity listed in (a): LGIMA

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)
27-3472226-000	C	173906604

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN LINE HEALTH, INC.

D Employer Identification Number (EIN)
23-2331531

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	196774	428707
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12574402	26449083
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	35841178	31763559
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15097972	12352939
(2) U.S. Government securities	1c(2)	171933000	196625000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	76334000	89213000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	22626000	0
(5) Partnership/joint venture interests	1c(5)	1010687042	1084247809
(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)		
(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)	45992689	45943452
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	156308000	191884000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3704000	5169000

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1551295057	1684076549
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	60062940	40374692
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	276784	939658
1k Total liabilities (add all amounts in lines 1g through1j)	1k	60339724	41314350
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1490955333	1642762199

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)	64274681	
(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)		64274681
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5418186	
(B) U.S. Government securities	2b(1)(B)	6242767	
(C) Corporate debt instruments	2b(1)(C)	4970262	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	15224539	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31855754
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	138650	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4897084	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5035734
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	904276569	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	895610401	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		8666168
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	88919900	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		88919900

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		28655832
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		6477064
(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)		32960091
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		266845224
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	101875043	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		101875043
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)	47700	
(5) Investment advisory and investment management fees	2i(5)	5155295	
(6) Bank or trust company trustee/custodial fees	2i(6)	734392	
(7) Actuarial fees	2i(7)	1906424	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5319504	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13163315
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		115038358
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		151806866
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP **(2)** EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583479.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN LINE HEALTH, INC.

D Employer Identification Number (EIN)
23-2331531

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 ..... 1 | 0

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

EIN(s): 94-1347393

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 435

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 13.0 % Private Equity: 29.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.0 %
High-Yield Debt: 0.0 % Real Assets: 1.0 % Cash or Cash Equivalents: 8.0 % Other: 17.0 %

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_____.

Main Line Health, Inc. Retirement Income Plan

Financial Statements and
Supplemental Schedules

December 31, 2025 and 2024

Main Line Health, Inc. Retirement Income Plan

December 31, 2025 and 2024

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Certified Public Accountants

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of Main Line Health, Inc. Retirement Income Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Main Line Health, Inc. Retirement Income Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended and the accumulated plan benefits as of December 31, 2024, and the related changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Main Line Health, Inc. Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year), schedule H, line 4i - schedule of assets (acquired and disposed of within year), and schedule H, line 4j - schedule of reportable transactions, as of or for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Citrin Cooperman & Company, LLP

Philadelphia, Pennsylvania
October 6, 2026

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Main Line Health, Inc. Retirement Income Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

(in thousands of dollars)

	2025	2024
Assets		
Cash and cash equivalents	$ 12,783	$ 15,295
Investments		
Investments at fair value	1,613,082	1,487,585
Receivables		
Employer contributions receivable	26,449	12,574
Capital redemptions receivable	-	5,363
Accrued interest and dividends	3,566	2,953
Due from brokers for securities sold	28,198	27,525
Total receivables	58,213	48,415
Total assets	1,684,078	1,551,295
Liabilities		
Accrued expenses	885	2,948
Due to brokers for securities purchased	39,490	57,114
Derivative-related payables	939	277
Total liabilities	41,314	60,339
Net assets available for benefits	$ 1,642,764	$ 1,490,956

See accompanying notes to the financial statements.

Main Line Health, Inc. Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2025 and 2024

(in thousands of dollars)

	2025	2024
Additions to net assets attributed to		
Investment income		
Interest and dividends	$ 22,054	$ 17,029
Net appreciation in fair value of investments	164,678	-
Total investment income	186,732	17,029
Contributions		
Employer contributions	64,275	25,174
Other income	15,838	11,640
Total additions	266,845	53,843
Deductions from net assets attributed to		
Net depreciation in fair value of investments	-	1,123
Benefits paid to participants	101,875	65,248
Administrative expenses	13,162	11,348
Total deductions	115,037	77,719
Net increase (decrease) in net assets available for benefits	151,808	(23,876)
Net assets available for benefits		
Beginning of year	1,490,956	1,514,832
End of year	$ 1,642,764	$ 1,490,956

See accompanying notes to the financial statements.

Main Line Health, Inc. Retirement Income Plan

Statement of Accumulated Plan Benefits

December 31, 2024

(in thousands of dollars)

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 605,010
Other participants	633,603
Total vested benefits	1,238,613
Nonvested benefits	21,514
Total actuarial present value of accumulated plan benefits	$ 1,260,127

See accompanying notes to the financial statements.

Main Line Health, Inc. Retirement Income Plan

Statement of Changes in Accumulated Plan Benefits

For the Year Ended December 31, 2024

(in thousands of dollars)

Actuarial present value of accumulated plan benefits at beginning of year	$ 1,170,685
Increase (decrease) during the year attributable to	
Benefits accumulated	40,918
Actuarial losses	11,690
Increase in the discount period	79,581
Actual benefits paid	(65,248)
Plan amendments	22,501
Net increase	89,442
Actuarial present value of accumulated plan benefits at end of year	$ 1,260,127

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN

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

General - The Plan is a noncontributory defined benefit plan established effective January 1, 1988, as restated January 1, 2021. The Plan covers all employees, excluding non-employee physicians, leased employees or union employees of Main Line Health, Inc. (the Company) who have completed one eligibility year and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Audit Committee and management are responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Audit Committee and management.

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

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

Funding policy - The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

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

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

Effective June 1, 2025, employees may elect to receive their pension benefit in the form of an actuarially equivalent lump sum cash payment.

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.

Effective January 1, 2025, the Plan will no longer pay out disability benefits to employees who terminate employment as a result of such disability.

2. SUMMARY OF ACCOUNTING POLICIES

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

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

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

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

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

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

Subsequent events - Subsequent events were evaluated through October 6, 2026, the date the financial statements were available to be issued.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	December 31, 2024
Mortality	Benefit weighted Pri-2012 tables with a base year of 2012 without collar or amount adjustments, with separate rates for annuitants, non-annuitants, retirees, and contingent annuitants projected forward using Scale MP-2021 with generational projection.
Retirement age	Age 67
Discount rate	6.75%
Interest rate	5.37%

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

The interest rate changed from 5.15% in plan year 2024 to 5.37% in plan year 2025.

4. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

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

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

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

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets and liabilities at fair value (in thousands of dollars) as of December 31, 2025 and 2024:

Assets at fair value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**NAV as Practical Expedient**	**Total**
Cash equivalents	$ 12,283	$ -	$ -	$ -	$ 12,283
U.S. government securities	192,620	4,005	-	-	196,625
Other global government securities	-	3,939	-	-	3,939
Asset-backed securities	-	221	-	-	221
Mutual funds	191,884	-	-	-	191,884
Corporate bonds	84,378	4,835	-	-	89,213
Derivatives	-	1,009	-	-	1,009
Total assets in the fair value hierarchy	481,165	14,009	-	-	495,174
Investments measured at NAV (a)	-	-	-	1,130,191	1,130,191
Total investments at fair value	$ 481,165	$ 14,009	$ -	$ 1,130,191	$ 1,625,365

Liabilities at fair value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**NAV as Practical Expedient**	**Total**
Derivatives	$ 929	$ 10	$ -	$ -	$ 939

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

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

(a) In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair value of investments that calculate net asset value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024 (in thousands of dollars).

December 31, 2025	Fair Value (6)	Unfunded Commitments	Redemption Frequency (if currently eligible)	Other Redemption Restrictions	Redemption Notice Period
Absolute return (a)	$ 58,775	$ -	Monthly - Semi-annually	None	7 - 90 days
Emerging markets equity (b)	41,355	-	Daily - Semi-annually	None (1)	10 - 180 days
Fixed income (c)	173,907	-	Daily	None	1 day
Global developed equity (d)	139,556	-	Daily - Triennially	None (2)	1 - 126 days
Hedged equity (e)	56,578	2,418	Monthly - Termination of fund	None (3)	None - 90 days
Opportunistic/distressed (f)	145,894	61,033	Quarterly - Termination of fund	None (4)	None - 90 days
Private credit (g)	17,659	18,895	Termination of fund	Non-redeemable	None
Private equity/venture capital (h)	442,487	117,185	Daily - Termination of fund	None (5)	None
Private natural resources (i)	19,189	3,687	Termination of fund	Non-redeemable	None
Private real estate (j)	10,391	8,853	Termination of fund	Non-redeemable	None
U.S. equity (k)	24,400	-	Daily - Quarterly	None	1 - 60 days
Total	$ 1,130,191	$ 212,071			

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

(1) Investments with fair values totaling approximately $3.2 million and $2.6 million at December 31, 2025 and 2024, respectively, are restricted to a 36-month soft lockup, which expire on March 31, 2026.

(2) Investments with fair values totaling approximately $18.1 million and $25.9 million are redeemable triennially at December 31, 2025 and 2024, respectively.

(3) Investments with fair values totaling approximately $607 thousand and $743 thousand at December 31, 2025 and 2024, respectively, may not be redeemed until termination of the fund.

(4) Investments with fair values totaling approximately $130.7 million and $134 million at December 31, 2025 and 2024, respectively, may not be redeemed until termination of the fund.

(5) Investments with fair values totaling approximately $441.7 million and $360.4 million at December 31, 2025 and 2024, respectively, may not be redeemed until termination of the fund.

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

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

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

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

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

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

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

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

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

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

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

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

5. DERIVATIVE FINANCIAL INSTRUMENTS

The Plan invests in derivative contracts in connection with its investing activities. Investments in derivative contracts are subject to additional risks that can result in a loss of all or part of the investment. At December 31, 2025, the Plan had approximately $110,027 (in thousands of dollars) invested in cash equivalents and money market funds to support its derivative trading activities, which is included in the Plan's investments at fair value.

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

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

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

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

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

6. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

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

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

7. PLAN TERMINATION

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

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

8. TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. RISKS AND UNCERTAINTIES

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

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

10. PENSION RISK TRANSFER TRANSACTION

On June 11, 2026, the Plan executed an agreement to purchase a group annuity contract covering certain participants and beneficiaries in pay status. The Plan remitted a premium of approximately $66.5 million on June 18, 2026. Effective September 1, 2026, the insurer will assume responsibility for payment of the covered pension benefits.

Supplemental Schedules

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
*	PRINCIPAL DEPOSIT SWEEP PROGRAM	LARGE BALANCE	$ 97,743,762	$ 97,743,762
	FED NATL MTG ASSN 30 YR TBA	US GOVT BOND POOL #7242 DTD 02/01/03	1,847,109	1,847,196
	FED NATL MTG ASSN 30 YR TBA	US GOVT BOND DTD 02/01/04 6.500 02/01/2034	2,078,906	2,078,880
	FED NATL MTG ASSN POOL #CA3674	US GOVT BOND DTD 05/01/19 4.000 06/01/2049	9,789	9,059
	FEDL NATL MTGE ASSN POOL #DA3338	US GOVT BOND 30 YR GTD SINGLE FAMILY MORTGAGE	67,788	70,079
	TENNESSEE VALLEY AUTHORITY	US GOVT BOND DTD 05/16/2025 4.875% 05/15/2035	397,440	413,852
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 08/15/2022 3.375% 08/15/2042	2,316,784	2,112,500
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 11/15/2022 4.000% 11/15/2042	5,279,906	5,086,908
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 02/15/2023 3.875% 02/15/2043	3,074,127	2,820,277
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 05/15/2023 3.875% 05/15/2043	1,882,888	1,825,537
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 08/15/2023 4.375% 08/15/2043	8,370,615	8,190,840
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 11/15/2023 4.750% 11/15/2043	7,378,897	7,260,871
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 02/15/2024 4.500% 02/15/2044	2,134,300	2,108,976
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 05/15/2024 4.625% 05/15/2044	2,890,754	2,827,584
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 08/15/2024 4.125% 08/15/2044	3,459,083	3,450,815
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 02/15/2025 4.750% 02/15/2045	1,095,117	1,094,412
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 11/15/2025 4.625% 11/15/2045	9,305,762	9,185,586
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 02/15/2022 2.250% 02/15/2052	5,405,699	5,349,450
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 05/15/2022 2.875% 05/15/2052	4,047,910	3,633,500
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 08/15/2022 3.000% 08/15/2052	5,643,868	5,529,141
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 11/15/2022 4.000% 11/15/2052	3,506,855	3,217,127
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 05/15/2023 3.625% 05/15/2053	2,885,789	2,649,311
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 08/15/2023 4.125% 08/15/2053	353,755	336,387
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 11/15/2024 4.500% 11/15/2054	5,380,506	5,395,104
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 02/15/2025 4.625% 02/15/2055	1,169,793	1,155,888
	UNITED STATES TREASURY BONDS	US GOVT BOND DTD 08/15/2025 4.750% 08/15/2055	25,867,207	25,384,417
	UNITED STATES TREASURY NOTES	US GOVT BOND TREASURY INFLATION INDEX	1,160,392	1,155,211
	UNITED STATES TREASURY NOTES	US GOVT BOND DTD 08/15/2025 4.250% 08/15/2035	1,480,714	1,474,526
	US TREAS SEC STRIPPED ZERO CPN	US GOVT BOND DTD 11/15/12 11/15/2042	142,756	133,188
	US TREAS SEC STRIPPED ZERO CPN	US GOVT BOND DTD 05/15/13 0.000 05/15/2043	93,607	86,308
	US TREAS SEC STRIPPED ZERO CPN	US GOVT BOND DTD 05/16/16 05/15/2046	181,110	155,100
	US TREASURY BOND	US GOVT BOND DTD 02/15/06 4.500 02/15/2036	2,066,629	1,754,587
	US TREASURY BOND	US GOVT BOND DTD 02/15/07 4.750 02/15/2037	4,347,014	4,016,856
	US TREASURY BOND	US GOVT BOND DTD 08/15/08 4.500 05/15/2038	6,086,629	5,807,331
	US TREASURY BOND	US GOVT BOND DTD 11/16/09 4.375 11/15/2039	5,891,245	5,919,120
	US TREASURY BOND	US GOVT BOND DTD 02/15/10 4.625 02/15/2040	6,435,866	6,570,590
	US TREASURY BOND	US GOVT BOND DTD 11/30/20 1.375 11/15/2040	3,467,725	3,180,394
	US TREASURY BOND	US GOVT BOND DTD 03/01/21 1.875 02/15/2041	3,464,762	2,934,078
	US TREASURY BOND	US GOVT BOND DTD 08/31/21 1.750 08/15/2041	2,063,505	1,457,417
	US TREASURY BOND	US GOVT BOND DTD 02/28/22 2.375 02/15/2042	4,668,424	3,547,954
	US TREASURY BOND	US GOVT BOND DTD 05/15/13 2.875 05/15/2043	983,958	908,259
	US TREASURY BOND	US GOVT BOND DTD 11/15/13 3.750 11/15/2043	5,868,965	5,258,220
	US TREASURY BOND	US GOVT BOND DTD 05/15/14 3.375 05/15/2044	2,636,017	1,815,682
	US TREASURY BOND	US GOVT BOND DTD 11/17/14 3.000 11/15/2044	752,729	716,131
	US TREASURY BOND	US GOVT BOND DTD 05/15/15 3.000 05/15/2045	4,058,148	2,924,518
	US TREASURY BOND	US GOVT BOND DTD 11/16/15 3.000 11/15/2045	2,899,668	2,674,350
	US TREASURY BOND	US GOVT BOND DTD 02/15/17 3.000 02/15/2047	3,540,928	2,851,796
	US TREASURY BOND	US GOVT BOND DTD 11/15/17 2.750 11/15/2047	3,734,456	3,385,942
	US TREASURY BOND	US GOVT BOND DTD 02/15/18 3.000 02/15/2048	8,596,253	8,185,540
	US TREASURY BOND	US GOVT BOND DTD 05/15/18 3.125 05/15/2048	914,471	911,388
	US TREASURY BOND	US GOVT BOND DTD 08/15/18 0.000 08/15/2048	78,124	64,736
	US TREASURY BOND	US GOVT BOND DTD 08/15/18 3.000 08/15/2048	6,486,895	6,500,975
	US TREASURY BOND	US GOVT BOND DTD 02/15/19 3.000 02/15/2049	1,758,947	1,739,207
	US TREASURY BOND	US GOVT BOND DTD 05/15/19 2.875 05/15/2049	1,767,542	1,721,712
	US TREASURY BOND	US GOVT BOND DTD 08/15/19 2.250 08/15/2049	5,933,427	5,832,495
	US TREASURY BOND	US GOVT BOND DTD 08/17/20 1.375 08/15/2050	5,476,542	4,420,203
	US TREASURY BOND	US GOVT BOND DTD 11/16/20 1.625 11/15/2050	4,082,039	3,675,000
	US TREASURY BOND ZERO CPN	US GOVT BOND DTD 02/18/14 0.000 02/15/2044	505,205	495,240
	US TREASURY BOND ZERO CPN	US GOVT BOND DTD 08/15/14 0.000 08/15/2044	45,022	40,101
	US TREASURY INFLATION INDEX BOND	US GOVT BOND DTD 07/30/21 0.125 07/15/2031	676,920	675,272
	US TREASURY INFLATION INDEX BOND	US GOVT BOND DTD 01/31/22 0.125 01/15/2032	94,723	107,313
	US TREASURY INFLATION INDEX BOND	US GOVT BOND DTD 02/15/22 0.125 02/15/2052	513,510	494,391
	AADVANTAGE LOYALTY IP LTD.	CORPORATE BOND DTD 03/24/21 04/20/2028 VAR CPN	128,057	129,819
	ABBVIE INC	CORPORATE BOND DTD 05/14/15 4.700 05/14/2045	249,880	226,083
	AEP TEXAS INC	CORPORATE BOND DTD 05/24/2023 5.400% 06/01/2033	99,838	103,239
	AETNA INC	CORPORATE BOND DTD 12/04/07 6.750 12/15/2037	139,023	110,090
	AFRICAN DEV BANK	CORPORATE BOND DTD 09/30/2025 VAR CPN 12/31/2049	200,000	199,556
	AGSTAR FINANCIAL SVS	CORPORATE BOND DTD 11/20/2025 VAR CPN 12/31/2099	300,000	306,465
	AIR LEASE CORP	CORPORATE BOND DTD 09/24/2024 VAR CPN 12/31/2099	300,000	286,149
	AIRCASTLE LTD	144A PRIV PLCMT 09/15/2169	297,000	398,012
	ALABAMA POWER CO	CORPORATE BOND DTD 09/17/19 3.450 10/01/2049	99,665	71,120
	ALCON FINANCE CORP	CORPORATE BOND DTD 12/06/2022 5.750% 12/06/2052	199,348	201,922
	ALIMENTATION COUCHE-TARD	CORPORATE BOND DTD 02/12/2024 5.267% 02/12/2034	200,000	204,622
	ALIMENTATION COUCHE-TARD	CORPORATE BOND DTD 02/12/2024 5.617% 02/12/2054	100,000	98,455
	ALPHABET INC	CORPORATE BOND DTD 05/01/2025 5.250% 05/15/2055	198,084	191,558
	ALPHABET INC	CORPORATE BOND DTD 11/06/2025 4.375% 11/06/2064	339,989	336,321
	ALTICE FRANCE S.A	CORPORATE BOND DTD 10/01/2025 5.625% 06/15/2032	-	172,383
	ALTICE FRANCE S.A.	CORPORATE BOND	70,456	72,337
	ALTICE FRANCE S.A.	CORPORATE BOND DTD 05/08/14 08/14/2026	21,033	20,278
	ALTRIA GROUP INC	CORPORATE BOND DTD 09/16/16 3.875 09/16/2046	234,468	225,468
	ALTRIA GROUP INC	CORPORATE BOND DTD 02/14/19 5.950 02/14/2049	199,444	199,958
	ALTRIA GROUP INC	CORPORATE BOND DTD 02/14/19 6.200 02/14/2059	39,882	39,932
	ALTRIA GROUP INC	CORPORATE BOND DTD 02/04/21 4.000 02/04/2061	198,380	144,962
	AMAZON.COM INC	CORPORATE BOND DTD 11/20/2025 5.450% 11/20/2055	497,585	488,010
	AMERICAN ELEC PWR CO INC	CORPORATE BOND DTD 09/25/2025 VAR CPN 03/15/2056	200,000	196,506
	AMGEN INC	CORPORATE BOND DTD 03/02/2023 5.750% 03/02/2063	396,288	390,272

