

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: WELLSPAN HEALTH PENSION TRUST; 1b Three-digit plan number (PN): 001; 1c Effective date of plan: 01/01/2016; 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code; 2b Employer Identification Number (EIN): 47-4277762; 2c Plan Sponsor's telephone number: 717-851-2400; 2d Business code

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

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

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

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WELLSPAN HEALTH 1135 S. EDGAR STREET YORK, PA 17405-7198	3b Administrator's EIN 22-2517863 3c Administrator's telephone number 717-851-2400
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	
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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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan WELLSPAN HEALTH PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSPAN HEALTH	D Employer Identification Number (EIN) 47-4277762

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	015247		07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	3369635
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT	
b	Balance at the end of the previous year	7b 3403426
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 73474
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	▶	
	(6) Total additions	7c(6) 73474
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3476900
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 94174
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4) 13091
▶ ELECTIVE SERVICE CHARGE, CONTRACT EXPENSE CHARGE		
	(5) Total deductions	7e(5) 107265
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 3369635

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan WELLSPAN HEALTH PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSPAN HEALTH	D Employer Identification Number (EIN) 47-4277762	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARTISAN PARTNERS	PO BOX 8412 BOSTON, MA 02266
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1701038	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SILCHESTER INTRNL INVESTOR INC

36-7045783

(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 50	NONE	558006	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

(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 50	NONE	353663	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(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 50	NONE	311500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INSTITUTIONAL ASSET MGTM

20-4569714

(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 50	NONE	280809	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NEPC LLC

26-1429809

(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 50	NONE	263836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST

36-1561860

(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	223991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILLIAM BLAIR & CO.

36-2214610

(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 50	NONE	186211	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES & COMPANY, L.P.

04-3200030

(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 50	NONE	124576	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

STATE STREET RESEARCH & MGMT

13-3142135

(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 50	NONE	61223	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRUDENTIAL BANK & TRUST COMPANY

58-0513395

(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 50	NONE	17481	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>WELLSPAN HEALTH PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WELLSPAN HEALTH</u>	D Employer Identification Number (EIN) <u>47-4277762</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MONEY MARKET FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN <u>94-6450621-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3944</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LONG DURATION CORP CR

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN <u>27-4520291-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>254385117</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CR AST TR CL B FUND

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN <u>20-8080381-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68755936</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 3000 INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN <u>04-0025081-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>187205913</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLTV GOVT STIF REGISTERED

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

c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7332802</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US TREASURY INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN <u>04-0025081-479</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89576511</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTL SC COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN <u>20-4659714-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36752966</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VAL EQTY GROUP TRUST

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

c EIN-PN 36-7045783-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45239212
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST EMER MKTS EQUITY FD

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

c EIN-PN 85-2903213-178	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34260003
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 VALUE INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-123	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66384587
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. STRIPS 20+ YEAR BOND

b Name of sponsor of entity listed in (a): BLACKROCK INSTUTIONAL TRUST COMPANY

c EIN-PN 27-3227381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134403169
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a Name of MTIA, CCT, PSA, or 103-12 IE: AXIOM EMERGING MARKETS TURST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 81-1085578-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37680899
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a Name of MTIA, CCT, PSA, or 103-12 IE: ARENA SHORT DURATION HIGH YIELD FD

b Name of sponsor of entity listed in (a): ARENA CAPITAL ADVISORS

c EIN-PN 83-3488083-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34751482
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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	THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES	
b Name of plan sponsor	WELLSPAN CHAMBERSBURG HOSPITAL	c EIN-PN 23-0465970-001

a Plan name	THE WELLSPAN HEALTH SYSTEM MERGED PENSION PLAN	
b Name of plan sponsor	WELLSPAN HEALTH	c EIN-PN 23-0465970-002

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan WELLSPAN HEALTH PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSPAN HEALTH	D Employer Identification Number (EIN) 47-4277762

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	163743
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	615528	1084292
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	66730664	36995334
(5) Partnership/joint venture interests	1c(5)	29443735	29628092
(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)	1000845274	996732541
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	131272868	120710210
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3403426	3369635
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1232311495	1188683847
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1553997	1298863
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1553997	1298863
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1230757498	1187384984

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	701478	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3427422	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4128900
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	80818965	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	80693566	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		125399
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3347820	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3347820

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		75629457
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5015414
c Other income.....	2c		296627
d Total income. Add all income amounts in column (b) and enter total.....	2d		81847977

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	2157305	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	223991	
(7) Actuarial fees.....	2i(7)	1701038	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	4407552	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8489886
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8489886