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	ANGLO AMERICAN CAPITAL	CORPORATE BOND DTD 04/05/2024 6.000% 04/05/2054	$ 394,468	$ 400,480
	ANTARES HOLDINGS	144A PRIV PLCMT 2.750 01/15/2027	397,228	390,924
	ANTHEM INC	CORPORATE BOND DTD 11/21/17 4.375 12/01/2047	370,200	332,016
	APA CORPORATION	CORPORATE BOND DTD 08/15/2025 6.750% 02/15/2055	398,620	398,384
	APPLOVIN CORP	CORPORATE BOND DTD 12/05/2024 5.950% 12/01/2054	298,506	297,120
	ARES MANAGEMENT CORP	CORPORATE BOND DTD 10/11/2024 5.600% 10/11/2054	198,478	189,438
	AT&T INC	CORPORATE BOND DTD 05/04/15 4.500 05/15/2035	565,668	576,348
	AT&T INC	CORPORATE BOND DTD 03/15/21 3.550 09/15/2055	550,730	451,304
	AT&T INC	CORPORATE BOND DTD 03/15/21 3.650 09/15/2059	196,527	155,633
	AT&T INC	CORPORATE BOND DTD 05/28/20 3.850 06/01/2060	298,722	205,821
	ATLASSIAN CORPORATION	CORPORATE BOND DTD 05/15/2024 5.500% 05/15/2034	397,272	413,928
	AVIATION CAPITAL GROUP	144A PRIV PLCMT 3.500 11/01/2027	98,368	98,470
	BANCO BILBAO VIZCAYA	CORPORATE BOND DTD 01/14/2025 VAR CPN 12/31/2099	200,000	214,122
	BANCO MERCANTIL DE NORTE	CONVERTIBLE	300,000	321,003
	BANK AMERICA CORP	CORPORATE BOND DTD 04/29/2025 VAR CPN 12/31/2099	300,000	312,585
	BARCLAYS PLC	CORPORATE BOND DTD 02/25/2025 VAR CPN 02/25/2036	300,000	314,037
	BAT CAPITAL CORP	CORPORATE BOND DTD 08/15/18 4.390 08/15/2037	249,528	276,348
	BAT CAPITAL CORP	CORPORATE BOND DTD 08/15/18 4.540 08/15/2047	55,141	55,579
	BAT CAPITAL CORP	CORPORATE BOND DTD 03/13/2025 6.250% 08/15/2055	398,028	412,476
	BAYER US FINANCE LLC	CORPORATE BOND DTD 11/21/2023 6.500% 11/21/2033	199,478	216,520
	BEIGNET INVESTOR LLC	CORPORATE BOND DTD 10/21/2025 6.581% 05/30/2049	912,000	963,528
	BELL TEL CO	CORPORATE BOND DTD 02/15/2024 5.550% 02/15/2054	99,869	94,996
	BERKSHIRE HATHAWAY ENERGY CO	CORPORATE BOND DTD 11/01/2022 4.600% 05/01/2053	342,992	336,788
	BGC GROUP INC	CORPORATE BOND DTD 05/25/2023 8.000% 05/25/2028	192,000	213,612
	BHP BILLITON FIN USA LTD	CORPORATE BOND DTD 09/05/2025 5.750% 05/09/2055	397,228	407,768
	BLACK HILLS CORP	CORPORATE BOND DTD 10/03/19 3.875 10/15/2049	99,805	74,444
	BLACKSTONE REG FINANCE	CORPORATE BOND DTD 11/03/2025 4.950% 02/15/2036	299,712	297,807
	BLUE OWL FINANCE LLC	CORPORATE BOND DTD 10/18/2024 6.250% 04/18/2034	200,710	206,240
	BMS IRELAND CAP FDG	CORPORATE BOND DTD 11/10/2025 4.581% 11/10/2055	459,680	458,629
	BNP PARIBAS	CORPORATE BOND DTD 12/15/2025 VAR CPN 12/31/2099	400,000	401,716
	BOEING CO	CORPORATE BOND DTD 05/04/20 5.150 05/01/2030	196,751	205,502
	BOEING CO	CORPORATE BOND DTD 05/04/20 5.930 05/01/2060	892,617	882,504
	BOEING CO/THE	CORPORATE BOND DTD 11/01/2024 6.858% 05/01/2054	300,000	336,942
	BOSTON GAS COMPANY	144A PRIV PLCMT 4.487 02/15/2042	101,337	85,608
	BP CAP MARKETS AMERICA	CORPORATE BOND DTD 08/10/20 2.772 11/10/2050	193,311	184,701
	BPCE SA	CORPORATE BOND DTD 05/28/2025 VAR CPN 05/28/2036	400,000	419,476
	BPCE SA	CORPORATE BOND DTD 01/14/2025 VAR CPN 01/14/2046	400,000	426,764
	BRIGHTHOUSE FINANCIAL IN	CORPORATE BOND DTD 12/22/17 4.700 06/22/2047	50,055	48,565
	BRITISH TELECOMMUNICATIO	144A PRIV PLCMT 4.250 11/08/2049	200,000	158,440
	BROADCOM INC	144A PRIV PLCMT 3.137 11/15/2035	243,255	219,603
	BROADCOM INC	CORPORATE BOND DTD 04/18/2022 4.926% 05/15/2037	154,726	160,883
	BROOKFIELD ASSET MANAGEMENT LTD	CORPORATE BOND DTD 04/24/2025 5.795% 04/24/2035	100,000	104,645
	BROOKFIELD FINANCE INC	CORPORATE BOND DTD 03/03/2025 5.813% 03/03/2055	200,000	197,300
	BURLINGTON NORTHN SANTA	CORPORATE BOND DTD 06/09/2023 5.200% 04/15/2054	299,838	282,333
	CALIFORNIA ENDOWMENT/THE	MED TERM NOTE SER 2021	130,158	118,042
	CANADIAN PACIFIC RAILWAY	CORPORATE BOND DTD 12/02/21 3.000 12/02/2041	294,032	298,972
	CAPITAL ONE FINANCIAL CO	CORPORATE BOND DTD 01/30/2025 VAR CPN 01/30/2036	300,000	313,164
	CARNIVAL CORP	144A PRIV PLCMT 4.000 08/01/2028	200,000	197,054
	CATERPILLAR INC	CORPORATE BOND DTD 05/15/2025 5.200% 05/15/2035	398,920	414,608
	CENTENE CORP	CORPORATE BOND DTD 12/06/19 4.625 12/15/2029	200,000	193,988
	CENTERPOINT ENERGY INC	CORPORATE BOND DTD 08/14/2024 VAR CPN 02/15/2055	150,000	156,429
	CHARTER COMM OPT LLC/CAP	CORPORATE BOND DTD 05/14/2024 6.550% 06/01/2034	399,020	420,704
	CHARTER COMM OPT LLC/CAP	CORPORATE BOND DTD 03/04/21 3.900 06/01/2052	799,608	516,336
	CHARTER COMM OPT LLC/CAP	CORPORATE BOND DTD 06/02/21 4.400 12/01/2061	276,188	261,612
	CHENIERE ENERGY PARTNERS	CORPORATE BOND DTD 05/22/2024 5.750% 08/15/2034	99,820	104,412
	CIGNA GROUP	CORPORATE BOND DTD 02/13/2024 5.600% 02/15/2054	599,130	581,862
	CITADEL SECURITIES GLOBAL	CORPORATE BOND DTD 06/18/2025 6.200% 06/18/2035	249,743	263,160
	CITIGROUP INC	CORPORATE BOND DTD 02/12/2025 VAR CPN 12/31/2099	400,000	412,392
	CITIGROUP INC	CORPORATE BOND DTD 05/29/2024 VAR CPN 12/31/2099	200,000	206,194
	CITIZENS FINL GROUP INC	CORPORATE BOND DTD 01/23/2024 VAR CPN 01/23/2030	400,000	417,200
	COCA-COLA CO/THE	CORPORATE BOND DTD 08/14/2024 5.200% 01/14/2055	399,652	385,652
	COLUMBIA PIPELINES OPCO	CORPORATE BOND DTD 08/08/2023 6.544% 11/15/2053	199,916	212,962
	COLUMBIA PIPELINES OPCO	CORPORATE BOND DTD 03/06/2025 5.962% 02/15/2055	300,000	295,524
	COLUMBIA PIPELINES OPCO	CORPORATE BOND DTD 08/08/2023 6.714% 08/15/2063	199,996	216,432
	COMCAST CORP	CORPORATE BOND DTD 05/08/2025 6.050% 05/15/2055	399,388	395,072
	COMMONSPIRIT HEALTH	CORPORATE BOND DTD 08/21/19 4.187 10/01/2049	300,000	235,290
	COMMONWEALTH EDISON CO	CORPORATE BOND DTD 05/13/2024 5.650% 06/01/2054	397,408	396,648
	CONNECTICUT LT & PWR CO	CORPORATE BOND DTD 07/06/2023 4.900% 07/01/2033	99,805	101,427
	CONOCOPHILLIPS COMPANY	CORPORATE BOND DTD 12/05/2024 5.650% 01/15/2065	299,874	288,051
	CONSTELLATION BRANDS INC	CORPORATE BOND DTD 10/29/18 5.250 11/15/2048	298,776	277,434
	CONSTELLATION ENERGY GEN LLC	CORPORATE BOND DTD 02/24/2023 5.800% 03/01/2033	399,904	426,872
	CORNING INC	CORPORATE BOND DTD 11/19/19 5.450 11/15/2079	99,720	91,346
	CORPORACION NACIONAL DEL COBRE	CORPORATE BOND DTD 09/08/2023 6.300% 09/08/2053	298,758	307,059
	COSTAR GROUP INC	144A PRIV PLCMT 2.800 07/15/2030	99,921	91,658
	COX COMMUNICATIONS INC	CORPORATE BOND DTD 01/19/2024 5.800% 12/15/2053	287,865	255,855
	COX COMMUNICATIONS INC	CORPORATE BOND DTD 08/20/2024 5.950% 09/01/2054	389,580	350,164
	CREDIT AGRICOLE SA	CORPORATE BOND DTD 01/09/2025 VAR CPN 01/09/2036	300,000	316,446
	CSL FIN PLC	CORPORATE BOND DTD 04/03/2024 5.417% 04/03/2054	300,000	285,084
	CVS HEALTH CORP	CORPORATE BOND DTD 02/21/2023 5.625% 02/21/2053	603,528	563,226
	CVS HEALTH CORP	CORPORATE BOND DTD 05/09/2024 6.050% 06/01/2054	397,400	397,696
	CVS HEALTH CORP	CORPORATE BOND DTD 12/10/2024 VAR CPN 12/10/2054	200,000	208,874
	CVS HEALTH CORP	CORPORATE BOND DTD 06/02/2023 6.000% 06/01/2063	99,071	96,541
	CVS HEALTH CORP	CORPORATE BOND DTD 08/15/2025 6.250% 09/15/2065	199,194	200,402
	DEERE & CO	CORPORATE BOND DTD 01/16/2025 5.700% 01/19/2055	397,664	413,420
	DELL INTL L L C / EMC CORP	CORPORATE BOND DTD 01/15/21 8.100 07/15/2036	215,842	261,734
	DEVON ENERGY CORP	CORPORATE BOND DTD 08/28/2024 5.750% 09/15/2054	499,410	459,450
	DIAMONDBACK ENERGY INC	CORPORATE BOND DTD 04/18/2024 5.750% 04/18/2054	299,871	283,512
	DISCOVER FINANCIAL SVS	CORPORATE BOND DTD 02/09/17 4.100 02/09/2027	290,469	300,204

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	DOMINION ENERGY GAS HLDGS LLC	CORPORATE BOND DTD 01/15/2025 6.200% 01/15/2055	$ 398,488	$ 413,372
	DOMINION ENERGY INC	CORPORATE BOND DTD 04/05/21 3.300 04/15/2041	295,812	303,664
	DOMINION ENERGY INC	CORPORATE BOND DTD 05/20/2024 VAR CPN 06/01/2054	300,000	324,825
	DUKE ENERGY CORP	CORPORATE BOND DTD 09/08/2023 6.100% 09/15/2053	599,742	621,498
	DUKE ENERGY CORP	CORPORATE BOND DTD 06/07/2024 5.800% 06/15/2054	298,305	296,637
	DUKE ENERGY PROGRESS LLC	CORPORATE BOND DTD 03/06/2025 5.550% 03/15/2055	399,352	394,556
	EAST OHIO GAS CO/THE	144A PRIV PLCMT 3.000 06/15/2050	394,304	253,868
	EASTERN ENERGY GAS	CORPORATE BOND DTD 10/09/2024 5.650% 10/15/2054	399,708	386,932
	ECOPETROL	CORPORATE BOND DTD 01/19/2024 8.375% 01/19/2036	298,323	308,634
	EL PUERTO DE LIVERPOOL	CORPORATE BOND DTD 01/22/2025 6.658% 01/22/2037	400,000	427,960
	ELECTRICITE DE FRANCE SA	144A PRIV PLCMT 4.750 10/13/2035	293,706	296,010
	ELECTRICITE DE FRANCE SA	144A PRIV PLCMT 5.000 09/21/2048	258,909	266,391
	ELEVANCE HEALTH INC	CORPORATE BOND DTD 10/31/2024 5.850% 11/01/2064	498,540	490,950
	ELI LILLY & CO	CORPORATE BOND DTD 08/14/2024 5.200% 08/14/2064	399,864	376,380
	EMBRAER NETHERLANDS FIN	CORPORATE BOND DTD 10/09/2025 5.400% 01/09/2038	398,688	395,120
	ENBRIDGE ENERGY PARTNERS	CORPORATE BOND DTD 10/06/15 7.375 10/15/2045	226,998	231,572
	ENBRIDGE INC	CONVERTIBLE	200,000	229,334
	ENEL FINANCE INTL NV	CORPORATE BOND DTD 06/26/2024 5.500% 06/26/2034	393,516	414,540
	ENERGY TRANSFER LP	CORPORATE BOND DTD 10/13/2023 6.550% 12/01/2033	399,544	438,412
	ENERGY TRANSFER LP	CORPORATE BOND DTD 01/22/2020 VAR CPN 12/01/2049	84,625	102,395
	ENERGY TRANSFER LP	CORPORATE BOND DTD 08/25/2025 VAR CPN 02/15/2056	399,200	401,528
	ENERGY TRANSFER PARTNERS	CORPORATE BOND DTD 06/23/15 4.750 01/15/2026	198,550	200,036
	ENERGY TRANSFER PARTNERS	CORPORATE BOND DTD 01/17/17 5.300 04/15/2047	198,966	177,476
	ENI SPA	CORPORATE BOND DTD 05/15/2024 5.950% 05/15/2054	691,240	694,015
	ENTERGY ARKANSAS LLC	CORPORATE BOND DTD 05/10/2024 5.750% 06/01/2054	398,220	403,144
	FARM CREDIT BANK OF TEXAS	CORPORATE BOND DTD 05/23/2024 VAR CPN 12/31/2099	200,000	209,350
	FARMERS INS EXCH	CORPORATE BOND DTD 10/09/2024 VAR CPN 10/15/2064	300,000	307,806
	FIRST AMERICAN FINANCIAL	CORPORATE BOND DTD 08/03/21 2.400 08/15/2031	99,663	87,234
	FIRST CITIZENS BANCSHARE	CORPORATE BOND DTD 03/12/2025 VAR CPN 03/12/2040	200,000	203,974
	FIRST CTZNS BANCSHARES INC	CORPORATE BOND DTD 11/18/2025 VAR CPN 12/31/2099	800,000	817,984
	FLORIDA POWER & LIGHT CO	CORPORATE BOND DTD 02/21/2025 5.700% 03/15/2055	299,253	303,969
	FORD FOUNDATION/THE	CORPORATE BOND DTD 06/25/20 2.815 06/01/2070	300,000	169,128
	FORD MOTOR CREDIT CO LLC	CORPORATE BOND DTD 03/08/2024 6.125% 03/08/2034	791,480	813,008
	FOUNDRY JV HOLDCO LLC	CORPORATE BOND DTD 05/07/2024 6.400% 01/25/2038	199,452	213,336
	FOX CORP	CORPORATE BOND DTD 01/25/20 5.576 01/25/2049	300,000	288,531
	FREEDOM MORTGAGE HOLD	CORPORATE BOND DTD 02/07/2024 9.250% 02/01/2029	200,000	209,770
	GA GLOBAL FUNDING TRUST	CORPORATE BOND DTD 01/08/2024 5.500% 01/08/2029	298,257	308,349
	GARTNER INC	CORPORATE BOND DTD 11/20/2025 5.600% 11/20/2035	199,984	199,464
	GEORGIA POWER CO	CORPORATE BOND DTD 02/23/2024 5.250% 03/15/2034	299,037	309,726
	GILEAD SCIENCES INC	CORPORATE BOND DTD 11/20/2024 5.500% 11/15/2054	398,836	394,672
	GLP CAPITAL LP / FIN II	CORPORATE BOND DTD 08/06/2024 6.250% 09/15/2054	396,732	397,756
	GOLDMAN SACHS GROUP INC	CORPORATE BOND DTD 07/23/2024 VAR CPN 07/23/2035	400,000	410,984
	GOLDMAN SACHS GROUP INC	CORPORATE BOND DTD 10/21/2025 VAR CPN 10/21/2036	400,000	397,088
	GOLDMAN SACHS GROUP INC	CORPORATE BOND DTD 04/23/2024 VAR CPN 12/31/2099	300,000	317,568
	GOODMAN US FIN THREE	144A PRIV PLCMT 4.500 10/15/2037	399,360	372,636
	HCA INC	CORPORATE BOND DTD 05/04/2023 5.500% 06/01/2033	199,864	208,076
	HCA INC	CORPORATE BOND DTD 02/23/2024 6.100% 04/01/2064	298,140	297,183
	HOME DEPOT INC	CORPORATE BOND DTD 03/28/2022 3.625% 04/15/2052	76,491	72,986
	HOME DEPOT INC	CORPORATE BOND DTD 09/19/2022 4.950% 09/15/2052	191,126	182,882
	HOME DEPOT INC	CORPORATE BOND DTD 06/25/2024 5.300% 06/25/2054	295,305	286,953
	HOST HOTELS & RESORTS	CORPORATE BOND DTD 05/10/2024 5.700% 07/01/2034	400,720	413,244
	HSBC HLDGS PLC	CORPORATE BOND DTD 05/13/2025 VAR CPN 05/13/2036	300,000	316,881
	HUARONG FINANCE 2019 CO	CORPORATE BOND DTD 05/29/19 4.500 05/29/2029	199,000	199,056
	IMPERIAL BRANDS FIN PLC	144A PRIV PLCMT 3.500 07/26/2026	302,100	298,671
	ING GROEP	CONVERTIBLE	300,000	312,942
	INTEL CORP	CORPORATE BOND DTD 08/12/21 3.050 08/12/2051	234,304	245,972
	INTEL CORP	CORPORATE BOND DTD 02/10/2023 5.700% 02/10/2053	378,348	372,384
	INTEL CORP	CORPORATE BOND DTD 02/21/2024 5.600% 02/21/2054	398,788	369,280
	INTESA SANPAOLO SPA	144A PRIV PLCMT 5.710 01/15/2026	200,000	200,096
	INTESA SANPAOLO SPA	CORPORATE BOND DTD 06/20/2023 VAR CPN 06/20/2054	423,990	475,152
	JANE STREET 46380 TLB		197,922	197,241
	JANUS HEND US HLDGS INC	CORPORATE BOND DTD 03/10/2025 5.450% 09/10/2034	299,223	304,836
	JAPAN TOBACCO INC	CORPORATE BOND DTD 04/15/2025 5.850% 06/15/2035	299,172	319,854
	JETBLUE AWYS CORP	CORPORATE BOND DTD 08/27/2024 9.875% 09/20/2031	198,726	201,492
	JP MORGAN CHASE & CO	CORPORATE BOND DTD 02/04/2025 VAR CPN 12/31/2099	200,000	207,822
	JP MORGAN MORTGAGE ACQUISITION	SER 2005-WMC1 CL M3 *0 DAY DELAY*	24,445	25,050
	JPMORGAN CHASE	CORPORATE BOND DTD 11/29/2024 VAR CPN 11/29/2045	713,944	710,668
	JPMORGAN CHASE & CO	CORPORATE BOND DTD 07/22/2024 VAR CPN 07/22/2035	400,510	412,672
	JPMORGAN CHASE & CO	CORPORATE BOND DTD 10/22/2024 VAR CPN 10/22/2035	300,000	302,958
	KINDER MORGAN ENER PART	MED TERM NOTE	127,879	112,325
	KINDER MORGAN INC	CORPORATE BOND DTD 05/01/2025 5.850% 06/01/2035	299,052	317,313
	KINDER MORGAN INC	CORPORATE BOND DTD 07/31/2024 5.950% 08/01/2054	99,542	99,348
	KROGER CO	CORPORATE BOND DTD 08/27/2024 5.650% 09/15/2064	298,665	286,170
	LLOYDS BANKING GROUP	CORPORATE BOND DTD 01/05/2024 VAR CPN 01/05/2035	200,000	210,560
	LLOYDS BANKING GROUP PLC	CORPORATE BOND DTD 11/04/2025 VAR CPN 11/04/2036	200,000	197,874
	MARS INC	CORPORATE BOND DTD 03/12/2025 5.650% 05/01/2045	497,315	504,010
	MASS MUTUAL LIFE INS CO	144A PRIV PLCMT 4.900 04/01/2077	198,198	160,866
	MAYO CLINIC	CORPORATE BOND DTD 04/01/21 3.196 11/15/2061	68,292	62,970
	MEIJI YASUDA LIFE INSURANCE CO	CORPORATE BOND DTD 03/11/2025 VAR CPN 06/11/2055	450,000	466,857
	META PLATFORMS INC	CORPORATE BOND DTD 11/03/2025 5.625% 11/15/2055	499,120	479,885
	MICRON TECHNOLOGY INC	CORPORATE BOND DTD 04/29/2025 6.050% 11/01/2035	399,600	426,760
	MIDAMERICAN ENERGY CO	CORPORATE BOND DTD 01/09/19 4.250 07/15/2049	461,225	409,510
	MITSUBISHI UFJ FINANCIAL GROUP	CORPORATE BOND DTD 04/24/2025 VAR CPN 04/24/2036	403,440	418,676
	MORGAN STANLEY	MEDIUM TERM NOTE	300,000	318,798
	MORGAN STANLEY	CORPORATE BOND DTD 07/19/2024 VAR CPN 07/19/2035	100,000	102,940
	MORGAN STANLEY BK	CORPORATE BOND DTD 11/01/2023 VAR CPN 11/01/2034	400,000	447,268
	MORGAN STANLEY SR	CORPORATE BOND DTD 10/22/2025 VAR CPN 10/22/2036	400,000	396,460
	MPLX LP	CORPORATE BOND DTD 11/15/18 5.500 02/15/2049	379,896	367,320

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	MPLX LP	CORPORATE BOND DTD 03/14/2022 4.950% 03/14/2052	$ 98,982	$ 84,061
	MPLX LP	CORPORATE BOND DTD 03/10/2025 5.950% 04/01/2055	393,324	385,812
	NATIONWIDE BLDG SOC GLOBAL	CORPORATE BOND DTD 07/14/2025 VAR CPN 07/14/2036	300,000	309,825
	NATWEST GROUP PLC	CONVERTIBLE	200,000	212,162
	NEUBERGER BERMAN GRP/FIN	144A PRIV PLCMT 4.875 04/15/2045	86,781	86,899
	NEW RESIDENTIAL MORTGAGE LOAN	SER 2019-RPL3 CL A1 *24 DAY DELAY*	136,342	131,402
	NEWMONT CORP/NEWCREST FIN	CORPORATE BOND DTD 05/13/2024 4.200% 05/13/2050	99,476	81,365
	NEXTERA ENERGY CAPITAL	CORPORATE BOND DTD 02/09/2023 5.250% 02/28/2053	149,927	139,644
	NIAGARA MOHAWK POWER	CORPORATE BOND DTD 01/17/2024 5.664% 01/17/2054	200,000	193,628
	NIPPON LIFE INSURANCE COMPANY	CORPORATE BOND DTD 04/30/2025 VAR CPN 04/30/2055	300,000	323,037
	NORTHWESTERN MUTUAL LIFE	CORPORATE BOND DTD 05/29/2025 6.170% 05/29/2055	199,984	212,262
	NY STATE ELECTRIC & GAS	CORPORATE BOND DTD 08/06/2024 5.300% 08/15/2034	399,008	411,444
	OCCIDENTAL PETE CORP	CORPORATE BOND DTD 10/01/2054 6.050% 10/01/2054	605,054	573,870
	OCCIDENTAL PETROLEUM COR	CORPORATE BOND DTD 07/13/20 8.875 07/15/2030	114,749	115,630
	OCCIDENTAL PETROLEUM COR	CORPORATE BOND DTD 09/15/19 6.200 03/15/2040	591,944	609,276
	ONEOK INC	CORPORATE BOND DTD 02/01/2024 4.850% 02/01/2049	99,371	84,255
	ONEOK INC	CORPORATE BOND DTD 08/24/2023 6.625% 09/01/2053	398,028	418,916
	ONEOK INC	CORPORATE BOND DTD 09/24/2024 5.700% 11/01/2054	299,157	279,582
	ONEOK INC	CORPORATE BOND DTD 08/12/2025 6.250% 10/15/2055	198,960	200,422
	ONEOK PARTNERS LP	CORPORATE BOND DTD 09/12/13 6.200 09/15/2043	99,567	101,411
	ORACLE CORP	CORPORATE BOND DTD 09/27/2024 5.375% 09/27/2054	398,876	323,508
	ORACLE CORP SR	CORPORATE BOND DTD 09/26/2025 5.950% 09/26/2055	393,588	354,404
	ORACLE CORP SR	CORPORATE BOND DTD 09/26/2025 6.100% 09/26/2065	198,784	176,398
	PACIFIC GAS & ELEC CO	CORPORATE BOND DTD 02/26/2025 6.150% 03/01/2055	99,700	98,927
	PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 02/18/22 4.400 03/01/2032	99,693	97,563
	PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 06/04/2025 6.000% 08/15/2035	398,056	419,720
	PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 06/19/20 3.500 08/01/2050	179,179	134,860
	PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 03/30/2023 6.700% 04/01/2053	426,500	422,088
	PACIFIC GAS & ELECTRIC	CORPORATE BOND DTD 10/02/2025 6.100% 10/15/2055	99,860	98,139
	PACIFIC GAS AND ELECTRIC COMPANY	CORPORATE BOND DTD 05/13/11 3.750 07/01/2028	48,000	49,344
	PACIFIC LIFE INSURANCE C	144A PRIV PLCMT 9.250 06/15/2039	389,835	407,439
	PACIFICORP	CORPORATE BOND DTD 05/17/2023 5.500% 05/15/2054	399,824	357,464
	PACIFICORP	CORPORATE BOND DTD 01/05/2024 5.800% 01/15/2055	496,205	466,590
	PACIFICORP	CORPORATE BOND DTD 03/20/2025 VAR CPN 09/15/2055	100,000	101,925
	PETROLEOS MEXICANOS	CORPORATE BOND DTD 07/28/20 6.950 01/28/2060	143,526	116,416
	PHILIP MORRIS INTL INC	CORPORATE BOND DTD 03/04/13 4.125 03/04/2043	236,260	211,728
	PHILIP MORRIS INTL INC	CORPORATE BOND DTD 11/10/14 4.250 11/10/2044	78,659	63,792
	PINE STREET TRUST III	CORPORATE BOND DTD 06/11/2024 6.223% 05/15/2054	200,000	202,748
	PLAINS ALL AMERN PIPELINE LP	CORPORATE BOND DTD 09/08/2025 5.600% 01/15/2036	402,072	404,628
	PROSUS NV	144A PRIV PLCMT 3.832 02/08/2051	199,984	133,160
	PROVIDENCE ST JOSEPH HEALTH	CORPORATE BOND DTD 05/04/2023 5.403% 10/01/2033	200,000	206,192
	PUBLIC SVC CO	CORPORATE BOND DTD 12/05/2024 5.200% 01/15/2035	399,932	404,324
	QUALITYTECH (11/24) TL		295,515	299,434
	RAIZEN FUELS FINANCE	CORPORATE BOND DTD 03/05/2024 6.950% 03/05/2054	289,041	228,750
	REINSURANCE GRP OF AMER	CORPORATE BOND DTD 05/13/2024 5.750% 09/15/2034	198,574	208,576
	REPUBLIC OF TURKEY	CORPORATE BOND DTD 02/13/20 5.250 03/13/2030	295,371	298,200
	REYNOLDS AMERICAN INC	CORPORATE BOND DTD 06/12/15 5.850 08/15/2045	320,134	295,152
	RIO TINTO FIN USA PLC	CORPORATE BOND DTD 03/14/2025 5.750% 03/14/2055	296,577	305,898
	ROCKEFELLER FOUNDATION	CORPORATE BOND DTD 10/15/20 2.492 10/01/2050	65,294	60,449
	ROGERS COMMUNICATIONS INC	CORPORATE BOND DTD 03/15/2023 4.500% 03/15/2042	197,994	170,946
	ROYALTY PHARMA PLC	CORPORATE BOND DTD 03/02/21 3.550 09/02/2050	276,989	276,252
	RWE FINANCE US LLC	CORPORATE BOND DTD 04/16/2024 6.250% 04/16/2054	299,556	307,869
	SABINE PASS LIQUEFACTION	CORPORATE BOND DTD 03/15/2023 5.900% 09/15/2037	98,628	102,152
	SAMMONS FINANCIAL GROUP	CORPORATE BOND DTD 03/28/2024 6.875% 04/15/2034	197,678	218,994
	SAN DIEGO G & E	CORPORATE BOND DTD 03/22/12 4.300 04/01/2042	396,304	341,960
	SAN DIEGO GAS & ELECTRIC CO	CORPORATE BOND DTD 03/10/2023 5.350% 04/01/2053	509,827	519,552
	SAUDI ARABIAN OIL CO	CORPORATE BOND DTD 06/02/2025 6.375% 06/02/2055	196,486	209,132
	SEMPRA	CORPORATE BOND DTD 09/09/2024 VAR CPN 10/01/2054	100,000	101,713
	SIERRA PACIFIC POWER CO	CORPORATE BOND DTD 03/15/2024 5.900% 03/15/2054	198,740	199,342
	SMBC AVIATION CAP FIN	CORPORATE BOND DTD 07/25/2023 5.700% 07/25/2033	298,983	313,290
	SNAM S.P.A.	CORPORATE BOND DTD 05/28/2025 6.500% 05/28/2055	398,848	428,348
	SOUTH BOW CDN INFRASTRUCTURE	CORPORATE BOND DTD 03/01/2025 VAR CPN 03/01/2055	300,000	312,711
	SOUTHERN CAL EDISON	CORPORATE BOND DTD 03/07/13 3.900 03/15/2043	469,215	384,365
	SOUTHERN CAL EDISON	CORPORATE BOND DTD 03/05/18 4.125 03/01/2048	74,391	75,899
	SOUTHERN CAL EDISON	CORPORATE BOND DTD 01/09/2025 5.900% 03/01/2055	198,908	193,084
	SOUTHERN POWER CO	CORPORATE BOND DTD 07/16/13 5.250 07/15/2043	251,718	286,125
	SOUTHWESTERN ELEC POWER	CORPORATE BOND DTD 11/03/21 3.250 11/01/2051	199,278	131,534
	SOUTHWESTERN PUB SVC CO	CORPORATE BOND DTD 06/06/2024 6.000% 06/01/2054	99,258	102,162
	STANDARD CHARTERED PLC	MEDIUM TERM NOTE	200,000	203,860
	STATE STR CORP	CORPORATE BOND DTD 10/23/2025 VAR CPN 10/23/2036	200,000	198,960
	STRYKER CORPORATION	CORPORATE BOND DTD 09/11/2024 4.625% 09/11/2034	198,940	198,818
	SUMITOMO MITSUI TRUST BANK LTD	MEDIUM TERM NOTE	199,452	200,278
	SWISS RE SUB FIN PLC	CORPORATE BOND DTD 04/01/2025 VAR CPN 04/01/2046	600,000	619,314
	SYNCHRONY FINANCIAL	CORPORATE BOND DTD 08/04/16 3.700 08/04/2026	85,405	99,646
	SYNCHRONY FINANCIAL	CORPORATE BOND DTD 12/01/17 3.950 12/01/2027	89,768	99,524
	SYNOPSYS INC	CORPORATE BOND DTD 03/17/2025 5.700% 04/01/2055	299,133	297,597
	SYSTEM ENERGY RESOURCES	CORPORATE BOND DTD 12/06/2024 5.300% 12/15/2034	388,480	404,312
	T MOBILE USA INC	CORPORATE BOND DTD 01/12/2024 5.500% 01/15/2055	199,792	189,422
	T-MOBILE USA INC	CORPORATE BOND DTD 04/15/21 3.875 04/15/2030	108,074	98,338
	T-MOBILE USA INC	CORPORATE BOND DTD 03/15/2022 2.700% 03/15/2032	199,380	179,804
	T-MOBILE USA INC	CORPORATE BOND DTD 09/15/2022 5.650% 01/15/2053	313,209	290,013
	TAPESTRY INC	CORPORATE BOND DTD 12/11/2024 5.500% 03/11/2035	390,812	408,952
	TARGA RES CORP	CORPORATE BOND DTD 04/06/2022 4.200% 02/01/2033	99,815	95,736
	TARGA RESOURCES CORP	CORPORATE BOND DTD 02/27/2025 6.125% 05/15/2055	299,343	298,116
	TD SYNNEX CORP	CORPORATE BOND DTD 02/09/2022 2.650% 08/09/2031	298,224	269,769
	TELEFONICA EMISIONES SAU	CORPORATE BOND DTD 03/06/18 4.665 03/06/2038	200,000	182,294
	TELEFONICA EMISIONES SAU	CORPORATE BOND DTD 03/08/17 5.213 03/08/2047	200,000	176,080
	THERMO FISHER SCIENTI	CORPORATE BOND DTD 09/30/19 1.875 10/01/2049	216,534	148,049