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		73358091
l Transfers of assets:			
(1) To this plan.....	2l(1)		481474594
(2) From this plan.....	2l(2)		598205199

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

	Yes	No	Amount
4a			
4b		X	
4c		X	
4d		X	
4e			
4f			
4g			
4h			
4i	X		
4j	X		
4k			
4l			
4m			
4n			

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

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

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

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

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

5500 Supplemental Schedules

1 JUL 23 - 30 JUN 24

Wellspan Health Pension Trust
EIN: 47-4277762 PN: 001
Schedule H, Line 4j - Schedule of 5 Percent
Reportable Transactions
June 30, 2024

Account number WELPEN
Account Name WELLSPAN PENSION ACCOUNTS

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	354	215,957,881.42			0.00	215,957,881.42	215,957,881.42
	Total dispositions	265		218,422,897.73		0.00	218,422,897.73	218,422,897.73

NOTE: TRANSACTIONS ARE BASED ON THE 2023-06-30 VALUE (INCLUDING ACCRUALS) OF 1,231,231,605.05

5500 Supplemental Schedules

30 JUN 24

Wellspring Health Pension Trust
 EIN: 47-4277762 PN: 001
 Schedule H, Line 4i - Schedule of Assets
 (Held at End of Year)
 June 30, 2024

Account number WELPEN
 Account Name WELLSPAN PENSION ACCOUNTS

Page 51 of 113

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	0.000	163,743.00	163,743.00
Total - all currencies		163,743.00	163,743.00
Total Non-Interest Bearing Cash - USD		163,743.00	163,743.00
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	1,040,055.09	1,040,055.09
Total - all currencies		1,040,055.09	1,040,055.09
Total Receivables - Other - USD		1,040,055.09	1,040,055.09
<i>Corporate Stock - Common</i>			
Canada - USD			
COLLIERS INTL GROUP INC COMMON STOCK CUSIP: 194693107	901.000	79,319.43	100,596.65
FIRSTSERVICE CORP COM NPV CUSIP: 33767E202	1,506.000	188,173.00	229,469.22
WHITECAP RES INC COM NEW CUSIP: 96467A200	21,982.000	149,683.13	160,688.42
Total Canada - USD		417,175.56	490,754.29
Germany - USD			
ORION S A COM NPV CUSIP: L72967109	15,636.000	350,697.05	343,053.84
Total Germany - USD		350,697.05	343,053.84
India - USD			
WNS HOLDINGS LTD ORD GBP0.1 CUSIP: G98196101	2,828.000	142,864.88	148,470.00
Total India - USD		142,864.88	148,470.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Israel - USD			
KORNIT DIGITAL LTD COMMON STOCK CUSIP: M6372Q113	6,003.000	152,280.86	87,883.92
Total Israel - USD		152,280.86	87,883.92
United States - USD			
#REORG DIAMOND MERGER 09-04-2024 CUSIP: 25271C201	14,594.000	138,821.96	226,061.06
ACADIA HEALTHCARE CO INC COM CUSIP: 00404A109	3,705.000	235,970.31	250,235.70
ACV AUCTIONS INC CL A CL A CUSIP: 00091G104	14,298.000	216,064.67	260,938.50
AGILYSYS INC COM STK CUSIP: 00847J105	309.000	31,909.78	32,179.26
ALARM COM HLDGS INC COM CUSIP: 011642105	3,553.000	199,529.55	225,757.62
ALBANY INTL CORP NEW CL A CUSIP: 012348108	2,336.000	173,964.34	197,275.20
ALIGHT INC CL A CUSIP: 01626W101	21,463.000	208,551.27	158,396.94
ALIGNMENT HEALTHCARE INC COM CUSIP: 01625V104	21,051.000	129,591.58	164,618.82
AMBARELLA INC SHS CUSIP: G037AX101	2,680.000	195,749.93	144,586.00
AMERICAN EAGLE OUTFITTERS INC NEW COM CUSIP: 02553E106	6,438.000	161,795.15	128,502.48
AMERIS BANCORP COM CUSIP: 03076K108	3,591.000	116,495.82	180,806.85
AMICUS THERAPEUTICS INC COM CUSIP: 03152W109	20,175.000	246,303.25	200,136.00
ANDERSONS INC COM CUSIP: 034164103	2,763.000	131,161.27	137,044.80
ANTERO RES CORP COM CUSIP: 03674X106	4,807.000	141,402.42	156,852.41
ARCBEST CORP COM USD0.01 CUSIP: 03937C105	1,378.000	120,088.93	147,556.24
ARCH RES INC DEL CL A CL A CUSIP: 03940R107	1,331.000	207,508.05	202,618.13