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	TIME WARNER CABLE INC	CORPORATE BOND DTD 09/12/11 5.500 09/01/2041	$ 613,551	$ 614,355
	TOTALENERGIES CAP	CORPORATE BOND DTD 04/05/2024 5.638% 04/05/2064	200,000	193,166
	TOTALENERGIES CAP	CORPORATE BOND DTD 09/10/2024 5.425% 09/10/2064	300,000	280,773
	TOTALENERGIES CAP SA	CORPORATE BOND DTD 04/05/2024 5.488% 04/05/2054	100,000	96,692
	TOWD POINT MORTGAGE TRUST	SER 2019-HY3 CL A1A *0 DAY DELAY*	13,543	13,536
	TOWD POINT MORTGAGE TRUST	SER 2019-4 CL A1 *24 DAY DELAY*	53,359	50,980
	TRANSCONTINENTAL GAS PIPE LINE	CORPORATE BOND DTD 11/20/2025 5.750% 03/15/2056	497,065	494,730
	UBER TECHNOLOGIES INC	CORPORATE BOND DTD 09/09/2024 5.350% 09/15/2054	299,418	286,101
	UBS GROUP AG	CONVERTIBLE	418,250	469,104
	UNION PAC CORP	CORPORATE BOND DTD 03/16/21 2.973 09/16/2062	198,594	117,022
	UNITED TECHNOLOGIES CORP	CORPORATE BOND DTD 08/16/18 4.625 11/16/2048	199,366	174,226
	UNITEDHEALTH GROUP INC	CORPORATE BOND DTD 03/21/2024 5.500% 04/15/2064	498,845	469,780
	UPMC	CORPORATE BOND DTD 04/12/2023 5.377% 05/15/2043	300,000	291,990
	VAI ENERGI ASA	CORPORATE BOND DTD 05/22/2025 6.500% 05/22/2035	298,218	316,929
	VENTURE GLOBAL LNG INC	CORPORATE BOND DTD 09/30/2024 VAR CPN 12/31/2099	78,625	78,973
	VENTURE GLOBAL PLAQUEMINES	CORPORATE BOND DTD 12/09/2025 6.500% 06/15/2034	300,000	306,534
	VERIZON COMMUNICATIONS	CORPORATE BOND DTD 04/30/21 2.987 10/30/2056	698,093	599,105
	VERIZON COMMUNICATIONS	CORPORATE BOND DTD 11/20/20 3.000 11/20/2060	99,124	58,271
	VICI PROPERTIES LP	CORPORATE BOND DTD 04/29/2022 5.125% 05/15/2032	377,980	402,768
	VMWARE INC	CORPORATE BOND DTD 08/21/17 3.900 08/21/2027	94,459	100,037
	VODAFONE GROUP PLC	CORPORATE BOND DTD 06/28/2024 5.750% 06/28/2054	302,577	291,399
	VOLKSWAGEN INTL FIN NV	CORPORATE BOND DTD 09/06/2023 VAR CPN 12/31/2099	236,145	270,935
	VULCAN MATERIALS CO	CORPORATE BOND DTD 11/20/2024 5.700% 12/01/2054	397,768	398,264
	WARNERMEDIA HOLDINGS INC	CORPORATE BOND DTD 03/15/2025 5.141% 03/15/2052	104,790	83,015
*	WELLS FARGO & COMPANY	CORPORATE BOND DTD 07/25/2023 VAR CPN 07/25/2034	400,000	419,364
	WELLS FARGO & COMPANY	CORPORATE BOND DTD 07/23/2024 VAR CPN 12/31/2099	200,000	209,002
	WESTERN GAS PARTNERS LP	CORPORATE BOND DTD 08/09/18 5.500 08/15/2048	197,824	175,942
	WILLIS NORTH AMERICA INC	CORPORATE BOND DTD 09/10/19 3.875 09/15/2049	99,595	74,143
	WP CAREY INC	CORPORATE BOND DTD 09/12/16 4.250 10/01/2026	205,890	200,234
	XCEL ENERGY INC	CORPORATE BOND DTD 02/29/2024 5.500% 03/15/2034	398,612	412,448
	XP INC	CORPORATE BOND DTD 07/02/2024 6.750% 07/02/2029	593,760	619,578
	YINSON BORONIA PRODTN	CORPORATE BOND DTD 06/04/2024 8.947% 07/31/2042	294,327	320,672
	400 CAP ASSET BSD OFFS TERM FD IV LP	VENTURE CAPITAL	3,855,878	4,267,412
	400 CAPITAL ASSET BASED	VENTURE CAPITAL OFFSHORE TERM FUND III LP	7,744,588	10,815,469
	400 CAPITAL ASSET BASED OFFSHORE	VENTURE CAPITAL TERM FUND II LP	-	940,670
	AC CARBON CAYMAN LP	VENTURE CAPITAL	6,500,000	6,529,167
	ADVENT INT'L GPE IX LP	VENTURE CAPITAL	4,169,367	5,837,288
	ADVENT INTERNATIONAL GLOBAL PRIVATE	VENTURE CAPITAL EQUITY VIII-C LIMITED PARTNERSHIP	2,560,387	3,035,586
	ADVENT INTERNATIONAL GPE VII-B	VENTURE CAPITAL LIMITED PARTNERSHIP	1,550,471	334,478
	ADVENT INTERNATIONAL GPE X	VENTURE CAPITAL LIMITED PARTNERSHIP	3,102,858	4,140,101
	AETOS CAPITAL OPPORTUNITIES	VENTURE CAPITAL FUND CAYMAN LP	6,500,000	8,649,374
	ARBOUR LANE CREDIT OPPORTUNITY	VENTURE CAPITAL FUND III B LP	4,459,107	5,824,693
	ARBOUR LANE CREDIT OPPORTUNITY	VENTURE CAPITAL FUND IV (B), L.P	2,755,368	2,746,340
	ARTIMAN VENTURE SELECT 2014	VENTURE CAPITAL L.P FUND	2,396,250	1,284,146
	ARTIMAN VENTURES 2014, L.P	VENTURE CAPITAL	2,462,500	3,452,662
	ASF FND VII, L.P.	VENTURE CAPITAL	1	1,407,205
	ASF VI, L.P	VENTURE CAPITAL	501	206,469
	ASF VIII L.P.	VENTURE CAPITAL	2,076,013	3,644,921
	AVANTE PCS FEEDER, LP	VENTURE CAPITAL	316,229	264,132
	BALANCE POINT CAP PTNRS VI LP	VENTURE CAPITAL	1,425,390	1,604,738
	BALANCE POINT CAPITAL	VENTURE CAPITAL PARTNERS III, LP	1,879,028	1,834,911
	BALANCE POINT CAPITAL PARTNERS	VENTURE CAPITAL V LP	5,972,465	8,113,567
	BERKSHIRE FUND X LP	VENTURE CAPITAL	9,114,809	10,725,144
	BLACKSTONE REAL ESTATE PARTNERS	VENTURE CAPITAL FUND VIII L.P.	4,156,051	4,004,743
	BLACKSTONE REAL ESTATE PARTNERS VII	VENTURE CAPITAL	1,588,634	544,957
	BLUE OWL ASSET INCOME FUND	VENTURE CAPITAL EVERGREEN GP LP	5,889,225	5,756,010
	BLUE OWL ASSET INCOME FUND V	VENTURE CAPITAL	1,043,444	851,569
	BLUE OWL CONTINUATION FUND VI-A, LP	VENTURE CAPITAL	-	514,038
	BLUE OWL SPECIAL OPPORTUNITIES	VENTURE CAPITAL FUND VI L.P.	527,823	61,091
	BLUE OWL SPECIAL OPPORTUNITIES	VENTURE CAPITAL FUND V LP	285,977	49,877
	BLUE TORCH CREDIT OPPORTUNITIES FUND	VENTURE CAPITAL I LP	-	696,907
	BLUE TORCH OFFSHORE CREDIT	VENTURE CAPITAL OPPORTUNITIES FUND II LP	5,744,660	5,911,385
	BLUE TORCH OFFSHORE CREDIT	VENTURE CAPITAL OPPORTUNITIES FUND IV LP	937,500	1,680,079
	BLUE TORCH OFFSHORE CREDIT	VENTURE CAPITAL OPPORTUNITIES FUND III LP	5,494,496	6,533,640
	CAPITAL TODAY EVERGREEN FUND	VENTURE CAPITAL L.P *CH*	18,664,340	31,325,639
	CARNELIAN ENERGY CAPITAL V, L.P.	VENTURE CAPITAL	899,845	1,266,672
	CASTLELAKE V LP	VENTURE CAPITAL	472,522	1,975,834
	CAT ROCK CAPITAL PARTNERS FUND	VENTURE CAPITAL LTD	-	11,437,352
	CEVIAN CAPITAL II LP	VENTURE CAPITAL	4,219,465	11,921,839
	CHARLES RIVER INSTITUTIONAL FUND	VENTURE CAPITAL III, L.P	-	316,448
	CHARLES RIVER INSTITUTIONAL FUND	VENTURE CAPITAL IV LP	2,926,606	2,532,351
	CHARLES RIVER INSTITUTIONAL FUND	VENTURE CAPITAL II, L.P	3,446,048	964,264
	CHARLES-LIM ASIAGLOBAL LIMITED	VENTURE CAPITAL CLASS A, SERIES 04-2023	3,000,000	3,237,520
	COATUE OFFSHORE FUND	VENTURE CAPITAL LIQ ACCT TR 20 SERIES APRIL 22	429,432	285,211
	COATUE OFFSHORE FUND, LTD.	VENTURE CAPITAL CLASS A SUB CLASS H-6 TRANCHE 6	5,000,000	5,716,119
	COMMONFUND CAPITAL PRIVATE EQUITY	VENTURE CAPITAL PARTNERS VII LP	299,287	84,852
	COMMONFUND CAPITAL VENTURE	VENTURE CAPITAL PARTNERS VII, LP - PHILA	253,934	24,446
	COMMONFUND INTERNATIONAL PARTNERS LL	VENTURE CAPITAL LLC VII	1,770,411	1,012,160
	COMMONFUND PRIVATE EQUITY PARTNERS	VENTURE CAPITAL VI - PHILA LP	272,026	13,868
	COMMONFUND VENTURE PARTNERS IX LP	VENTURE CAPITAL	869,507	2,599,356
	COMMONFUND VENTURE PARTNERS VIII LP	VENTURE CAPITAL	806,146	349,464
	CONST BRAZIL US FUND LP	VENTURE CAPITAL EQT IV 10-2015	666,502	1,031,162
	CONST BRAZIL US FUND LP	VENTURE CAPITAL EQT IV 10-2022	800,000	1,085,702
	CRAYHILL PRINCIPAL STRATEGIES	VENTURE CAPITAL FUND II LP	6,646,811	5,609,086
	CRAYHILL PRINCIPAL STRATEGIES	VENTURE CAPITAL FUND III LP	3,686,585	3,788,791
	CYRUS OPPORTUNITIES FUND II, LTD.	VENTURE CAPITAL SERIES 1	2,712,178	3,072,630
	DC CAPITAL PARTNERS FUND II	VENTURE CAPITAL L.P	-	5,820,390
	DC CAPITAL PARTNERS FUND III LP	VENTURE CAPITAL	4,828,979	6,838,365

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	DEERFIELD PARTNERS LP FUND	VENTURE CAPITAL	$ 2,428,000	$ 9,951,208
	DEERFIELD PRIVATE DESIGN FUND	VENTURE CAPITAL IV, L.P	3,817,851	6,888,017
	DEERFIELD PRIVATE DESIGN FUND	VENTURE CAPITAL III, LP	2,996,263	3,990,148
	DOVER STREET VIII	VENTURE CAPITAL CAYMAN FUND, LTD	583,886	179,642
	DOVER STREET X LP	VENTURE CAPITAL	6,394,862	8,485,204
	ELLIOTT INTERNATIONAL LIMITED	VENTURE CAPITAL	14,655,308	20,400,375
	ENCAP ENERGY CAP FUND X, LP	VENTURE CAPITAL	3,897,573	3,249,152
	ENCAP ENERGY CAPITAL FUND IX, L.P.	VENTURE CAPITAL	2,690,353	1,044,940
	ENCAP ENERGY CAPITAL FUND XI, LP	VENTURE CAPITAL	4,565,123	5,073,977
	ENCAP ENERGY CAPITAL FUND XII LP	VENTURE CAPITAL	4,413,335	4,936,062
	ENCAP FLATROCK MIDSTREAM FUND IV LP	VENTURE CAPITAL	2,597,491	3,142,710
	ENERVEST ENERGY INSTITUTIONAL	VENTURE CAPITAL FUND XIV-C, L.P.	43,267	1,742,032
	FORTRESS CREDIT OPPORTUNITES FUND	VENTURE CAPITAL V (A) L.P.	706,805	3,585,094
	FORTRESS CREDIT OPPORTUNITIES	VENTURE CAPITAL FUND IV LP	111,903	1,414,699
	FORTRESS CREDIT OPPORTUNITIES FUND	VENTURE CAPITAL V B LP	2,178,994	3,067,222
	FORTRESS CREDIT OPPORTUNITIES FUND	VENTURE CAPITAL VI (A) LP	2,429,542	2,685,452
	FORTRESS LENDING FUND II	VENTURE CAPITAL A LP	4,315,623	3,009,954
	FORTRESS LENDING FUND III A LP	VENTURE CAPITAL	4,863,727	4,909,967
	FORTRESS LENDING FUND IV A LP	VENTURE CAPITAL	3,187,500	3,214,168
	GAOCHENG FUND I, LP	VENTURE CAPITAL	7,127,624	7,654,112
	GAOCHENG FUND II LP	VENTURE CAPITAL	5,428,440	5,746,438
	GGV CAPITAL IX PLUS LP	VENTURE CAPITAL	650,000	1,511,679
	GGV CAPITAL IX, L.P.	VENTURE CAPITAL	3,120,000	5,545,817
	GOF III FEEDER B LP	VENTURE CAPITAL	5,248,344	6,934,819
	GREAT HILL EQUITY PARTNERS V LP	VENTURE CAPITAL	2,434,611	3,803,382
	GREAT HILL EQUITY PARTNERS VII LP	VENTURE CAPITAL	4,699,403	5,214,390
	GREAT HILL EQUITY PARTNERS VIII LP	VENTURE CAPITAL	7,736,779	6,970,832
	GREAT HILLS EQUITY	VENTURE CAPITAL PARTNERS VI LP FUND	2,162,152	6,856,663
	HBK MULTI-STRATEGY OFFSHORE FUND LTD	VENTURE CAPITAL CLASS A SUBCLASS A. 1: SERIES LEAD	6,932,984	16,020,699
	HILLHOUSE FUND IV FEEDER, LP	VENTURE CAPITAL	4,571,657	6,653,487
	INCA LATIN AMERICAN FUND	VENTURE CAPITAL L.P	500,000	1,081,118
	INDABA CAPITAL PARTNERS	VENTURE CAPITAL (CAYMAN) L.P	1	1,870,731
	INDEPENDENT FRANCHISE PARTNERS	VENTURE CAPITAL GLOBAL EQUITY LP	7,588,369	14,880,166
	JACKSON SQUARE VENTURES III LP	VENTURE CAPITAL	5,564,188	6,138,086
	JACKSON SQUARE VENTURES IV LP	VENTURE CAPITAL	948,908	759,916
	JANCHOR PARTNERS OPPORTUNITIES	VENTURE CAPITAL OFFSHORE FUND LP	-	433,166
	JANCHOR PARTNERS OPPORTUNITIES	VENTURE CAPITAL OFFSHORE FUND II LP	-	173,504
	JLL PARTNERS FUND VI, L.P.	VENTURE CAPITAL	1,240	10,589
	JUNTO OFFSHORE FUND LTD CLASS J	VENTURE CAPITAL SERIES 1E	11,038,773	20,090,501
	KABOUTER INTERNATIONAL	VENTURE CAPITAL OPPORTUNITIES OFFSHORE FUND II LTD	12,860,490	11,601,568
	KLCP CO-INVESTMENT OPPORTUNITIES	VENTURE CAPITAL III LP	2,491,004	2,947,176
	KLCP DOMESTIC FUND LP	VENTURE CAPITAL	2,836,508	5,533,065
	KLCP ERISA FUND E III LP	VENTURE CAPITAL	5,514,055	7,058,447
	KPS SPECIAL SITUATIONS FD VI (A) LP	VENTURE CAPITAL	999,094	428,149
	KPS SPECIAL SITUATIONS FUND V LP	VENTURE CAPITAL	6,342,295	7,634,030
	LCM PARTNERS COPS 4	VENTURE CAPITAL USD SLP	7,362,992	7,864,384
	LIGHTSPEED CHINA PARTNERS	VENTURE CAPITAL III FUND, LP	4,719,230	7,268,514
	LIGHTSPEED CHINA PARTNERS IV, LP	VENTURE CAPITAL	2,943,889	4,653,369
	LIGHTSPEED CHINA PARTNERS SELECT	VENTURE CAPITAL I, L.P.	1,036,042	1,432,948
	LIGHTSPEED OPPORTUNITY FUND II LP	VENTURE CAPITAL	7,425,000	15,014,512
	LIGHTSPEED OPPORTUNITY FUND, LP	VENTURE CAPITAL	7,425,000	8,589,369
	LIGHTSPEED VENTURE PARTNERS SELECT	VENTURE CAPITAL IV LP	3,319,794	4,529,231
	LIGHTSPEED VENTURE PARTNERS SELECT	VENTURE CAPITAL V LP	3,290,000	5,157,595
	LSC SELECT II LP	VENTURE CAPITAL	1,653,297	1,808,483
	LSC V LP	VENTURE CAPITAL	3,522,043	4,315,838
	MALABAR INDIA FUND LP	VENTURE CAPITAL	1,014,965	3,272,207
	MATRIX CAPITAL MANAGEMENT	VENTURE CAPITAL FUND LTD	687,337	1,577,518
	MCP PRIVATE CAPITAL FUND IV	VENTURE CAPITAL FEEDER SCSP	2,735,578	3,885,392
	MCP PRV CAP (FEEDER) FD III SCSP	VENTURE CAPITAL III SCSP	3,050,620	4,223,648
	MERITECH CAPITAL PARTNERS VI LP	VENTURE CAPITAL	4,867,644	6,289,023
	MERITECH CAPITAL PARTNERS VII LP	VENTURE CAPITAL	7,500,000	10,900,259
	MERITECH CAPITAL PARTNERS VIII LP	VENTURE CAPITAL	3,480,000	3,609,673
	MERITECH CAPITAL SIDECAR III LP	VENTURE CAPITAL	265,000	261,313
	MERITECH FRANCHISE FUND LP	VENTURE CAPITAL	3,365,625	4,210,973
	ND CAPITAL INSTITUTIONAL FUND 5 LP	VENTURE CAPITAL	901,235	973,546
	OCP ASIA FUND III, LP	VENTURE CAPITAL	3,900,329	3,690,780
	OCP ASIA FUND IV LP	VENTURE CAPITAL	1,567,273	2,638,029
	ORBIS INSTITUTIONAL GLOBAL EQUITY	VENTURE CAPITAL LP ZERO BASE (ACWI) RRF	5,070,221	13,459,131
	ORION EUROPEAN REAL ESTATE FUND IV,	VENTURE CAPITAL LP	3,536,000	3,021,293
	OVERLOOK 3G INVESTMENTS	VENTURE CAPITAL LP FUND	785,957	1,451,585
	OVERLOOK PARTNERS FUND, L.P.	VENTURE CAPITAL	2,403,000	10,663,761
	PARTNERS GROUP REAL ESTATE	VENTURE CAPITAL SECONDARY 2013 (USD) A LP	1,584,784	1,054,796
	PEMBERTON STRATEGIC CREDIT FUND	VENTURE CAPITAL CAYMAN I LP	3,289,627	3,807,122
	PLANETREE PARTNERS IV LP	VENTURE CAPITAL	2,250,000	3,317,072
	POLARIS VENTURE PARTNERS VI, L.P	VENTURE CAPITAL	544,146	1,043,087
	PRIMARY WAVE MUSIC IP FUND 4 LP	VENTURE CAPITAL	2,361,758	2,626,636
	PROSPERITY FUNDAMENTAL VALUE FD 0	VENTURE CAPITAL	33,965	999,507
	PZENA US BEST IDEAS FUND	VENTURE CAPITAL LP	-	6,406,878
	QUAN VENTURE FUND II, LP	VENTURE CAPITAL	5,411,916	5,525,111
	QUAN VENTURE FUND III LP	VENTURE CAPITAL	5,137,500	4,182,721
	REVELATION HEALTHCARE FUND IV GP LP	VENTURE CAPITAL	4,168,024	5,002,745
	SENATOR GLOBAL OPPORTUNITY OFFSHORE	VENTURE CAPITAL FUND II LTD CLASS B1 TRANCHE 2 (NEW	3,522,906	12,152,659
	SILVER LAKE PARTNERS V, LP	VENTURE CAPITAL	2,911,798	3,686,337
	SILVER LAKE PARTNERS VI LP	VENTURE CAPITAL	9,638,134	12,959,926
	SILVER LAKE PARTNERS VII LP	VENTURE CAPITAL	3,439,500	4,856,355
	SOROBAN OPPORTUNITIES CAYMAN	VENTURE CAPITAL FUND LTD B-E/2	4,514,875	12,139,160
	TENZING PRIVATE EQUITY II LP	VENTURE CAPITAL	3,815,503	5,235,611
	TENZING PRIVATE EQUITY III LP	VENTURE CAPITAL	2,024,458	1,249,580

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	THE CHILDRENS INVESTMENT FUND LP	VENTURE CAPITAL	$ 6,028,586	$ 17,904,899
	THINK INVESTMENTS	VENTURE CAPITAL TRANCHE A SUB TRANCHE 01	49,150	274,651
	THINK INVESTMENTS OFFSHORE LTD	VENTURE CAPITAL	49,302	721,511
	THINK INVESTMENTS OFFSHORE LTD	VENTURE CAPITAL	160,865	3,077,560
	THINK INVESTMENTS OFFSHORE TRANCHE A	VENTURE CAPITAL RESERVE CAPITAL (NON-PARTICIPATING)	64,886	21,227
	THOMA BRAVO FUND XII-A, LP	VENTURE CAPITAL	3,246,759	3,796,387
	THOMA BRAVO FUND XIII-A, LP	VENTURE CAPITAL	3,512,061	5,794,169
	THOMA BRAVO FUND XIV LP	VENTURE CAPITAL	8,965,125	9,393,463
	THOMA BRAVO FUND XV-A LP	VENTURE CAPITAL	6,640,664	8,773,743
	THOMA BRAVO FUND XVI-A, L.P	VENTURE CAPITAL	707,162	137,722
	THOMPSON STREET CAPITAL	VENTURE CAPITAL PARTNERS VI LP	9,652,870	8,259,616
	TIGER GLOBAL LONG OPPORTUNITIES, LTD	VENTURE CAPITAL	3,966,439	8,792,492
	TRIDENT CAPITAL VI, L.P	VENTURE CAPITAL	1,390,089	2,057,363
	TRIDENT CAPITAL VIII LP	VENTURE CAPITAL	3,821,978	5,614,948
	TRIDENT IX LP	VENTURE CAPITAL	8,040,798	10,702,090
	TWO SIGMA CHINA CORE EQUITY CAYMAN	VENTURE CAPITAL FUND LTD	3,000,263	3,855,814
	TWO SIGMA INTERNATIONAL CORE	VENTURE CAPITAL FUND LP	17,287,737	28,773,845
	VALINOR CAPITAL PARTNERS	VENTURE CAPITAL OFFSHORE LTD	374,735	792,332
	VENROCK ASSOCIATES IX LP	VENTURE CAPITAL	4,275,000	5,081,405
	VENROCK ASSOCIATES VII	VENTURE CAPITAL LP	3,490,166	14,119,018
	VENROCK ASSOCIATES VIII LP	VENTURE CAPITAL	4,709,524	6,746,515
	VENROCK ASSOCIATES X, L.P.	VENTURE CAPITAL	1,020,000	915,286
	VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS III, LP	1,217,056	8,034,569
	VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS EG LP	18,000,000	31,346,397
	VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS XP LP	875,000	823,863
	VENROCK HEALTHCARE CAPITAL	VENTURE CAPITAL PARTNERS II, L.P	1,322,808	1,569,942
	VENROCK OPPORTUNITIES FUND LP	VENTURE CAPITAL	6,400,000	6,536,263
	VIP III FEEDER LP	VENTURE CAPITAL	4,153,618	7,791,694
	VIP IV FEEDER LP	VENTURE CAPITAL	6,751,036	9,827,573
	VIP V SCSP	VENTURE CAPITAL	2,838,520	3,365,110
	BERKSHIRE FUND XI. L,P,	VENTURE CAPITAL	629,900	450,730
	BRIDGEWATER PURSE ALPHA FUND V LTD	VENTURE CAPITAL	8,000,000	8,330,917
	ACADIAN EMERGING MARKETS EQUITY II FUND	EQUITY FUNDS	6,865,023	13,721,382
	JPMCB US ACTIVE CORE PLUS EQUITY FD	EQUITY FUNDS	5,946,266	6,555,339
	LGIMA LONG DURATION US CREDIT FUND LLC	EQUITY FUNDS US CREDIT FUND LLC	124,486,549	173,906,604
	SILCHESTER INTERNATIONAL VALUE	EQUITY FUNDS EQUITY GROUP TRUST	5,940,074	32,222,070
	ARTISAN INTERNATIONAL VALUE FUND	MUTUAL FUNDS CLASS INS #1672	7,712,114	11,010,371
	PAPS LONG DURATION CORPORATE BOND	MUTUAL FUNDS #1830	94,070,206	79,857,137
	PIMCO PAPS SHORT TERM FLOATING NAV	MUTUAL FUNDS PORT II FUND CLASS #1944	1,003,583	1,003,583
	VANGUARD RUSSELL 1000 VALUE	MUTUAL FUNDS	1,739,178	2,269,196
	BRAZIL FEDERATIVE REP	CORPORATE BONDS DTD 09/11/2025 7,250% 01/12/2056	391,063	398,607
	GOVERNMENT OF FRANCE	CORPORATE BONDS DTD 01/23/2024 3,000% 06/25/2049	193,552	190,381
	GOVT UNITED KINGDOM	CORPORATE BONDS DTD 01/24/2024 4,375% 07/31/2054	622,493	578,106
	KINGDOM OF SAUDI ARABIA	CORPORATE BONDS DTD 03/05/2025 3,750% 03/05/2037	413,969	462,044
	REPUBLIC OF COLOMBIA	CORPORATE BONDS DTD 02/02/2023 7,500% 02/02/2034	99,263	104,200
	REPUBLIC OF PANAMA	CORPORATE BONDS DTD 02/29/2024 8.000% 03/01/2038	199,998	233,520
	REPUBLIC OF PANAMA	CORPORATE BONDS DTD 02/29/2024 7.875% 03/01/2057	486,858	582,245
	REPUBLIC OF PERU	CORPORATE BONDS DTD 06/30/2025 6.200% 06/30/2055	298,221	308,220
	REPUBLIC OF SOUTH AFRICA	CORPORATE BONDS DTD 11/19/2024 7.950% 11/19/2054	350,000	376,271
	UNITED MEXICAN STATES	CORPORATE BONDS DTD 07/02/2025 6.625% 01/29/2038	399,392	417,400
	UNITED MEXICAN STATES	CORPORATE BONDS DTD 01/08/2024 6.400% 05/07/2054	297,969	288,150
	USD - KRW	CONTRACTS AND SWAPS EXP 2/27/2026 STRIKE 1413	3,993	3,644
	USD - KRW	CONTRACTS AND SWAPS EXP 2/27/2026 STRIKE 1410	8,847	6,976
	USD - KRW	CONTRACTS AND SWAPS EXP 2/19/2026 STRIKE 1415	2,139	1,804
	USD - KRW	CONTRACTS AND SWAPS EXP 2/24/2026 STRIKE 1412	1,408	1,170
	USD - KRW	CONTRACTS AND SWAPS EXP 2/24/2026 STRIKE 1412	132	113
	CASH COLLATERAL	CASH EQUIVALENTS NOT ADMINISTERED BY BANK	12,197,000	12,197,000
	CDX ITRAXX XOV38 5Y 35-100% W/ BPS	CONTRACTS AND SWAPS PMT:Q RECEIVE 5% 1STPMT 12-20	267,741	267,741
	CME EXCESS SWAPS PIMCO MARGIN EQUITY	CASH EQUIVALENTS WITH WFS-SAFEKEEPING	8,941	8,941
	EXCESS FUTURES PIMCO MARGIN EQUITY	CASH EQUIVALENTS HELD WITH WELLS FARGO SECURITIES LLC	48,433	48,433
	ICE EXCESS SWAPS PIMCO MARGIN EQUITY	CASH EQUIVALENTS HELD WITH WELLS FARGO SECURITIES LLC	19,282	19,282
	ISDA2014CREDIT	CASH EQUIVALENTS EFFDT 9/20/24 1STPMT 12-20	-	232,904
	ISDA2014CREDIT	CASH EQUIVALENTS EFFDT 9/22/2025 1STPMT 12-22	71,983	71,983
	ISDA2014CREDIT	CASH EQUIVALENTS EFFDT 9/22/25 1STPMT 12/22	253,239	253,239
	ISDA2014CREDIT	CASH EQUIVALENTS EFFDT 9/22/2025 1STPMT 12-22	91,002	91,002
	ISDA2014CREDIT	CASH EQUIVALENTS EFFDT 9/22/2025 1STPMT 12-22	76,542	76,542
	LCH EXCESS SWAPS PIMCO MARGIN EQUITY	CASH EQUIVALENTS HELD WITH WELLS FARGO SECURITIES LLC	28,838	28,838
	LIMI SNR AS SP JPM ISDA2014CREDIT	CASH EQUIVALENTS EFFDT 3/20/24 1SPMT 6/20	2,140	2,140
	VM CASH CCP ICE WFS EUR	CASH EQUIVALENTS	23,911	24,518
	VM CASH CCP LCH WFS EUR	CASH EQUIVALENTS	28,306	29,659
	VM CASH CCP LCH WFS GBP	CASH EQUIVALENTS	8,254	8,297
	VM CASH FUT FOR WFS EUR	CASH EQUIVALENTS	24,464	26,443
	VM CASH FUT FOR WFS GBP	CASH EQUIVALENTS	8,744	9,403
	BROKER OWNED CASH COLLATERAL	CASH EQUIVALENTS	(930,000)	(930,000)
	CALL WRITE OPTION W/BPS	RFR USD SOFR-3.551 1-7-26-10Y LCH	(468)	-
	CALL WRITE OPTION W/BPS	RFR USD SOFR-3.625 1-12-26-10Y LCH	(255)	(13)
	CALL WRITE OPTION W/BPS	RFR USD SOFR-3.622 2-2-26-10Y LCH	(428)	(311)
	CALL WRITE OPTION W/GLM	RFR USD SOFR-3.5475 1-6-26-10Y LCH	(488)	-
	CALL WRITE OPTION W/GLM	RFR USD SOFR-3.5775 1-14-26-10Y LCH	(440)	(28)
	CALL WRITE OPTION W/GLM	RFR USD SOFR-3.6475 1-20-26-10Y LCH	(541)	(167)
	CBOT ACAL USTN FUT 2-26	FIN FUT US 10YR CBT 3-20-26	(2,873)	(1,641)
	CBOT APUT USTN FUT 2-26	FIN FUT US 10YR CBT 3-20-26	(1,814)	(1,375)
	CBOT APUT USTN FUT 3/26	EXP 1/23/2026 TYG6	(683)	(1,063)
	PUT WRITE OPTION W/BPS	RFR USD SOFR-3.831 1-7-26-10Y LCH	(468)	(65)
	PUT WRITE OPTION W/BPS	RFR USD SOFR-3.925 1-12-26-10Y LCH	(255)	(14)
	PUT WRITE OPTION W/BPS	RFR USD SOFR-3.882 2-2-26-10Y LCH	(428)	(519)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-3.8475 1-6-26-10Y LCH	(488)	(7)

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	PUT WRITE OPTION W/GLM	RFR USD SOFR-3.8775 1-14-26-10Y LCH	$ (440)	$ (155)
	PUT WRITE OPTION W/GLM	RFR USD SOFR-3.9275 1-20-26-10Y LCH	(541)	(130)
	USD - KRW	EXP 2/27/2026 STRIKE 1375	(1,370)	(1,088)
	USD - KRW	EXP 2/27/2026 STRIKE 1375	(3,493)	(2,281)
	USD - KRW	EXP 2/19/2026 STRIKE 1375	(725)	(460)
	USD - KRW	EXP 2/24/2026 STRIKE 1372	(464)	(312)
	USD - KRW	EXP 2/24/2026 STRIKE 1372	(44)	(30)
	EXCESS FUTURES MARGIN EQUITY	CASH EQUIVALENTS HELD WITH GOLDMAN SACHS & CO	(117,433)	(117,433)
			$ 1,274,689,806	$ 1,624,425,983

* A party in interest to the Plan.

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
BNP PARIBAS	DTD 06/27/2025 VAR CPN 12/31/2099	$ (400,000)	$ 414,542
CIA DE MINAS BUENAVENTUR	DTD 02/04/2025 6.800% 02/04/2032	(295,101)	298,500
CITIGROUP INC	DTD 09/11/2025 VAR CPN 09/11/2036	(100,000)	101,250
CLYDESDALE ACQUISITION HLDGS	DTD 04/01/2025 6.750% 04/15/2032	(300,000)	307,500
EMBRAER NETHERLANDS FIN	DTD 02/11/2025 5.980% 02/11/2035	(405,884)	403,048
ENERGY TRANSFER LP	DTD 03/04/2025 6.200% 04/01/2055	(397,592)	375,800
HALLIBURTON CO	DTD 11/13/15 5.000 11/15/2045	(166,554)	182,502
HSBC HOLDING PLC	DTD 03/03/2025 VAR CPN 03/03/2036	(200,000)	206,356
HSBC HOLDINGS PLC	DTD 06/05/2025 VAR CPN 12/31/2099	(300,000)	311,430
OPAL BIDCO SAS	DTD 04/14/2025 6.500% 03/31/2032	(300,000)	305,520
ORACLE CORP	DTD 02/03/2025 6.000% 08/03/2055	(399,220)	386,724
T MOBILE USA INC	DTD 03/27/2025 5.875% 11/15/2055	(199,312)	194,580
VEDANTA RES FIN II PLC	DTD 01/24/2025 9.850% 04/24/2033	(299,748)	283,875
ALECTOR INC	COMMON STOCK	(33,456)	34,996
CARIS LIFE SCIENCES INC	COMMON STOCK	(60,416)	63,777
GAP INC	COMMON STOCK	(770,911)	834,509
HOME DEPOT INC	COMMON STOCK	(408,422)	426,531
MAPLEBEAR INC	COMMON STOCK	(510,199)	454,416
MEDPACE HOLDINGS INC	COMMON STOCK	(254,020)	265,943
NETFLIX INC	COMMON STOCK	(557,596)	542,621
SNOWFLAKE INC	COMMON STOCK	(111,584)	221,163
WILSHIRE BRIDGEWATER MANAGED ALPHA	FUND LTD	(6,912,844)	8,855,983
CDS GENERAL ELECTRIC CO. SNR S* ICE	PMT:Q RECEIVE 1% 1STPMT 12-20	-	371
CDS GENERAL MOTORS CO. SNR S* ICE	PMT: Q RECEIVE 5% 1STPMT 12-21	-	28,851
CDX EM41 ICE 47289	ISDA2014CREDIT	-	24,770
EXCESS FUTURES MARGIN EQUITY HELD	WITH GOLDMAN SACHS & CO-SAFEKEEPING	(407,483)	407,483
HOLDBACK CAMBER CAPITAL	VENTURE CAPITAL	(209,236)	209,236
ICE CDS AT+T INC SNR S*ICE 46924	ISDA2014CREDIT	-	12,865
ICE ISDA2014CREDIT	PMT:Q RECEIVE 1% 1STPMT 6-20	-	2,617
INDEX BOA ICE SWAP USD	US06051GFX25	-	9,686
ISDA 2014 CREDIT-AES CORP SNR S ICE	EFFDT 9/20/2021 1ST PMT 12/20/2021	-	4,931
ISDA 2014 CREDIT-AES CORP SNR S ICE	EFFDT 9/20/2021 1ST PMT 12/20/2021	-	43,302
ISDA2014CREDIT	PMT: Q RECEIVE 5% 1STPMT 12-20	-	38,853
ISDA2014CREDIT	EFFDT 9/20/2024 1STPMT 12-20	-	2,327
ISDA2014CREDIT	EFFDT 9/20/24 1STPMT 12-20	-	20,188
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	66,431
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	9,364
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	77,082
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	19,840
ISDA2014CREDIT	EFFDT 9/22/2025 1STPMT 12-22	-	60,483
ISDA2014CREDIT	EFFDT 9/22/2025 1STPMT 12-22	-	2,762
ISDA2014CREDIT	EFFDT 9/22/2025 1STPMT 12-22	-	35,213
ISDA2014CREDIT CDX.NA.IG.43	EFFDT 9/20/24 1STPMT 12-20	-	28,697

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
ISDA2014CREDIT CDX.NA.IG.43	EFFDT 9/20/24 1STPMT 12-20	$ -	$ 3,603
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.00000 12-18-23-2Y LCH	-	7,205
LCH RECEIVER RFR SWAP USD	RFR USD SOFR-3.514 09-04-24-10Y LCH	-	72,294
LCH RECEIVER RFR SWAP USD 12847	RFR USD SOFR-3.9075 3-4-25-10Y LCH	-	31,707
LCH RECEIVER RFR USD SWAP 49324	EFFDT 1/15/25 1STPMT 1/20/2026	-	22
LCH RECEIVER RFR USD SWAP 49324	EFFDT 1/15/25 1STPMT 1/20/2026	-	23
LCH RECEIVER RFR USD SWAP 49331	EFFDT 1/22/25 1STPMT 1/26/2026	-	249
LCH RECEIVER RFR USD SWAP 49315	EFFDT 1/6/35 1STPMT 1/8/2026	-	23
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	37
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	254
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	42
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	37
LCH RECEIVER RFR USD SWAP 47470	EFFDT 12/18/24 1STPMT 12/22/2025	-	83,329
LCH RECEIVER RFR USD SWAP 12867	EFFDT 3/24/25 1STPMT 3/26/2026	-	29,486
LCH RECEIVER RFR USD SWAP 12848	EFFDT 3/5/25 1STPMT 3/9/2026	-	9,323
LCH RECEIVER RFR USD SWAP 11127	EFFDT 6/18/25 1STPMT 6/23/2026	-	252,923
LCH RECEIVER RFR USD SWAP 13044	EFFDT 9/17/25 1STPMT 9/21/2026	-	8,987
LCH RECEIVER RFR USD SWAP 9/4/34H	RFR USD SOFR-3.525 9-4-24-10Y LCH	-	74,408
LCH RECEIVER RFR USD SWAP 12667	EFFDT 9/5/24 1STPMT 9/9/2025	-	4,355
LCH RFRF USD RECEIVER SWAP	RFRF USD SF+26.161-1.7* 12-21-16-10Y	-	10,340
LLCH RECEIVER RFR USD SWAP 12855	EFFDT 3/12/25 1STPMT 3/16/2026	-	13,326
MORGAN STANLEY SNR S* ICE	ISDA2014CREDIT	-	191
MORGAN STANLEY SNR S* ICE	ISDA2014CREDIT	-	339
ARBOUR LANE CRED OPP IV B LP	VENTURE CAPITAL	(1,105,961)	1,105,961
RFR USD SOFR-3.555 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	72,201
RFR USD SOFR-3.643 8-28-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/28/34	-	104
RFR USD SOFR-3.64500 08-07-24-1 0Y L	LCH RECEIVER RFR USD SWAP 8/7/34	-	682
RFR USD SOFR-3.66674 3-1-24-4Y LCH	LCH RECEIVER RFR USD SWAP 5/31/28	-	55,273
RFR USD SOFR-3.679 8-13-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/13/34	-	1,184
RFR USD SOFR-3.795 8-6-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/6/34	-	1,461
RFR USD SOFR-3.85 8-5-24-10Y LCH	LCH RECEIVER RFR USD SWAP 8/5/34	-	1,920
RFR USD SOFR-3.994 7-2-24-10Y LCH	LCH RECEIVER RFR USD SWAP 7/2/34	-	72,780
RFR USD SOFR-4.06 7-2-24-10Y LCH	LCH RECEIVER RFR USD SWAP 7/2/34	-	2,232
RFR USD SOFR-4.08 6-05-24-10Y LCH	LCH RECEIVER RFR USD SWAP 6/5/34	-	4,910
RFRF USD SOFR-2.06000 10-27-23-30Y L	LCH RECEIVER RFRF USD SWAP 10/27/53	-	619,562
SWAP MARK TO MARKET ACTIVITY	CONTRACTS AND SWAPS	-	105,261
EURO FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	471,643
FUTURES CONTRACT MARK TO MARKET ACTIVITY	CONTRACTS AND SWAPS	-	162,680,002
FVM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	527,626
FVU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	358,945
FVZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	336,348
GREAT BRITISH POUNDS FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	79,331
TUH5 FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	88,971