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
ARHAUS INC CL A CL A CUSIP: 04035M102	8,421.000	134,687.94	142,651.74
ARTISAN PARTNERS ASSET MGMT INC CL A CL A CUSIP: 04316A108	2,484.000	110,410.16	102,514.68
ASSURED GUARANTY LTD COMMON STK CUSIP: G0585R106	1,850.000	81,544.77	142,727.50
ATKORE INC CUSIP: 047649108	2,449.000	341,457.07	330,443.57
ATLANTIC UN BANKSHARES CORP COM CUSIP: 04911A107	5,633.000	214,384.20	185,044.05
ATLAS ENERGY SOLUTIONS INC NEW CL A CUSIP: 642045108	9,242.000	205,364.71	184,193.06
AVIENT CORPORATION CUSIP: 05368V106	3,459.000	150,786.99	150,985.35
BALCHEM CORP COM CUSIP: 057665200	1,586.000	208,890.12	244,164.70
BANK OZK COM CUSIP: 06417N103	2,809.000	127,243.58	115,169.00
BANNER CORP COM NEW COM NEW CUSIP: 06652V208	4,142.000	182,816.98	205,608.88
BELDEN INC COM CUSIP: 077454106	1,892.000	104,613.13	177,469.60
BIOLIFE SOLUTIONS INC COM NEW COM NEW CUSIP: 09062W204	10,659.000	144,642.39	228,422.37
BK HAW CORP COM CUSIP: 062540109	3,595.000	200,255.60	205,669.95
BLOOMIN BRANDS INC COM CUSIP: 094235108	8,104.000	129,520.56	155,839.92
BLUEPRINT MEDICINES CORP COM CUSIP: 09627Y109	2,102.000	172,586.26	226,553.56
BOOT BARN HLDGS INC COM CUSIP: 099406100	1,311.000	72,218.09	169,027.23
BREAD FINANCIAL HOLDINGS INC COM USD0.01 CUSIP: 018581108	4,765.000	173,030.37	212,328.40
BRINKS CO COM CUSIP: 109696104	5,602.000	380,304.91	573,644.80

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
BROOKDALE SR LIVING INC COM STK CUSIP: 112463104	17,376.000	134,488.52	118,678.08
BUCKLE INC COM CUSIP: 118440106	3,062.000	115,498.33	113,110.28
BWX TECHNOLOGIES INC COM CUSIP: 05605H100	3,913.000	237,087.63	371,735.00
CALIFORNIA RES CORP COM USD0.01 CUSIP: 13057Q305	3,270.000	178,999.84	174,029.40
CASELLA WASTE SYS INC CL A COM STK CUSIP: 147448104	4,057.000	221,702.96	402,535.54
CERTARA INC COM CUSIP: 15687V109	10,654.000	253,533.61	147,557.90
CHAMPION HOMES INC CUSIP: 830830105	4,278.000	223,826.78	289,834.50
CHART INDS INC COM PAR \$0.01 COM PAR \$0.01 CUSIP: 16115Q308	1,099.000	149,001.26	158,629.66
CHEESECAKE FACTORY INC COM CUSIP: 163072101	5,557.000	222,882.58	218,334.53
CHEFS' WAREHOUSE HOLDINGS IN CUSIP: 163086101	3,550.000	128,602.41	138,840.50
CINEMARK HLDGS INC COM CUSIP: 17243V102	9,766.000	134,971.93	211,140.92
CIVITAS RES INC COM CUSIP: 17888H103	3,108.000	179,014.82	214,452.00
CLEARWATER ANALYTICS HLDGS INC CL A CL A CUSIP: 185123106	8,332.000	150,921.15	154,308.64
CNO FINL GROUP INC COM CUSIP: 12621E103	4,325.000	112,793.08	119,889.00
COGNEX CORP COM CUSIP: 192422103	3,811.000	156,600.42	178,202.36
COLLEGIUM PHARMACEUTICAL INC COM CUSIP: 19459J104	3,033.000	68,447.52	97,662.60
COMMERCIAL METALS CO COM CUSIP: 201723103	3,606.000	147,695.94	198,293.94
COMMUNITY FINANCIAL SYSTEM INC CUSIP: 203607106	0.000	0.00	0.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
CURTISS WRIGHT CORP COM CUSIP: 231561101	0.000	0.00	0.00
CUSHMAN & WAKEFIELD INC CUSIP: G2717B108	16,053.000	165,111.02	166,951.20
DIODES INC COM CUSIP: 254543101	2,754.000	206,967.69	198,095.22
DONNELLEY FINL SOLUTIONS INC COM CUSIP: 25787G100	2,164.000	101,832.68	129,017.68
DOUGLAS DYNAMICS INC COM CUSIP: 25960R105	2,885.000	114,131.98	67,509.00
DOXIMITY INC COM USD0.001 CL A CUSIP: 26622P107	6,355.000	187,158.31	177,749.35
DUTCH BROS INC CL A CL A CUSIP: 26701L100	2,274.000	90,872.76	94,143.60
E L F BEAUTY INC COM CUSIP: 26856L103	1,408.000	162,443.26	296,693.76
EDGEWELL PERS CARE CO COM CUSIP: 28035Q102	2,877.000	123,964.25	115,626.63
ENCOMPASS HEALTH CORP COM USD0.01 CUSIP: 29261A100	3,676.000	202,643.96	315,364.04
ESAB CORPORATION COM USD0.001 WI CUSIP: 29605J106	0.000	0.00	0.00
ESTABLISHMENT LABS HLDGS INC CUSIP: G31249108	3,462.000	133,380.80	157,313.28
EURONET WORLDWIDE INC COM CUSIP: 298736109	1,955.000	191,567.71	202,342.50
EXTREME NETWORKS INC COM CUSIP: 30226D106	7,015.000	94,229.44	94,351.75
FIRST BANCORP N C COM CUSIP: 318910106	4,226.000	153,871.90	134,893.92
FIRST MERCHANTS CORP COM CUSIP: 320817109	5,820.000	210,321.67	193,747.80
FLYWIRE CORP COM VTG COM VTG CUSIP: 302492103	10,893.000	257,869.14	178,536.27
FORTREA HLDGS INC COM CUSIP: 34965K107	6,666.000	214,185.44	155,584.44