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
TUM5 FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	$ -	$ 221,204
TUU5 FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	161,133
TUZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	118,593
TYM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	463,203
TYU5 FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	13,040
TYU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	27,700
TYZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	6,016
TYZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	25,536
USH6L FUTURE CONTRACT MAR 26	CONTRACTS AND SWAPS	-	818
USM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	1,081,719
USU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	646,344
USZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	533,805
UXYH5 FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	32,897
UXYM5 FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	278,016
UXYU5 FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	210,938
UXYZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	217,481
WNM5 FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	25,876
WNM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	183,593
WNU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	575,628
WNZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	23,403
WNZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	303,293
BROKER OWNED CASH COLLATERAL	NOT ADMINISTERED BY BANK	2,979,000	(2,979,000)
CALL WRITE OPTION W/BOA	RFR USD SOFR-4.005 2-11-25-10Y LCH	375	-
CALL WRITE OPTION W/ BPS	RFR USD SOFR-3.49 1-8-25-10Y LCH	263	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.5 1-8-25-10Y LCH	268	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.533 01-06-25-10Y LCH	318	-
CALL WRITE OPTION W/JPM	IRS EUR R 1.97 1-8-25-10Y LCH	243	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.5 1-8-25-10Y LCH	263	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.62 1-15-25-10Y LCH	270	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.7 1-21-25-10Y LCH	280	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.955 2-20-25-10Y LCH	345	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.582 5-16-25-10Y LCH	448	-
CALL WRITE OPTION W/BOA	IRS EUR R 2.32 5-26-25-10Y LCH	318	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.738 6-16-25-10Y LCH	366	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.75 6-24-25-10Y LCH	396	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.678 7-1-25-10Y LCH	355	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.77 7-11-25-10Y LCH	320	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.637 7-22-25-10Y LCH	316	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.7 7-23-25-10Y LCH	318	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.555 7-28-25-10Y LCH	318	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.699 8-18-25-10Y LCH	335	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.688 8-19-25-10Y LCH	615	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.523 9-10-25-10Y LCH	290	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.598 9-24-25-10Y LCH	$ 650	$ -
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.55 10-1-25-10Y LCH	555	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.575 10-6-25-10Y LCH	608	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.325 10-16-25-10Y L	551	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.5 11-10-25-10Y LCH	495	-
CALL WRITE OPTION W/BOA	RFR USD SOFR-3.535 12-2-25-10Y LCH	690	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.955 2-20-25-10Y LCH	340	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.87 3-5-25-10Y LCH	353	-
CALL WRITE OPTION W/BPS	IRS EUR R 2.40 4-9-25-5Y LCH	203	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.375 10-16-25-10Y LCH	784	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.393 11-26-25-10Y LCH	558	-
CALL WRITE OPTION W/BPS	RFR USD SOFR-3.48 12-10-25-10Y LCH	691	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.40 2-12-25-10Y LCH	260	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.17 3-7-25-10Y LCH	241	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.35 3-24-25-10Y LCH	263	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.26 3-27-25-10Y LCH	252	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.51 4-9-25-10Y LCH	350	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.55 4-15-25-10Y LCH	382	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.55 4-16-25-10Y LCH	359	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.45 5-5-25-10Y LCH	326	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.4 5-12-25-10Y LCH	379	-
CALL WRITE OPTION W/BRC	RFR USD SOFR-3.532 5-21-25-10Y LCH	1,193	-
CALL WRITE OPTION W/BRC	IRS EUR R 2.32 6-11-25-10Y LCH	273	-
CALL WRITE OPTION W/BRC	RFR USD SOFR-3.68 9-3-25-10Y LCH	271	-
CALL WRITE OPTION W/CBK	RFR USD SOFR-3.774 3-7-25-10Y LCH	350	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.35 4-29-25-5Y LCH	178	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.38 7-7-25-10Y LCH	266	-
CALL WRITE OPTION W/CBK	IRS EUR R 2.46 7-18-25-10Y LCH	306	-
CALL WRITE OPTION W/CBK	RFR USD SOFR-3.605 7-25-25-10Y LCH	360	-
CALL WRITE OPTION W/CBK	RFR USD SOFR-3.564 7-28-25-10Y LCH	335	-
CALL WRITE OPTION W/CBK	RFR USD SOFR-3.65 9-24-25-10Y LCH	605	-
CALL WRITE OPTION W/CBK	RFR USD SOFR-3.385 10-15-25-10Y LCH	915	-
CALL WRITE OPTION W/DUB	RFR USD SOFR-3.955 2-20-25-10Y LCH	330	-
CALL WRITE OPTION W/DUB	RFR USD SOFR-3.758 6-25-25-10Y LCH	378	-
CALL WRITE OPTION W/DUB	IRS EUR R 2.10 7-2-25-5Y LCH	145	-
CALL WRITE OPTION W/DUB	RFR USD SOFR-3.548 9-4-25-10Y LCH	660	-
CALL WRITE OPTION W/DUB	RFR USD SOFR-3.506 10-8-25-10Y LCH	1,028	-
CALL WRITE OPTION W/DUB	RFR USD SOFR-3.433 11-19-25-10Y LCH	795	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.721 1-15-25-10Y LCH	275	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.69 1-22-25-10Y LCH	273	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.875 1-23-25-10Y LCH	615	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.822 1-23-25-10Y LCH	303	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.9 1-27-25-10Y LCH	325	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.908 1-28-25-10Y LCH	$ 333	$ -
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.886 1-29-25-10Y LCH	324	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.30 2-10-25-10Y LCH	238	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-4.00 2-26-25-10Y LCH	345	(94)
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.89 3-3-25-10Y LCH	384	(70)
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.778 3-3-25-30Y LCH	650	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.90750 3-4-25-10Y LCH	361	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.905 3-12-25-10Y LCH	296	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.535 4-14-25-10Y LCH	845	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.723 4-16-25-10Y LCH	455	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.695 4-22-25-10Y LCH	444	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.71 4-23-25-10Y LCH	395	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.713 4-30-25-10Y LCH	377	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.6 5-2-25-10Y LCH	427	-
CALL WRITE OPTION W/GLM	IRS EUR R 2.13 5-8-25-5Y LCH	185	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.35 5-7-25-10Y LCH	975	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.463 5-27-25-7Y LCH	1,380	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.638 5-27-25-10Y LCH	440	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.57 5-29-25-10Y LCH	388	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.45 6-2-25-10Y LCH	820	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.605 6-9-25-10Y LCH	720	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.56 6-10-25-10Y LCH	382	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.564 6-11-25-10Y LCH	743	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.7275 6-18-25-10Y LCH	710	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.71 6-18-25-10Y LCH	333	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.73 6-24-25-10Y LCH	720	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.785 6-25-25-10Y LCH	372	(33)
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.687 7-1-25-10Y LCH	351	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.735 7-2-25-10Y LCH	685	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.701 7-02-25-10Y LCH	329	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.68 7-9-25-10Y LCH	359	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.775 7-9-25-10Y LCH	308	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.6525 7-16-25-10Y LCH	598	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.695 7-21-25-10Y LCH	290	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.583 7-25-25-10Y LCH	350	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.525 7-30-25-10Y LCH	328	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.555 8-1-25-10Y LCH	308	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.543 8-5-25-10Y LCH	356	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.57 8-6-25-10Y LCH	340	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.669 8-27-25-10Y LCH	607	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.645 9-3-25-10Y LCH	275	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.5725 9-4-25-10Y LCH	308	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.52 9-8-25-10Y LCH	305	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.551 9-17-25-10Y LCH	$ 296	$ -
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.597 9-30-25-10Y LCH	568	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.398 10-8-25-10Y LCH	638	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.55 10-29-25-10Y LCH	540	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.515 11-12-25-10Y LCH	548	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.426 11-13-25-10Y LCH	656	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.3865 11-19-25-10Y LCH	595	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.48 12-10-25-10Y LCH	691	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.545 12-19-25-10Y LCH	1,280	-
CALL WRITE OPTION W/GLM	RFR USD SOFR-3.4425 12-30-25-10Y LCH	251	-
CALL WRITE OPTION W/GPM	RFR USD SOFR-3.496 1-8-25-10Y LCH	290	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.93 3-24-25-10Y LCH	298	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.61 5-19-25-10Y LCH	835	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.59 5-19-25-10Y LCH	400	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.44 5-19-25-7Y LCH	318	-
CALL WRITE OPTION W/JPM	IRS EUR R 2.39 6-18-25-10Y LCH	271	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.70 7-02-25-10Y LCH	350	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.772 7-14-25-10Y LCH	328	-
CALL WRITE OPTION W/JPM	RFR USD SOFR-3.425 11-19-25-10Y LCH	575	-
CALL WRITE OPTION W/RYL	RFR GBP SONIO-3.64 1-6-25-10Y LCH	279	-
CALL WRITE OPTION W/RYL	IRS EUR R 2.28 3-4-25-5Y LCH	137	-
CBOT ACAL 10YR FUT 46107 @ 114.5	EXP 12/26/2025 TYF6	3,564	(1)
CBOT ACAL US 5YR FUT 46198 110	FIN FUT US 5YR CBT 6-30-25	435	-
CBOT ACAL US 5YR FUT 46198 110	FIN FUT US 5YR CBT 6-30-25	404	-
CBOT ACAL USTN FUT 46259 @ 112.5	EXP 7/25/2025 TYQ5C	3,037	(1)
CBOT ACAL USTN FUT 46259 @ 113.25	FIN FUT US 10YR CBT 09-19-25	512	-
CBOT ACAL USTN FUT 46048 113.5	FIN FUT US 10YR CBT 3-20-26	683	-
CBOT ACAL USTN FUT 46048 @ 114	FIN FUT US 10YR CBT 3-20-26	2,849	(1)
CBOT ACAL USTN FUT 46320 @ 114	EXP 9/26/2025 TYV5	899	-
CBOT ACAL USTN FUT 46351 @ 113.5	FIN FUT US 10YR CBT 12-19-25	2,042	(119)
CBOT ACAL USTN FUT 46351 @ 114	EXP 10/24/2025 TYX5	2,000	(1)
CBOT ACAL USTN FUT 46381 @ 114	FIN FUT US 10YR CBT 12-19-25	2,979	(1)
CBOT ACAL USTN FUT 46381	EXP 11/21/2025 TYZ5	1,244	(1)
CBOT ACAL USTN FUT 46106 110.25	FIN FUT US 10YR CBT 03-20-25	1,089	-
CBOT ACAL USTN FUT 46137 110	FIN FUT US 10YR CBT 6-18-25	560	(1)
CBOT ACAL USTN FUT 46137 110.5	FIN FUT US 10YR CBT 6-18-25	652	(2)
CBOT ACAL USTN FUT 46137 111.75	FIN FUT US 10YR CBT 6-18-25	793	-
CBOT ACAL USTN FUT 46167 112	FIN FUT US 10YR CBT 6-18-25	1,636	(1)
CBOT ACAL USTN FUT 46167 112.25	FIN FUT US 10YR CBT 6-18-25	840	-
CBOT ACAL USTN FUT 46167 112.5	FIN FUT US 10YR CBT 6-18-25	1,291	-
CBOT ACAL USTN FUT 46198 @ 113	EXP 5/23/2025 TYM5	2,452	(1)
CBOT ACAL USTN FUT 46228 @ 112	EXP 6/20/2025 TYN5	654	-
CBOT ACAL USTN FUT 46259 112.75	FIN FUT US 10YR CBT 9-19-25	622	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
CBOT ACAL USTN FUT 46259 @ 112	EXP 7/25/2025 TYQ5	$ 1,027	$ -
CBOT ACAL USTN FUT 46290 @ 112	TYU5 FIN FUT US 10YR CBT 9-19-25	1,821	(968)
CBOT ACAL USTN FUT 46290 @ 112.5	EXP 8/22/2025 TYU5	2,811	(1)
CBOT ACALL USTN FUT 46137 111	FIN FUT US 10YR CBT 6-18-25	2,367	(856)
CBOT APUT 10YR FUT 46048 111.75	FIN FUT US 10YR CBT 3-20-26	683	-
CBOT APUT 10YR FUT 46048 112.5	FIN FUT US 10YR CBT 3-20-26	435	-
CBOT APUT 10YR FUT 46107 @ 111	EXP 12/26/2025 TYF6	932	(1)
CBOT APUT 10YR FUT 46107 @ 111.5	EXP 12/26/2025 TYF6	4,171	(1)
CBOT APUT USTN FUT 46320 @ 110.5	EXP 9/26/2025 TYV5	887	-
CBOT APUT USTN FUT 46351 111	FIN FUT US 10YR CBT 12-19-25	932	(1)
CBOT APUT USTN FUT 46351 @ 111.5	EXP 10/24/2025 TYX5	2,236	(1)
CBOT APUT USTN FUT 46351 @ 113.5	EXP 10/24/2025 TYX5	683	(344)
CBOT APUT USTN FUT 46381 @ 111.5	FIN FUT US 10YR CBT 12-19-25	2,377	(1)
CBOT APUT USTN FUT 46381	EXP 11/21/2025 TYZ5	1,557	(1)
CBOT APUT USTN FUT 46106 107.75	FIN FUT US 10YR CBT 3-20-25	435	-
CBOT APUT USTN FUT 46106 108.25	FIN FUT US 10YR CBT 3-20-25	529	-
CBOT APUT USTN FUT 46137 107.5	FIN FUT US 10YR CBT 06-18-25	1,028	-
CBOT APUT USTN FUT 46137 108	FIN FUT US 10YR CBT 6-18-25	2,714	(1)
CBOT APUT USTN FUT 46137 109.25	FIN FUT US 10YR CBT 6-18-25	652	-
CBOT APUT USTN FUT 4W 46106 109.75	FIN FUT US 10YR CBT 6-18-25	589	-
CBOT APUT USTN FUT 4W 46106 110.25	FIN FUT US 10YR CBT 6-18-25	846	-
CBOT APUT USTN FUT 4W 46106 112.25	FIN FUT US 10YR CBT 6-18-25	531	-
CBOT APUT USTN FUT 4W 46106 113	FIN FUT US 10YR CBT 6-18-25	906	-
CBOT APUT USTN FUT 46167 109	FIN FUT US 10YR CBT 6-18-25	746	-
CBOT APUT USTN FUT 46167 109.5	FIN FUT US 10YR CBT 6-18-25	746	-
CBOT APUT USTN FUT 46167 110	FIN FUT US 10YR CBT 6-18-25	1,617	(1)
CBOT APUT USTN FUT 46198 @ 108.5	EXP 5/23/2025 TYM5	793	-
CBOT APUT USTN FUT 46198 @ 109	EXP 5/23/2025 TYM5	1,224	-
CBOT APUT USTN FUT 46228 @ 108.5	EXP 6/20/2025 TYN5	1,680	(1)
CBOT APUT USTN FUT 46228 @ 109	EXP 6/20/2025 TYN5	779	-
CBOT APUT USTN FUT 46228 @ 111.5	EXP 6/20/2025 TYN5	1,961	(1)
CBOT APUT USTN FUT 46259 110.25	FIN FUT US 10YR CBT 9-19-25	497	-
CBOT APUT USTN FUT 46259 @ 108.5	EXP 7/25/2025 TYQ5	995	-
CBOT APUT USTN FUT 46259 @ 109	EXP 7/25/2025 TYQ5P	2,103	(1)
CBOT APUT USTN FUT 46259 @ 109.5	EXP 7/25/2025 TYQ5P	981	-
CBOT APUT USTN FUT 46259 @ 110.75	FIN FUT US 10YR CBT 09-19-25	420	-
CBOT APUT USTN FUT 46290 @ 109.5	EXP 8/22/2025 TYU5	3,629	(2)
CME RECEIVER ZCS BRL SWAP 47120	EFFDT 5/8/25 1STPMT 1/2/2029	-	(8,136)
CME RECEIVER ZCS BRL SWAP 47120	EFFDT 5/8/25 1STPMT 1/2/2029	-	(83,734)
CME RECEIVER ZCS BRL SWAP 11325	EFFDT 12/5/25 1STPMT 1/2/2031	-	(5,806)
CME RECEIVER ZCS BRL SWAP 46391	EFFDT 5/8/25 1STPMT 1/4/2027	-	(43,681)
EURO FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	(249,198)
EUX ACAL EUR-BUND 45982 @ 130.5	FIN FUT EUR-BUND 10YR EUX 12-8-25	3	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
EUX ACAL EUR-BUND 45737 132.5	FIN FUT EUR-BUND 10YR EUX 6-6-25	$ 1	$ -
EUX ACAL EUR-BUND 46290 @ 132.5	EXP 7/25/2025 RXQ5	1	-
EUX ACAL EURO-BOBL 45863 118.5	FIN FUT EURO-BOBL 5Y EUX 9-8-25	1	-
EUX ACAL EURO-BUND 46256 @ 131	EXP 8/22/2025 RXU5	2	-
EUX APUT EUR-BUND 45982 @ 128	FIN FUT EUR-BUND 10YR EUX 12-8-25	2	-
EUX APUT EUR-BUND 45737 129.5	FIN FUT EUR-BUND 10YR EUX 6-6-25	1	-
EUX APUT EUR-BUND 46256 @ 128	EXP 8/22/2025 RXU5	2	-
EUX APUT EURO-BOBL 45863 117.25	FIN FUT EURO-BOBL 5Y EUX 9-8-25	1	-
EUX APUT EURO-BUND 46290 @ 129	EXP 7/25/2025 RXQ5	1	-
EXP 45737 TYJ5C	CONTRACTS AND SWAPS	629	-
EXP 45737 TYJ5P	CONTRACTS AND SWAPS	630	-
FUTURES CONTRACT MARK TO MARKET ACTIVITY	CONTRACTS AND SWAPS	-	(157,698,795)
FVH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(108,585)
FVH6L FUTURE CONTRACT MAR 26	CONTRACTS AND SWAPS	-	(209,400)
FVM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	(587,438)
FVU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	(405,561)
FVZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(343,394)
GREAT BRITISH POUNDS FUTURE CONTRACT	MARKET TO MARKET ACTIVITY	-	(57,018)
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	(48,019)
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	(6,918)
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	(56,895)
ISDA2014CREDIT	EFFDT 3/20/2025 1STPMT 6-20	-	(16,326)
LCH RECEIVER IRS USD SWAP 12805	EFFDT 1/21/25 1STPMT 1/23/2026	-	(511)
LCH RECEIVER RFR USD SWAP 49324	EFFDT 1/15/25 1STPMT 1/20/2026	-	(2,811)
LCH RECEIVER RFR USD SWAP 49324	EFFDT 1/15/25 1STPMT 1/20/2026	-	(1,995)
LCH RECEIVER RFR USD SWAP 49315	EFFDT 1/6/35 1STPMT 1/8/2026	-	(1,161)
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	(2,533)
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	(2,501)
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	(2,937)
LCH RECEIVER RFR USD SWAP 49317	EFFDT 1/8/2025 1STPMT 1/12/2026	-	(3,529)
LCH RECEIVER RFR USD SWAP 12848	EFFDT 3/5/25 1STPMT 3/9/2026	-	(10,178)
LCH RECEIVER RFR USD SWAP 12911	EFFDT 5/7/25 1STPMT 5/11/2026	-	(900)
OEU5C EUX ACAL EURO-BOBL 45891 117	DE000F1NGF61 FIN FUT EURO-BOBL 5Y EU	1	-
OEU5P EUX APUT EURO-BOBL 45891 117	DE000F1NGF61 FIN FUT EURO-BOBL 5Y EU	1	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.405 2-11-25-10Y LCH	375	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.84 1-8-25-10Y LCH	263	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.9 1-8-25-10Y LCH	268	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.933 01-06-25-10Y LCH	318	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.22 1-8-25-10Y LCH	243	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.85 1-8-25-10Y LCH	263	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.97 1-15-25-10Y LCH	270	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.1 1-21-25-10Y LCH	280	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.355 2-20-25-10Y LCH	345	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.082 5-16-25-10Y LCH	$ 448	$ -
PUT WRITE OPTION W/BOA	IRS EUR R 2.64 5-26-25-10Y LCH	318	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.138 6-16-25-10Y LCH	366	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.15 6-24-25-10Y LCH	396	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.078 7-1-25-10Y LCH	355	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.12 7-11-25-10Y LCH	320	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.037 7-22-25-10Y LCH	316	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.05 7-23-25-10Y LCH	318	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.905 7-28-25-10Y LCH	318	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.049 8-18-25-10Y LCH	335	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-4.038 8-19-25-10Y LCH	615	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.873 9-10-25-10Y LCH	290	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.898 9-24-25-10Y LCH	650	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.85 10-1-25-10Y LCH	555	(9)
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.875 10-6-25-10Y LCH	608	(18)
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.625 10-16-25-10Y LCH	551	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.8 11-10-25-10Y LCH	495	-
PUT WRITE OPTION W/BOA	RFR USD SOFR-3.785 12-2-25-10Y LCH	690	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-4.355 2-20-25-10Y LCH	340	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-4.22 3-5-25-10Y LCH	353	-
PUT WRITE OPTION W/BPS	IRS EUR R 2.75 4-9-25-5Y LCH	203	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.675 10-16-25-10Y LCH	784	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.693 11-26-25-10Y LCH	558	-
PUT WRITE OPTION W/BPS	RFR USD SOFR-3.78 12-10-25-10Y LCH	691	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.68 2-12-25-10Y LCH	260	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.42 3-7-25-10Y LCH	241	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.61 3-24-25-10Y LCH	263	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.52 3-27-25-10Y LCH	252	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.86 4-9-25-10Y LCH	350	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.90 4-15-25-10Y LCH	382	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.92 4-16-25-10Y LCH	359	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.76 5-5-25-10Y LCH	326	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.76 5-12-25-10Y LCH	379	-
PUT WRITE OPTION W/BRC	RFR USD SOFR-3.982 5-21-25-10Y LCH	1,193	-
PUT WRITE OPTION W/BRC	IRS EUR R 2.59 6-11-25-10Y LCH	273	-
PUT WRITE OPTION W/BRC	RFR USD SOFR-3.98 9-3-25-10Y LCH	271	-
PUT WRITE OPTION W/CBK	RFR USD SOFR-4.124 3-7-25-10Y LCH	350	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.65 4-29-25-5Y LCH	178	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.64 7-7-25-10Y LCH	266	-
PUT WRITE OPTION W/CBK	IRS EUR R 2.72 7-18-25-10Y LCH	306	-
PUT WRITE OPTION W/CBK	RFR USD SOFR-3.955 7-25-25-10Y LCH	335	-
PUT WRITE OPTION W/CBK	RFR USD SOFR-3.914 7-28-25-10Y LCH	305	-
PUT WRITE OPTION W/CBK	RFR USD SOFR-3.95 9-24-25-10Y LCH	580	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
PUT WRITE OPTION W/CBK	RFR USD SOFR-3.685 10-15-25-10Y LCH	$ 870	$ -
PUT WRITE OPTION W/DUB	RFR USD SOFR-4.355 2-20-25-10Y LCH	330	-
PUT WRITE OPTION W/DUB	RFR USD SOFR-4.158 6-25-25-10Y LCH	378	-
PUT WRITE OPTION W/DUB	IRS EUR R 2.36 7-2-25-5Y LCH	145	-
PUT WRITE OPTION W/DUB	RFR USD SOFR-3.848 9-4-25-10Y LCH	660	-
PUT WRITE OPTION W/DUB	RFR USD SOFR-3.806 10-8-25-10Y LCH	1,028	-
PUT WRITE OPTION W/DUB	RFR USD SOFR-3.733 11-19-25-10Y LCH	795	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.071 1-15-25-10Y LCH	275	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.09 1-22-25-10Y LCH	273	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.275 1-23-25-10Y LCH	615	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.222 1-23-25-10Y LCH	303	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.3 1-27-25-10Y LCH	325	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.308 1-28-25-10Y LCH	333	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.286 1-29-25-10Y LCH	324	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.58 2-10-25-10Y LCH	238	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.35 2-26-25-10Y LCH	345	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.24 3-3-25-10Y LCH	384	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.128 3-3-25-30Y LCH	650	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.25750 3-4-25-10Y LCH	361	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.255 3-12-25-10Y LCH	296	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.985 4-14-25-10Y LCH	845	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.073 4-16-25-10Y LCH	455	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.045 4-22-25-10Y LCH	444	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.06 4-23-25-10Y LCH	395	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.063 4-30-25-10Y LCH	377	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.95 5-2-25-10Y LCH	427	-
PUT WRITE OPTION W/GLM	IRS EUR R 2.45 5-8-25-5Y LCH	185	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.75 5-7-25-10Y LCH	975	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.913 5-27-25-7Y LCH	1,380	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.038 5-27-25-10Y LCH	440	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.97 5-29-25-10Y LCH	388	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.85 6-2-25-10Y LCH	820	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.005 6-9-25-10Y LCH	720	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.96 6-10-25-10Y LCH	382	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.964 6-11-25-10Y LCH	743	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.1275 6-18-25-10Y LCH	710	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.11 6-18-25-10Y LCH	333	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.13 6-24-25-10Y LCH	720	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.185 6-25-25-10Y LCH	372	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.087 7-1-25-10Y LCH	351	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.135 7-02-25-10Y LCH	685	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.101 7-02-25-10Y LCH	329	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.03 7-9-25-10Y LCH	359	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.125 7-9-25-10Y LCH	$ 308	$ -
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.0525 7-16-25-10Y LCH	598	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.095 7-21-25-10Y LCH	290	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.933 7-25-25-10Y LCH	350	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.875 7-30-25-10Y LCH	328	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.905 8-1-25-10Y LCH	308	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.893 8-5-25-10Y LCH	356	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.92 8-6-25-10Y LCH	340	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-4.019 8-27-25-10Y LCH	607	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.995 9-3-25-10Y LCH	275	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.8725 9-4-25-10Y LCH	308	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.87 9-8-25-10Y LCH	305	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.851 9-17-25-10Y LCH	296	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.897 9-30-25-10Y LCH	568	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.698 10-8-25-10Y LCH	638	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.85 10-29-25-10Y LCH	540	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.815 11-12-25-10Y LCH	548	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.726 11-13-25-10Y LCH	656	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.6865 11-19-25-10Y LCH	595	(80)
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.78 12-10-25-10Y LCH	691	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.845 12-19-25-10Y LCH	1,280	-
PUT WRITE OPTION W/GLM	RFR USD SOFR-3.7425 12-30-25-10Y LCH	251	(10)
PUT WRITE OPTION W/GPM	RFR USD SOFR-3.896 1-8-25-10Y LCH	290	-
PUT WRITE OPTION W/GST	SWOP CDX IG43 (V1 ONLY) 5Y SP	786	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.28 3-24-25-10Y LCH	298	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.11 5-19-25-10Y LCH	835	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.09 5-19-25-10Y LCH	400	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.94 5-19-25-7Y LCH	318	-
PUT WRITE OPTION W/JPM	IRS EUR R 2.66 6-18-25-10Y LCH	271	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.05 7-02-25-10Y LCH	350	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-4.122 7-14-25-10Y LCH	328	-
PUT WRITE OPTION W/JPM	RFR USD SOFR-3.725 11-19-25-10Y LCH	575	-
PUT WRITE OPTION W/RBC	SWOP CDX IG44 V1 ONLY 5Y SP	366	-
PUT WRITE OPTION W/RYL	RFR GBP SONIO-3.93 1-6-25-10Y LCH	279	-
PUT WRITE OPTION W/RYL	IRS EUR R 2.58 3-4-25-5Y LCH	137	-
RXZ5P EUX APUT EUR-BUND 46351 129	FIN FUT EUR-BUND 10YR EUX 12-8-25	2	-
SWAP MARK TO MARKET ACTIVITY	CONTRACTS AND SWAPS	-	(49,807)
SWOP CDX IG43 (V1 ONLY) 5Y SP	EXP 6/18/2025 STRIKE 0.7	570	-
SWOP CDX IG43 (V1 ONLY) 5Y SP	EXP 5/21/2025 STRIKE 0.7	413	-
SWOP CDX IG44 (V1 ONLY) 5Y SP	EXP 6/18/2025 STRIKE 0.85	438	-
SWOP CDX IG44 (V1 ONLY) 5Y SP	EXP 7/16/2025 STRIKE 0.9	565	-
SWOP CDX IG44 (V1 ONLY) 5Y SP	EXP 7/16/2025 STRIKE 1	308	-
SWOP CDX IG44 (V1 ONLY) 5Y SP	EXP 7/16/2025 STRIKE 0.9	360	-

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost of acquisitions**	**Proceeds of dispositions**
SWOP CDX IG44 (V1 ONLY) 5Y SP	EXP 6/18/2025 STRIKE 0.75	$ 452	$ -
SWOP CDX IG44 (V1 ONLY) 5Y SP	EXP 6/18/2025 STRIKE 0.85	413	-
SWOP CDX IG44 (V1 ONLY) 5Y SP	EXP 6/18/2025 STRIKE 1	546	-
SWOP CDX ITRAXX MAIN43 (V1 ONLY) 5Y	EXP 6/18/2025 STRIKE 1	597	-
TUH5 FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(88,780)
TUH6 FUTURE CONTRACT MAR 26	CONTRACTS AND SWAPS	-	(42,064)
TUM5 FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	(193,960)
TUU5 FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	(147,294)
TUZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(117,900)
TYH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(207,050)
TYH6L FUTURE CONTRACT MAR 26	CONTRACTS AND SWAPS	-	(65,463)
TYM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	(486,612)
TYU5 FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	(8,432)
TYU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	(34,959)
TYZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(3,845)
TYZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(15,456)
USH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(450,063)
USH6L FUTURE CONTRACT MAR 26	CONTRACTS AND SWAPS	-	(13,497)
USM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	(879,189)
USU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	(856,153)
USZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(4,532)
USZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(645,119)
UXYH5 FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(44,488)
UXYH5L FUTURE CONTRACT MAR 25	CONTRACTS AND SWAPS	-	(110,839)
UXYH6 FUTURE CONTRACT MAR 26	CONTRACTS AND SWAPS	-	(307,746)
UXYM5 FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	(277,644)
UXYU5 FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	(167,394)
UXYZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(250,841)
WNH5L FUTURE CONTRACT MAR 25	EXP 3/20/2025	-	(169,182)
WNM5 FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	(41,802)
WNM5L FUTURE CONTRACT JUN 25	CONTRACTS AND SWAPS	-	(147,558)
WNU5L FUTURE CONTRACT SEPT 25	CONTRACTS AND SWAPS	-	(662,813)
WNZ5 FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(50,641)
WNZ5L FUTURE CONTRACT DEC 25	CONTRACTS AND SWAPS	-	(527,486)
		$ (11,925,471)	$ 18,907,859

See independent auditor's report.

MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 23-2331531 PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of assets	Number of purchases	Number of sales	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (iii) - series of transactions exceeds 5% of plan assets									
FUTURES CONTRACT MARK TO MARKET ACTIVITY	Futures Contracts	391	-	$ -	$ -	$ -	$ -	$ 157,698,842	$ (157,698,842)
FUTURES CONTRACT MARK TO MARKET ACTIVITY	Futures Contracts	-	402	-	-	-	-	162,680,031	162,680,031
LGIMA LONG DURATION US CREDIT FUND LLC	Miscellaneous	7	-	41,400,000	-	-	41,400,000	41,400,000	-
LGIMA LONG DURATION US CREDIT FUND LLC	Miscellaneous	-	7	-	42,500,000	-	42,500,000	42,500,000	-
PRINCIPAL DEPOSIT SWEEP PROGRAM LARGE BALANCE	Cash Sweep Trades	1,214	-	666,795,919	-	-	666,795,919	666,795,919	-
PRINCIPAL DEPOSIT SWEEP PROGRAM LARGE BALANCE	Cash Sweep Trades	-	1,143	-	630,126,872	-	630,126,872	630,138,129	11,257
US TREASURY BONDS DTD 02/15/2025 4.625% 02/15/2055	U.S. Government and Agency Obligations	42	-	85,415,000	-	15	83,043,552	83,043,537	-
US TREASURY BONDS DTD 02/15/2025 4.625% 02/15/2055	U.S. Government and Agency Obligations	-	36	-	84,215,000	-	81,873,757	82,086,952	213,195
US TREASURY BONDS DTD 02/15/2025 4.750% 02/15/2045	U.S. Government and Agency Obligations	33	-	48,200,000	-	-	48,296,135	48,296,135	-
US TREASURY BONDS DTD 02/15/2025 4.750% 02/15/2045	U.S. Government and Agency Obligations	-	32	-	47,100,000	-	47,201,018	46,818,554	(382,464)

See independent auditor's report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	323	2	0	0	0	0	0	0	0	325
	-	63,337	-	-	-	-	-	-	-	-	63,191
25-29	0	979	161	1	0	0	0	0	0	0	1,141
	-	74,482	88,150	-	-	-	-	-	-	-	76,400
30-34	0	963	471	88	3	0	0	0	0	0	1,525
	-	85,964	88,678	86,875	-	-	-	-	-	-	86,791
35-39	0	753	478	247	84	2	0	0	0	0	1,564
	-	96,589	107,082	94,536	95,985	-	-	-	-	-	99,475
40-44	0	551	336	202	162	64	4	0	0	0	1,319
	-	93,619	112,183	118,802	98,232	98,844	-	-	-	-	102,952
45-49	0	373	258	184	191	100	44	0	0	0	1,150
	-	84,818	106,126	114,088	112,950	106,387	111,015	-	-	-	101,832
50-54	0	323	230	162	169	144	97	24	5	0	1,154
	-	91,643	108,473	106,722	122,387	111,184	99,711	103,221	-	-	104,946
55-59	2	254	224	154	163	136	85	77	76	1	1,172
	-	88,983	96,117	110,049	108,670	100,712	103,293	113,839	100,803	-	100,661
60-64	0	189	189	132	157	122	105	76	99	45	1,114
	-	75,916	97,947	101,762	114,009	105,971	104,321	108,923	99,209	106,251	99,601
65-69	0	80	64	73	61	59	39	23	27	31	457
	-	77,812	102,750	108,278	121,669	98,976	102,170	79,598	97,300	99,350	99,538
70 & over	1	20	26	18	22	18	9	3	6	6	129
	-	70,020	111,516	-	139,059	-	-	-	-	-	106,095
Total	3	4,808	2,439	1,261	1,012	645	383	203	213	83	11,050
	-	84,503	101,174	105,698	111,153	105,510	103,040	106,585	98,996	102,207	95,725

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Main Line Health, Inc. Retirement Income Plan
EIN / PN: 23-2331531/001
Plan Sponsor: Main Line Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	December 2024
• Interest rate basis	PPA Full Yield Curve

Interest rates:

• 10-year rate	5.13%
• 20-year rate	5.55%
• 30-year rate	5.58%
• Effective interest rate	5.37%

Annual rates of increase

• Compensation	4.50% in 2025, 4.25% in 2026, and 4.00% thereafter
• Future Social Security wage base	3.50%
Administrative expenses	Estimated PBGC premiums and fees associated with the active administration of the plan are assumed in the normal cost ($2,900,000 for 2025)

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant (i.e., earns one year of Vesting Service).
New or rehired employees	It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality:

- Healthy

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

- Disabled life mortality rates

  The disability mortality table is the same as the healthy mortality table shown.

- **Termination (not due to disability or retirement) rates**

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

Percentage assumed to leave during the year

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

- **Disability**

  No disability decrements are reflected for any participants.

SCHEDULE SB ATTACHMENTS

Retirement

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

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

Benefit commencement dates

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

Form of payment

50% of participants are assumed to elect a lump sum.

50% of single participants and 25% of married participants are assumed to elect a single life annuity.

25% of married participants are assumed to elect a 50% J&S.

Percent married

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

Spouse age

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

SCHEDULE SB ATTACHMENTS

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

Additional Assumptions

Cash flow	
• Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.
• Amount and timing of contributions	Contributions are assumed to be made monthly during the Fiscal Year.
Funding policy	The Company's funding policy is to contribute an amount no less than the minimum required contribution for the plan year.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Main Line Health and, based on that review, is not aware of any other significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $7,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Data Sources

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

- Retirees missing beneficiary sex are assumed to be the opposite sex.
- Retirees missing beneficiary date of birth are assumed to be 3 years older than spouse (male) or 1 year younger than spouse (female).
- Retirees and beneficiaries in payment provided with no benefit amount are assumed to be paid a benefit based on the average of all in pay participants.
- Terminated vested and deferred beneficiaries provided without an accrued benefit are assumed to be due an accrued benefit based on the average of all deferred participants.
- Actives missing current salary amounts are assumed to be paid their prior salary rolled forward with salary scale, or the average salary of all actives if no salary in prior year is available.

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

Plan Name	**Main Line Health, Inc. Retirement Income Plan**
Plan Sponsor EIN	**23-2331531**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
MAIN LINE HEALTH, INC. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MAIN LINE HEALTH, INC.

D Employer Identification Number (EIN)
23-2331531

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,493,849,163
b Actuarial value	**2b**	1,524,125,868

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	5,194	668,158,801	668,158,801
b For terminated vested participants	3,817	215,781,556	215,781,556
c For active participants	11,050	552,043,882	579,849,308
d Total	20,061	1,435,984,239	1,463,789,665

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	58,599,638
b Expected plan-related expenses	**6b**	2,900,000
c Target normal cost	**6c**	61,499,638

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 David J Puliti DP — Signature of actuary — 09/25/2026 — Date

David J Puliti — Type or print name of actuary — 2608318 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name — 215-246-6000 — Telephone number (including area code)

PO Box 674401

Houston TX 77267 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	154,419,487
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	154,419,487
10	Interest on line 9 using prior year's actual return of 1.36 %	0	2,100,105
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	156,519,592

Part III Funding Percentages

14	Funding target attainment percentage	14	93.42 %
15	Adjusted funding target attainment percentage	15	104.59 %
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	102.53 %
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
03/03/2025	25,598	0	05/01/2026	4,200,000	0
04/01/2025	4,200,000	0	06/01/2026	4,200,000	0
05/01/2025	4,200,000	0	07/01/2026	1,249,083	0
06/02/2025	4,200,000	0			
07/01/2025	4,200,000	0			
08/01/2025	4,200,000	0			
09/02/2025	4,200,000	0			
10/01/2025	4,200,000	0			
11/03/2025	4,200,000	0			
12/01/2025	4,200,000	0			
01/02/2026	4,200,000	0			
02/02/2026	4,200,000	0			
03/02/2026	4,200,000	0			
04/01/2026	4,200,000	0			
			Totals ► 18(b)	64,274,681	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	61,499,638

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	1
22 Weighted average retirement age	**22**	67

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	61,499,638
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	61,499,638

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	61,499,638
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	61,499,638

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of January 1, 2025

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on 9/30/2025. After the AFTAP was certified, there was a correction to the January 1, 2025 asset value. The actuarial value of assets used in the certified AFTAP was $1,530,994,868; the corrected actuarial value of assets is $1,524,125,868, a difference of $6,869,000. Lines 2a and 2b of this Schedule SB and all funding results determined from them, including the minimum required contribution, reflect the corrected asset value. No other component of the AFTAP calculation changed.

The corrected assets would produce an AFTAP of 104.12%. Because the correction did not cause the AFTAP to cross any threshold under Code section 436, no benefit restriction applicable to the plan for the plan year was added, removed, or otherwise changed. Accordingly, the AFTAP was not recertified.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

Career Earnings legacy group:

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

Plan Name: Main Line Health, Inc. Retirement Income Plan
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Plan Sponsor: Main Line Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Transition/Grandfathered legacy group:

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

There are 10,834 Career Earnings participants and 216 Transition/Grandfathered participants. The head-count weighted total retirement age is therefore 67.090, with the rounded average being 67.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	December 2024
• Interest rate basis	PPA Full Yield Curve

Interest rates:

• 10-year rate	5.13%
• 20-year rate	5.55%
• 30-year rate	5.58%
• Effective interest rate	5.37%

Annual rates of increase

• Compensation	4.50% in 2025, 4.25% in 2026, and 4.00% thereafter
• Future Social Security wage base	3.50%
Administrative expenses	Estimated PBGC premiums and fees associated with the active administration of the plan are assumed in the normal cost ($2,900,000 for 2025)

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant (i.e., earns one year of Vesting Service).
New or rehired employees	It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality:

- Healthy

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

- Disabled life mortality rates

  The disability mortality table is the same as the healthy mortality table shown.

- **Termination (not due to disability or retirement) rates**

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

Percentage assumed to leave during the year

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

- **Disability**

  No disability decrements are reflected for any participants.

SCHEDULE SB ATTACHMENTS

Retirement

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

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

Benefit commencement dates

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

Form of payment

50% of participants are assumed to elect a lump sum.

50% of single participants and 25% of married participants are assumed to elect a single life annuity.

25% of married participants are assumed to elect a 50% J&S.

Percent married

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

Spouse age

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

SCHEDULE SB ATTACHMENTS

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

Additional Assumptions

Cash flow	
• Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.
• Amount and timing of contributions	Contributions are assumed to be made monthly during the Fiscal Year.
Funding policy	The Company's funding policy is to contribute an amount no less than the minimum required contribution for the plan year.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Main Line Health and, based on that review, is not aware of any other significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $7,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Data Sources

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

- Retirees missing beneficiary sex are assumed to be the opposite sex.
- Retirees missing beneficiary date of birth are assumed to be 3 years older than spouse (male) or 1 year younger than spouse (female).
- Retirees and beneficiaries in payment provided with no benefit amount are assumed to be paid a benefit based on the average of all in pay participants.
- Terminated vested and deferred beneficiaries provided without an accrued benefit are assumed to be due an accrued benefit based on the average of all deferred participants.
- Actives missing current salary amounts are assumed to be paid their prior salary rolled forward with salary scale, or the average salary of all actives if no salary in prior year is available.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Main Line Health, Inc.

EIN/PN

23-2331531 / 001

Plan Year

January 1 to December 31

Eligibility and Participation

Employees who are Participants in a Prior Plan on December 31, 1987 are Participants effective January 1, 1988. All other employees become Participants on the first January 1 or July 1 following attainment of age 21 and the completion of one Year of Service. Participants in the Riddle Health System Pension Plans were participants in the Plan as of January 1, 2011. Employees who are residents or fellows were participants in the Plan as of January 1, 2024. Effective January 1, 2025, The Main Line Health, Inc. Retirement Income Plan was amended to allow all employees of Lankenau Institute for Medical Research ("LIMR") to participate in the Plan.

Years of Vesting Service

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

Years of Benefit Service

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

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

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

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Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Compensation

Base salary for the calendar year, including overtime, on-call pay, and incentive pay and bonuses. Compensation for a given year is limited to the 401(a)(17) limit (as indexed) for benefit calculation purposes.

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

Final Average Compensation

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

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

Social Security Covered Compensation

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

Benefit Group Code

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

Grandfathered: Employees who satisfy both (i) and (ii), where:
- (i) Date of birth is January 1, 1948 or earlier, and
- (ii) Date of hire is January 1, 1993 or earlier

Transition: Employees who are not Grandfathered and who satisfy both (i) and (ii), where:
- (i) Points (age plus service as of January 1, 2003) are greater than or equal to 60, and
- (ii) Date of hire is January 1, 1993 or earlier

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

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

Plan Name:	Main Line Health, Inc. Retirement Income Plan
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Plan Sponsor:	Main Line Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

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

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

Benefit Formulas

A. Prior to January 1, 2003, the benefit was determined under the Final Average Earnings formula, the sum of (i) and (ii), minimum (iii):
   (i) 1.375% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 2.0% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service not in excess of 30 years.
   (ii) .5% of Final Average Compensation, multiplied by Years of Benefit Service in excess of 30 years.
   (iii) Minimum Benefits:
      a. For a Participant as of September 5, 1991, the Accrued Benefit as of September 5, 1991 under the provisions of the Plan as of that date.
      b. For a Participant of a Prior Plan on December 31, 1987 and born on or before January 1,1938, the benefit determined under the provisions of the Prior Plan assuming continued participation in that Plan until the earlier of termination of employment or December 31, 1992.