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
FOX FACTORY HLDG CORP COM CUSIP: 35138V102	3,699.000	173,521.05	178,254.81
GARRETT MOTION INC COM CUSIP: 366505105	28,399.000	255,363.30	243,947.41
GENCO SERIES A PFD STOCK CUSIP: Y2685T131	6,253.000	108,490.78	133,251.43
GIBRALTAR INDS INC COM CUSIP: 374689107	2,446.000	137,785.22	167,673.30
GLACIER BANCORP INC NEW COM CUSIP: 37637Q105	6,108.000	211,707.68	227,950.56
GLOBUS MED INC CL A NEW COM STK CUSIP: 379577208	3,565.000	228,034.33	244,166.85
GOGO INC COM CUSIP: 38046C109	14,064.000	186,542.19	135,295.68
GOLDEN ENTMT INC COM CUSIP: 381013101	4,471.000	172,851.34	139,092.81
GREEN PLAINS INC COM STK CUSIP: 393222104	6,773.000	207,798.04	107,419.78
GREENBRIER COS INC COM STK CUSIP: 393657101	2,502.000	117,710.93	123,974.10
GROCERY OUTLET HLDG CORP COM CUSIP: 39874R101	5,149.000	131,692.90	113,895.88
GUIDEWIRE SOFTWARE INC COM USD0.0001 CUSIP: 40171V100	2,139.000	165,718.53	294,946.71
HAEMONETICS CORP MASS COM CUSIP: 405024100	1,917.000	134,246.12	158,593.41
HANCOCK WHITNEY CORP CUSIP: 410120109	3,769.000	176,541.80	180,271.27
HARMONIC INC COM CUSIP: 413160102	12,214.000	122,997.47	143,758.78
HUB GROUP INC CL A CL A CUSIP: 443320106	3,409.000	88,346.17	146,757.45
HUNTSMAN CORP COM STK CUSIP: 447011107	7,233.000	172,337.48	164,695.41
ICU MED INC COM CUSIP: 44930G107	1,008.000	118,733.64	119,700.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
INDEPENDENT BK CORP MASS COM COM STK USD0.01 CUSIP: 453836108	3,371.000	171,003.77	170,977.12
INGEVITY CORP COM CUSIP: 45688C107	3,890.000	179,658.30	170,031.90
INSMED INC COM PAR \$.01 CUSIP: 457669307	5,028.000	116,122.47	336,876.00
INSPIRE MED SYS INC COM CUSIP: 457730109	1,059.000	201,653.94	141,725.97
INSTALLED BLDG PRODS INC COM CUSIP: 45780R101	0.000	0.00	0.00
INTERNATIONAL SEAWAYS INC INTERNATIONAL SEAWAYS INC COMMON STOCK CUSIP: Y41053102	3,647.000	140,602.00	215,647.11
IRIDIUM COMMUNICATIONS INC COM STK CUSIP: 46269C102	5,198.000	149,490.32	138,370.76
JACK IN THE BOX INC COM CUSIP: 466367109	2,966.000	159,936.00	151,088.04
JANUS INTL GROUP INC COM CUSIP: 47103N106	9,339.000	118,962.75	117,951.57
JFROG LTD COM CUSIP: M6191J100	5,102.000	125,059.67	191,580.10
KEMPER CORP DEL COM CUSIP: 488401100	1,910.000	101,434.69	113,320.30
KNOWLES CORP COM CUSIP: 49926D109	4,071.000	69,425.76	70,265.46
KORN FERRY COM CUSIP: 500643200	2,667.000	154,042.17	179,062.38
KULICKE & SOFFA INDS INC COM CUSIP: 501242101	3,109.000	167,001.29	152,931.71
LADDER CAP CORP CL A CL A CUSIP: 505743104	11,674.000	136,995.99	131,799.46
LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK CUSIP: 53220K504	1,376.000	100,114.31	115,941.76
LIONS GATE ENTMT CORP CL B NON VTG NON VOTING SHS CL B CUSIP: 535919500	13,977.000	138,337.55	119,782.89
LIVANOVA PLC ORD GBP1.00 (DI) CUSIP: G5509L101	3,430.000	190,611.90	188,032.60

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
MADDEN STEVEN LTD COM CUSIP: 556269108	2,960.000	95,754.08	125,208.00
MAGNITE INC COM CUSIP: 55955D100	8,954.000	96,537.49	118,998.66
MANITOWOC CO INC COM USD0.01(POST REV SPLIT) CUSIP: 563571405	5,605.000	64,849.85	64,625.65
MANPOWERGROUP INC CUSIP: 56418H100	1,352.000	98,271.14	94,369.60
MARRIOTT VACATIONS WORLDWIDE CORP COM CUSIP: 57164Y107	2,384.000	200,730.80	208,170.88
MERCURY SYSTEMS INC CUSIP: 589378108	6,572.000	330,697.63	177,378.28
MERIT MED SYS INC COM CUSIP: 589889104	3,196.000	154,281.95	274,696.20
MGIC INVT CORP WIS COM CUSIP: 552848103	9,343.000	107,773.54	201,341.65
MINERALS TECHNOLOGIES INC COM CUSIP: 603158106	2,216.000	185,875.00	184,282.56
MIRUM PHARMACEUTICALS INC COM CUSIP: 604749101	4,598.000	127,961.29	157,205.62
MONTROSE ENVIRONMENTAL GROUP INC COM CUSIP: 615111101	3,456.000	106,717.71	153,999.36
MOOG INC CL A CUSIP: 615394202	671.000	66,576.94	112,258.30
MRC GLOBAL INC COM CUSIP: 55345K103	9,688.000	124,329.48	125,072.08
MUELLER WTR PRODS INC COM STK CUSIP: 624758108	9,156.000	143,762.78	164,075.52
MURPHY OIL CORP COM CUSIP: 626717102	6,051.000	230,082.24	249,543.24
MYERS INDS INC COM CUSIP: 628464109	6,999.000	140,032.47	93,646.62
NATL FUEL GAS CO COM CUSIP: 636180101	3,048.000	163,419.57	165,171.12
NBT BANCORP INC COM CUSIP: 628778102	3,830.000	139,508.41	147,838.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
NEOGEN CORP COM CUSIP: 640491106	11,199.000	185,331.69	175,040.37
NEW FORTRESS INC CL A SHS REPSTG LTD LIABILITY CUSIP: 644393100	10,725.000	295,873.13	235,735.50
NORDSTROM INC COM CUSIP: 655664100	10,703.000	186,228.24	227,117.66
NORTHWEST BANCSHARES INC MD COM CUSIP: 667340103	16,316.000	201,772.80	188,449.80
NORTHWESTERN ENERGY GROUP INC CUSIP: 668074305	4,193.000	230,943.02	209,985.44
NOVANTA INC NOVANTA INC CUSIP: 67000B104	1,414.000	162,130.98	230,637.54
OMNIAB INC COM \$12.50 VESTING CUSIP: 68218J202	1,456.000	0.00	0.00
OMNIAB INC COM \$15.00 VESTING CUSIP: 68218J301	1,456.000	0.00	0.00
ONE GAS INC COM CUSIP: 68235P108	3,050.000	221,966.09	194,742.50
ONESPAWORLD HLDGS LTD COM USD0.0001 CUSIP: P73684113	11,421.000	138,431.69	175,540.77
ONTO INNOVATION INC CUSIP: 683344105	611.000	75,760.06	134,151.16
PAC PREMIER BANCORP COM CUSIP: 69478X105	8,835.000	265,169.62	202,939.95
PDF SOLUTIONS INC COM CUSIP: 693282105	5,044.000	122,865.93	183,500.72
PERRIGO COMPANY LIMITED COM EUR0.001 CUSIP: G97822103	3,991.000	142,628.53	102,488.88
PLANET FITNESS INC CL A CL A CUSIP: 72703H101	2,533.000	185,052.31	186,403.47
PLEXUS CORP COM CUSIP: 729132100	1,318.000	103,208.03	135,991.24
PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW CUSIP: 736508847	5,201.000	241,310.81	224,891.24
PRESTIGE CONSUMER HEALTHCARE INC COM CUSIP: 74112D101	2,416.000	142,090.58	166,341.60