B. As of January 1, 2011, the benefit formula is the sum of (i), (ii) and (iii):
   (i) Accrued benefit as of December 31, 2010 calculated according to the formula in Part A above.
   (ii) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 1.75% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service earned after January 1, 2011, such that total service is not in excess of 30 years.
   (iii) .5% of Final Average Compensation, multiplied by Years of Benefit Service earned after January 1, 2011 in excess of 30 years.

C. Under the Riddle Health System Pension Plan was the greater of (i) and (ii) below:
   (i) 1% of Average Annual Salary, up to Covered Compensation plus 1.6% of Average Annual Salary in excess of Covered Compensation multiplied by Benefit Service up to maximum of 35 years.
   (ii) $1,600

   The benefit earned as of December 31, 2010 serves as minimum benefit.

D. Individuals who participated in both the Main Line Health Retirement Income Plan and Riddle Health System Pension Plan prior to December 31, 2010 receive a benefit equal to the greater of the sum of benefit earned under respective plans as of December 31, 2010 and the benefit earned under the respective benefit formula.

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Plan Sponsor:	Main Line Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

1. Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65 and 5 years of service.

2. Benefit Formula: As of January 1, 2003, the benefit formula is based on the Career Earnings formula, the sum of (i) and (ii) below:
   (i) 1.375% of Final Average Compensation not in excess of Social Security Covered Compensation, plus
   (ii) 2.0% of Final Average Compensation in excess of Social Security Covered Compensation

   As of January 1, 2011, the benefit formula is defined as the sum of (i) and (ii) below:
   (i) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus
   (ii) 1.75% of Final Average Compensation in excess of Social Security Covered Compensation

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

Grandfathered: Grandfathered Participants shall receive the greater of (i) and (ii) below:
(i) All accruals post 2010 calculated under the Final Average Earnings formula plus the Final Average Earnings formula earned as of December 31, 2010.
(ii) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula

Transition: Transition employees shall receive (i) x [1 + (ii)] below:
(i) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula,
(ii) 1% for each year, in which the employee works at least one hour from January 1, 2003 (not to exceed 10 years)

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

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

(i) All accruals calculated under the benefit formula of Riddle Health System Pension Plan

(ii) Sum of the benefits earned under the Main Line Health Retirement Income Plan and the Riddle Health System Pension Plan as of December 31, 2010.

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

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

SCHEDULE SB ATTACHMENTS

Late Retirement Benefit

1. Eligibility: The first day of any month subsequent to Normal Retirement Date.

2. Benefit: Normal Retirement Benefit based on Compensation and Benefit Service earned through Late Retirement Date.

Early Retirement Benefit

1. Eligibility: The first day of any month coincident with or following the date of attainment of age 55 and completion of 5 or more Years of Benefit Service.

2. Benefit: The benefit accrued to retirement date, commencing at Normal Retirement Date or Early Retirement Date, multiplied by the following factors according to the Participant's Benefit Group Code.

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

Disability Benefit

1. Eligibility: Total and permanent disability prior to January 1, 2025.

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

Vested Benefit Upon Termination of Service

1. Eligibility: The completion of at least 5 years of Vesting Service.

2. Benefit: Accrued Benefit commencing at Normal Retirement Date, or if eligible, reduced for commencement between Early and Normal Retirement Dates.

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefit

1. Eligibility: Spouse of an active vested Participant who dies while in service, or the spouse of a terminated vested Participant who dies before receipt of benefits.

2. Benefit: Upon death of the Grandfathered Riddle Participant, if the Participant is eligible for Normal, Early, or Late Retirement at death, the benefit payable to the spouse is 50% of the Accrued Benefit reduced 1% for each quarter year in excess of five years by which the spouse is younger than the deceased Participant, but in no case shall such reduction cause the benefit to be lower than the actuarial equivalent reduction.

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

Forms of Retirement Annuity

1. Normal: Life annuity for a single Participant. An actuarially equivalent joint & 50% survivor annuity for a married Participant.

2. Optional: A Participant may elect an actuarially equivalent optional form of payment, including joint & survivor annuities (50%, 75% or 100%), life with terms certain (5, 10 or 15 years), or a lump sum.

Special Provisions for Top-Heavy Plans

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

Employee Contributions

Plan costs are funded by employer contributions.

Changes in Plan Provisions Since Last Actuarial Valuation

Effective January 1, 2025, the Main Line Health, Inc. Retirement Income Plan was amended to allow all employees of Lankenau Institute for Medical Research ("LIMR") to participate in the Plan and to eliminate eligibility for disability pension benefits effective January 1, 2025.

During 2024, Main Line Health formally decided to amend the plan, effective June 1, 2025, to allow participants to elect a lump sum form of payment upon retirement or separation from employment.

Plan Name:	Main Line Health, Inc. Retirement Income Plan
EIN / PN:	23-2331531/001
Plan Sponsor:	Main Line Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Salary scale was changed from select and ultimate salary scale of 3.50% in 2024 and 3.00% thereafter to select and ultimate salary scale of 4.50% in 2025, 4.25% in 2026, and 4.00% thereafter.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	323	2	0	0	0	0	0	0	0	325
	-	63,337	-	-	-	-	-	-	-	-	63,191
25-29	0	979	161	1	0	0	0	0	0	0	1,141
	-	74,482	88,150	-	-	-	-	-	-	-	76,400
30-34	0	963	471	88	3	0	0	0	0	0	1,525
	-	85,964	88,678	86,875	-	-	-	-	-	-	86,791
35-39	0	753	478	247	84	2	0	0	0	0	1,564
	-	96,589	107,082	94,536	95,985	-	-	-	-	-	99,475
40-44	0	551	336	202	162	64	4	0	0	0	1,319
	-	93,619	112,183	118,802	98,232	98,844	-	-	-	-	102,952
45-49	0	373	258	184	191	100	44	0	0	0	1,150
	-	84,818	106,126	114,088	112,950	106,387	111,015	-	-	-	101,832
50-54	0	323	230	162	169	144	97	24	5	0	1,154
	-	91,643	108,473	106,722	122,387	111,184	99,711	103,221	-	-	104,946
55-59	2	254	224	154	163	136	85	77	76	1	1,172
	-	88,983	96,117	110,049	108,670	100,712	103,293	113,839	100,803	-	100,661
60-64	0	189	189	132	157	122	105	76	99	45	1,114
	-	75,916	97,947	101,762	114,009	105,971	104,321	108,923	99,209	106,251	99,601
65-69	0	80	64	73	61	59	39	23	27	31	457
	-	77,812	102,750	108,278	121,669	98,976	102,170	79,598	97,300	99,350	99,538
70 & over	1	20	26	18	22	18	9	3	6	6	129
	-	70,020	111,516	-	139,059	-	-	-	-	-	106,095
Total	3	4,808	2,439	1,261	1,012	645	383	203	213	83	11,050
	-	84,503	101,174	105,698	111,153	105,510	103,040	106,585	98,996	102,207	95,725

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Main Line Health, Inc. Retirement Income Plan
EIN / PN: 23-2331531/001
Plan Sponsor: Main Line Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,843,096	2,387,979	65,402,676	70,633,751
2026	7,734,930	5,260,159	63,844,247	76,839,336
2027	11,733,687	6,278,280	62,219,321	80,231,288
2028	15,543,633	7,219,876	60,496,137	83,259,646
2029	19,317,876	8,147,556	58,689,375	86,154,807
2030	22,959,892	9,150,839	56,816,105	88,926,836
2031	26,343,952	10,194,787	54,845,406	91,384,145
2032	29,519,572	11,160,057	52,776,612	93,456,241
2033	32,407,280	12,079,670	50,636,902	95,123,852
2034	35,017,181	13,032,456	48,434,457	96,484,094
2035	37,442,215	14,030,764	46,154,209	97,627,188
2036	39,733,902	14,892,093	43,805,072	98,431,067
2037	41,810,300	15,546,937	41,358,669	98,715,906
2038	43,653,349	16,151,937	38,849,094	98,654,380
2039	45,379,951	16,755,670	36,334,931	98,470,552
2040	46,900,771	17,240,755	33,805,011	97,946,537
2041	48,207,201	17,609,427	31,272,593	97,089,221
2042	49,288,550	17,918,659	28,742,860	95,950,069
2043	50,154,908	18,238,905	26,232,663	94,626,476
2044	50,921,338	18,472,637	23,760,021	93,153,996
2045	51,492,140	18,669,476	21,344,131	91,505,747
2046	51,786,530	18,780,015	19,004,899	89,571,444
2047	51,941,536	18,770,508	16,762,308	87,474,352
2048	52,046,094	18,815,902	14,635,947	85,497,943
2049	52,007,171	18,789,359	12,643,980	83,440,510
2050	51,822,655	18,638,384	10,802,053	81,263,092
2051	51,471,653	18,417,800	9,122,332	79,011,785
2052	50,968,703	18,134,275	7,612,547	76,715,525
2053	50,297,769	17,764,572	6,275,812	74,338,153
2054	49,387,133	17,312,778	5,110,600	71,810,511
2055	48,330,260	16,776,691	4,110,924	69,217,875
2056	47,089,403	16,134,127	3,267,097	66,490,627
2057	45,675,302	15,450,974	2,566,452	63,692,728
2058	44,183,865	14,733,830	1,994,306	60,912,001
2059	42,580,167	13,975,660	1,534,868	58,090,695
2060	40,875,449	13,193,542	1,172,031	55,241,022
2061	39,097,805	12,380,222	890,107	52,368,134
2062	37,268,162	11,569,492	674,415	49,512,069
2063	35,441,024	10,780,311	511,716	46,733,051
2064	33,592,528	10,017,813	390,480	44,000,821
2065	31,697,654	9,282,539	300,981	41,281,174
2066	29,791,514	8,576,425	235,275	38,603,214
2067	27,892,408	7,901,237	187,061	35,980,706
2068	26,030,829	7,257,239	151,479	33,439,547

Plan Name: Main Line Health, Inc. Retirement Income Plan
EIN / PN: 23-2331531/001
Plan Sponsor: Main Line Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	24,227,052	6,644,306	124,889	30,996,247
2070	22,485,869	6,062,064	104,618	28,652,551
2071	20,808,788	5,510,044	88,757	26,407,589
2072	19,195,650	4,987,665	75,985	24,259,300
2073	17,646,605	4,494,365	65,422	22,206,392
2074	16,161,789	4,029,667	56,485	20,247,941

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of January 1, 2025

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on 9/30/2025. After the AFTAP was certified, there was a correction to the January 1, 2025 asset value. The actuarial value of assets used in the certified AFTAP was $1,530,994,868; the corrected actuarial value of assets is $1,524,125,868, a difference of $6,869,000. Lines 2a and 2b of this Schedule SB and all funding results determined from them, including the minimum required contribution, reflect the corrected asset value. No other component of the AFTAP calculation changed.

The corrected assets would produce an AFTAP of 104.12%. Because the correction did not cause the AFTAP to cross any threshold under Code section 436, no benefit restriction applicable to the plan for the plan year was added, removed, or otherwise changed. Accordingly, the AFTAP was not recertified.

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,843,096	2,387,979	65,402,676	70,633,751
2026	7,734,930	5,260,159	63,844,247	76,839,336
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2063	35,441,024	10,780,311	511,716	46,733,051
2064	33,592,528	10,017,813	390,480	44,000,821
2065	31,697,654	9,282,539	300,981	41,281,174
2066	29,791,514	8,576,425	235,275	38,603,214
2067	27,892,408	7,901,237	187,061	35,980,706
2068	26,030,829	7,257,239	151,479	33,439,547

Plan Name: Main Line Health, Inc. Retirement Income Plan
EIN / PN: 23-2331531/001
Plan Sponsor: Main Line Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	24,227,052	6,644,306	124,889	30,996,247
2070	22,485,869	6,062,064	104,618	28,652,551
2071	20,808,788	5,510,044	88,757	26,407,589
2072	19,195,650	4,987,665	75,985	24,259,300
2073	17,646,605	4,494,365	65,422	22,206,392
2074	16,161,789	4,029,667	56,485	20,247,941

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

Career Earnings legacy group:

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

Plan Name: Main Line Health, Inc. Retirement Income Plan
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Plan Sponsor: Main Line Health, Inc.
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Transition/Grandfathered legacy group:

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

There are 10,834 Career Earnings participants and 216 Transition/Grandfathered participants. The head-count weighted total retirement age is therefore 67.090, with the rounded average being 67.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Main Line Health, Inc.

EIN/PN

23-2331531 / 001

Plan Year

January 1 to December 31

Eligibility and Participation

Employees who are Participants in a Prior Plan on December 31, 1987 are Participants effective January 1, 1988. All other employees become Participants on the first January 1 or July 1 following attainment of age 21 and the completion of one Year of Service. Participants in the Riddle Health System Pension Plans were participants in the Plan as of January 1, 2011. Employees who are residents or fellows were participants in the Plan as of January 1, 2024. Effective January 1, 2025, The Main Line Health, Inc. Retirement Income Plan was amended to allow all employees of Lankenau Institute for Medical Research ("LIMR") to participate in the Plan.

Years of Vesting Service

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

Years of Benefit Service

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

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

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

Plan Name:	Main Line Health, Inc. Retirement Income Plan
EIN / PN:	23-2331531/001
Plan Sponsor:	Main Line Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Compensation

Base salary for the calendar year, including overtime, on-call pay, and incentive pay and bonuses. Compensation for a given year is limited to the 401(a)(17) limit (as indexed) for benefit calculation purposes.

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

Final Average Compensation

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

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

Social Security Covered Compensation

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

Benefit Group Code

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

Grandfathered: Employees who satisfy both (i) and (ii), where:
- (i) Date of birth is January 1, 1948 or earlier, and
- (ii) Date of hire is January 1, 1993 or earlier

Transition: Employees who are not Grandfathered and who satisfy both (i) and (ii), where:
- (i) Points (age plus service as of January 1, 2003) are greater than or equal to 60, and
- (ii) Date of hire is January 1, 1993 or earlier

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

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

Plan Name:	Main Line Health, Inc. Retirement Income Plan
EIN / PN:	23-2331531/001
Plan Sponsor:	Main Line Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

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

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

Benefit Formulas

A. Prior to January 1, 2003, the benefit was determined under the Final Average Earnings formula, the sum of (i) and (ii), minimum (iii):
   (i) 1.375% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 2.0% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service not in excess of 30 years.
   (ii) .5% of Final Average Compensation, multiplied by Years of Benefit Service in excess of 30 years.
   (iii) Minimum Benefits:
      a. For a Participant as of September 5, 1991, the Accrued Benefit as of September 5, 1991 under the provisions of the Plan as of that date.
      b. For a Participant of a Prior Plan on December 31, 1987 and born on or before January 1,1938, the benefit determined under the provisions of the Prior Plan assuming continued participation in that Plan until the earlier of termination of employment or December 31, 1992.

B. As of January 1, 2011, the benefit formula is the sum of (i), (ii) and (iii):
   (i) Accrued benefit as of December 31, 2010 calculated according to the formula in Part A above.
   (ii) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus 1.75% of Final Average Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Benefit Service earned after January 1, 2011, such that total service is not in excess of 30 years.
   (iii) .5% of Final Average Compensation, multiplied by Years of Benefit Service earned after January 1, 2011 in excess of 30 years.

C. Under the Riddle Health System Pension Plan was the greater of (i) and (ii) below:
   (i) 1% of Average Annual Salary, up to Covered Compensation plus 1.6% of Average Annual Salary in excess of Covered Compensation multiplied by Benefit Service up to maximum of 35 years.
   (ii) $1,600

   The benefit earned as of December 31, 2010 serves as minimum benefit.

D. Individuals who participated in both the Main Line Health Retirement Income Plan and Riddle Health System Pension Plan prior to December 31, 2010 receive a benefit equal to the greater of the sum of benefit earned under respective plans as of December 31, 2010 and the benefit earned under the respective benefit formula.

Plan Name:	Main Line Health, Inc. Retirement Income Plan
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Plan Sponsor:	Main Line Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

1. Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65 and 5 years of service.

2. Benefit Formula: As of January 1, 2003, the benefit formula is based on the Career Earnings formula, the sum of (i) and (ii) below:
   (i) 1.375% of Final Average Compensation not in excess of Social Security Covered Compensation, plus
   (ii) 2.0% of Final Average Compensation in excess of Social Security Covered Compensation

   As of January 1, 2011, the benefit formula is defined as the sum of (i) and (ii) below:
   (i) 1.25% of Final Average Compensation not in excess of Social Security Covered Compensation, plus
   (ii) 1.75% of Final Average Compensation in excess of Social Security Covered Compensation

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

Grandfathered: Grandfathered Participants shall receive the greater of (i) and (ii) below:
(i) All accruals post 2010 calculated under the Final Average Earnings formula plus the Final Average Earnings formula earned as of December 31, 2010.
(ii) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula

Transition: Transition employees shall receive (i) x [1 + (ii)] below:
(i) The Accrued Benefit as of December 31, 2002 plus future accruals under the Career Earnings formula,
(ii) 1% for each year, in which the employee works at least one hour from January 1, 2003 (not to exceed 10 years)

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

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

(i) All accruals calculated under the benefit formula of Riddle Health System Pension Plan

(ii) Sum of the benefits earned under the Main Line Health Retirement Income Plan and the Riddle Health System Pension Plan as of December 31, 2010.

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

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

SCHEDULE SB ATTACHMENTS

Late Retirement Benefit

1. Eligibility: The first day of any month subsequent to Normal Retirement Date.

2. Benefit: Normal Retirement Benefit based on Compensation and Benefit Service earned through Late Retirement Date.

Early Retirement Benefit

1. Eligibility: The first day of any month coincident with or following the date of attainment of age 55 and completion of 5 or more Years of Benefit Service.

2. Benefit: The benefit accrued to retirement date, commencing at Normal Retirement Date or Early Retirement Date, multiplied by the following factors according to the Participant's Benefit Group Code.

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

Disability Benefit

1. Eligibility: Total and permanent disability prior to January 1, 2025.

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

Vested Benefit Upon Termination of Service

1. Eligibility: The completion of at least 5 years of Vesting Service.

2. Benefit: Accrued Benefit commencing at Normal Retirement Date, or if eligible, reduced for commencement between Early and Normal Retirement Dates.

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefit

1. Eligibility: Spouse of an active vested Participant who dies while in service, or the spouse of a terminated vested Participant who dies before receipt of benefits.

2. Benefit: Upon death of the Grandfathered Riddle Participant, if the Participant is eligible for Normal, Early, or Late Retirement at death, the benefit payable to the spouse is 50% of the Accrued Benefit reduced 1% for each quarter year in excess of five years by which the spouse is younger than the deceased Participant, but in no case shall such reduction cause the benefit to be lower than the actuarial equivalent reduction.

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

Forms of Retirement Annuity

1. Normal: Life annuity for a single Participant. An actuarially equivalent joint & 50% survivor annuity for a married Participant.

2. Optional: A Participant may elect an actuarially equivalent optional form of payment, including joint & survivor annuities (50%, 75% or 100%), life with terms certain (5, 10 or 15 years), or a lump sum.

Special Provisions for Top-Heavy Plans

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

Employee Contributions

Plan costs are funded by employer contributions.

Changes in Plan Provisions Since Last Actuarial Valuation

Effective January 1, 2025, the Main Line Health, Inc. Retirement Income Plan was amended to allow all employees of Lankenau Institute for Medical Research ("LIMR") to participate in the Plan and to eliminate eligibility for disability pension benefits effective January 1, 2025.

During 2024, Main Line Health formally decided to amend the plan, effective June 1, 2025, to allow participants to elect a lump sum form of payment upon retirement or separation from employment.

Plan Name:	Main Line Health, Inc. Retirement Income Plan
EIN / PN:	23-2331531/001
Plan Sponsor:	Main Line Health, Inc.
Valuation Date:	January 1, 2025

Plan Name	**Main Line Health, Inc. Retirement Income Plan**
Plan Sponsor EIN	**23-2331531**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Salary scale was changed from select and ultimate salary scale of 3.50% in 2024 and 3.00% thereafter to select and ultimate salary scale of 4.50% in 2025, 4.25% in 2026, and 4.00% thereafter.