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
PROS HLDGS INC COM CUSIP: 74346Y103	5,053.000	210,016.47	144,768.45
PROSPERITY BANCSHARES INC COM CUSIP: 743606105	2,235.000	148,405.00	136,647.90
PVH CORP COM USD1 CUSIP: 693656100	1,299.000	91,808.40	137,525.13
QUINSTREET INC COM STK CUSIP: 74874Q100	3,187.000	41,069.13	52,872.33
REVOLVE GROUP INC CL A CL A CUSIP: 76156B107	3,570.000	87,950.71	56,798.70
RLI CORP COM CUSIP: 749607107	828.000	59,579.58	116,491.32
RXSIGHT INC COM CUSIP: 78349D107	1,684.000	89,991.59	101,326.28
RYDER SYS INC COM CUSIP: 783549108	1,113.000	101,860.56	137,878.44
SALLY BEAUTY HLDGS INC COM STK USD0.01 CUSIP: 79546E104	13,589.000	142,005.73	145,809.97
SANDY SPRING BANCORP INC CMT-COM CMT-COM CUSIP: 800363103	5,028.000	116,120.62	122,482.08
SANMINA CORP COM CUSIP: 801056102	2,569.000	123,041.29	170,196.25
SCORPIO TANKERS INC COM USD0.01 (POST REV SPLIT) CUSIP: Y7542C130	2,593.000	189,176.19	210,784.97
SELECT MED HLDGS CORP COM CUSIP: 81619Q105	4,102.000	91,699.11	143,816.12
SHOALS TECHNOLOGIES GROUP INC CL A CL A CUSIP: 82489W107	12,546.000	217,564.24	78,287.04
SITIME CORP COM CUSIP: 82982T106	1,411.000	147,140.48	175,500.18
SKYWARD SPECIALTY INS GROUP INC COM CUSIP: 830940102	3,873.000	111,421.26	140,125.14
SKYWEST INC COM CUSIP: 830879102	1,814.000	131,447.11	148,874.98
SOUTHSTATE CORP COM CUSIP: 840441109	3,400.000	255,143.77	259,828.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
SPIRE INC COM CUSIP: 84857L101	3,121.000	182,586.35	189,538.33
SPS COMM INC COM CUSIP: 78463M107	1,033.000	194,709.52	194,369.28
STEPSTONE GROUP INC CL A CL A CUSIP: 85914M107	3,934.000	114,203.16	180,531.26
SUMMIT MATLS INC CL A CL A CUSIP: 86614U100	5,640.000	203,896.83	206,480.40
SUPERNUS PHARMACEUTICALS INC COM STK CUSIP: 868459108	5,311.000	144,732.76	142,069.25
SYLVAMO CORP COM CUSIP: 871332102	2,255.000	108,422.06	154,693.00
SYNAPTICS INC COM CUSIP: 87157D109	2,208.000	207,682.40	194,745.60
TALOS ENERGY INC COM STK CUSIP: 87484T108	12,430.000	150,918.79	151,024.50
TECHNIPFMC PLC COM USD1 CUSIP: G87110105	7,475.000	72,213.88	195,471.25
TECNOGLASS INC COMMON STOCK CUSIP: G87264100	3,602.000	166,134.48	180,748.36
TEREX CORP NEW COM CUSIP: 880779103	2,404.000	127,457.20	131,835.36
THE BALDWIN INSURANCE GROUP INC CLASS A COMMON STOCK CUSIP: 05589G102	8,070.000	203,629.65	286,242.90
TITAN INTL INC ILL COM CUSIP: 88830M102	8,563.000	63,794.35	63,451.83
TREACE MED CONCEPTS INC COM CUSIP: 89455T109	22,767.000	252,783.26	151,400.55
TRONOX HOLDINGS PLC CUSIP: G9087Q102	7,193.000	91,955.58	112,858.17
TWIST BIOSCIENCE CORP COM CUSIP: 90184D100	4,982.000	211,208.38	245,512.96
TXNM ENERGY INC COM NPV CUSIP: 69349H107	5,108.000	192,447.84	188,791.68
UNITED STS LIME & MINERALS INC COM CUSIP: 911922102	418.000	132,585.30	152,227.24

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
URANIUM ENERGY CORP COM CUSIP: 916896103	25,455.000	194,217.82	152,984.55
VARONIS SYS INC COM CUSIP: 922280102	4,115.000	124,644.99	197,396.55
VEECO INSTRS INC DEL COM CUSIP: 922417100	3,107.000	75,806.33	145,127.97
VERACYTE INC COM CUSIP: 92337F107	8,421.000	214,572.28	182,483.07
VERICEL CORP COM CUSIP: 92346J108	6,159.000	227,665.19	282,574.92
VERITEX HLDGS INC COM CUSIP: 923451108	7,577.000	148,277.21	159,798.93
VERRA MOBILITY CORP CUSIP: 92511U102	11,784.000	169,246.71	320,524.80
VERTEX INC CL A CL A CUSIP: 92538J106	5,309.000	117,872.20	191,389.45
VICTORIAS SECRET & CO COM CUSIP: 926400102	6,497.000	158,578.09	114,801.99
VIRTU FINL INC CL A CL A CUSIP: 928254101	12,122.000	233,155.95	272,138.90
VIRTUS INVT PARTNERS INC COM CUSIP: 92828Q109	699.000	123,778.63	157,869.15
VISTEON CORP COM NEW COM NEW CUSIP: 92839U206	1,700.000	166,580.46	181,390.00
VITA COCO CO INC COM CUSIP: 92846Q107	5,164.000	79,667.96	143,817.40
VITAL ENERGY INC COM USD0.01(POST REV SPLIT) CUSIP: 516806205	3,454.000	152,090.33	154,808.28
VITAL FARMS INC COM CUSIP: 92847W103	5,889.000	106,487.00	275,428.53
WABASH NATL CORP COM CUSIP: 929566107	6,709.000	121,819.17	146,524.56
WEATHERFORD INTL LTD COMMON STOCK CUSIP: G48833118	1,709.000	210,897.47	209,267.05
WESTERN ALLIANCE BANCORPORATION COM CUSIP: 957638109	3,366.000	131,458.14	211,452.12

** All or a portion of this security participates in Securities Lending.

5500 Supplemental Schedules

30 JUN 24

Wellspring Health Pension Trust
 EIN: 47-4277762 PN: 001
 Schedule H, Line 4i - Schedule of Assets
 (Held at End of Year)
 June 30, 2024

Account number WELPEN
 Account Name WELLSPAN PENSION ACCOUNTS

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
WINMARK CORP COM CUSIP: 974250102	484.000	107,020.29	170,672.92
WORKIVA INC COM CL A COM CL A CUSIP: 98139A105	2,053.000	232,711.54	149,848.47
ZETA GLOBAL HLDGS CORP CL A CL A CUSIP: 98956A105	11,028.000	135,405.53	194,644.20
ZIPRECRUITER INC CL A CL A CUSIP: 98980B103	14,015.000	268,823.98	127,396.35
Total United States - USD		30,702,664.93	33,816,394.97
Total Corporate Stock - Common		31,765,683.28	34,886,557.02
Partnership/Joint Venture Interests			
Global Region - USD			
COMMONFUND CAPITAL PARTNERS V LP CUSIP: 9938CG996	1.000	1.00	3,767,669.00
Morgan Stanley AIP - PMF IV CUSIP: 9938CL995	1.000	1.00	128,099.00
Morgan Stanley AIP - PMF VI-0 CUSIP: 9938CK997	1.000	1.00	3,257,634.00
Total Global Region - USD		3.00	7,153,402.00
United States - USD			
ARCLIGHT ENERGY PARTNERS FUND VI LP CUSIP: 9922LX993	1,735,385.520	1,735,385.52	919,068.00
ARENA SHORT DURATION HIGH YIELD FUND LP-SERIES E CUSIP: 994PS0995	30,000,000.000	30,000,000.00	34,751,482.00
CARLYLE PRIVATE ACCESS FUND IV LP CUSIP: 9938FE998	15,376,154.310	15,376,154.31	20,015,149.00
LANDMARK EQUITY PARTNERS XV LP CUSIP: 9921JW990	1.000	1.00	792,575.00
PORTFOLIO ADVISORS SECONDARY FUND (OFFSHORE) CUSIP: 9921JU994	2,742,230.170	2,742,230.17	42,441.00

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5500 Supplemental Schedules

30 JUN 24

Wellspar Health Pension Trust
 EIN: 47-4277762 PN: 001
 Schedule H, Line 4i - Schedule of Assets
 (Held at End of Year)
 June 30, 2024

Account number WELPEN
 Account Name WELLSPAN PENSION ACCOUNTS

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Partnership/Joint Venture Interests</i>			
United States - USD			
SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITES FUND II (E), LP CUSIP: 9921JV992	958,731.810	958,731.81	705,457.00
Total United States - USD		50,812,502.81	57,226,172.00
Total Partnership/Joint Venture Interests		50,812,505.81	64,379,574.00
<i>Value of Interest in Common/Collective Trusts</i>			
Global Region - USD			
CF AXIOM EMERGING MARKETS TRUST CL 2 CUSIP: 1AP999C83	3,447,474.720	35,316,122.99	37,680,898.69
Total Global Region - USD		35,316,122.99	37,680,898.69
International Region - USD			
CF FIAM SELECT INTL SC COMMINGLED POOL CUSIP: 6W1999G50	446,735.950	28,072,553.57	36,752,966.61
Total International Region - USD		28,072,553.57	36,752,966.61
United States - USD			
CF BLACKROCK LONG DURATION CORP CR SCREENED FD CUSIP: 336992052	14,157,899.460	215,326,377.46	254,385,116.65
CF BLACKROCK MONEY MARKET FD CUSIP: 066459CF3	3,943.920	3,943.92	3,943.92
CF LOOMIS SAYLES CR AST TR CL B FD CUSIP: 1597536V9	2,390,679.280	59,156,170.55	68,755,936.09
CF SSGA LONG US TREASURY INDX NL FND CM1NNON WS CUSIP: 00999LM11	4,219,336.360	96,365,398.83	89,576,510.92
CF SSGA RUSSELL 1000 R VALUE INDX NL FUND CM82NON WS CUSIP: 00999NR12	424,589.620	53,242,755.06	66,384,587.09
CF SSGA RUSSELL 3000 R INDEX NL CMV1 FD WS CUSIP: 00999NR20	2,955,805.050	89,750,921.50	187,205,912.84
MFO COLUMBIA TRUST EMERGING MARKETS EQUITY FUND FOUNDERS CLASS CUSIP: 03078M755	4,342,205.720	47,500,000.00	34,260,003.13
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	7,332,802.100	7,332,802.10	7,332,802.10

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5500 Supplemental Schedules

30 JUN 24

Wellspring Health Pension Trust
 EIN: 47-4277762 PN: 001
 Schedule H, Line 4i - Schedule of Assets
 (Held at End of Year)
 June 30, 2024

Account number WELPEN
 Account Name WELLSPAN PENSION ACCOUNTS

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
United States - USD			
THE SILCHESTER INTERNATIONAL INVESTORS INTERNATIONAL VALUE EQUITY GROUP TRUST CUSIP: 998319495	241,696.720	30,081,289.28	45,239,211.84
Total United States - USD		598,759,658.70	753,144,024.58
Total Value of Interest in Common/Collective Trusts		662,148,335.26	827,577,889.88
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFO ARTISAN FDS INC INTL FD INSTL SHS CUSIP: 04314H402	1,560,408.920	41,536,466.83	45,548,336.37
Total International Region - USD		41,536,466.83	45,548,336.37
United States - USD			
MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS CUSIP: 057071854	7,589,215.110	80,268,739.72	73,311,817.96
MFO BLACKROCK STRATEGIC INCOME OPPORTUNITIES CUSIP: 09260B382	197,655.530	1,970,443.56	1,850,055.76
Total United States - USD		82,239,183.28	75,161,873.72
Total Value of Interest in Registered Investment Com		123,775,650.11	120,710,210.09
<i>Other</i>			
United States - USD			
#REORG SITE REVERSE SPLIT SITE 2Z1QAK4 08-19-2024 CUSIP: 82981J109	11,830.000	157,029.66	171,535.00
AGNC INVT CORP COM CUSIP: 00123Q104	21,985.000	187,763.30	209,736.90
ALEXANDER & BALDWIN INC CUSIP: 014491104	6,516.000	114,822.59	110,511.36
BROADSTONE NET LEASE INC COM USD0.00025 CUSIP: 11135E203	7,582.000	119,831.55	120,326.34
CARETRUST REIT INC COM CUSIP: 14174T107	5,505.000	112,142.65	138,175.50

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5500 Supplemental Schedules

30 JUN 24

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 Schedule H, Line 4i - Schedule of Assets
 (Held at End of Year)
 June 30, 2024

Account number WELPEN
 Account Name WELLSPAN PENSION ACCOUNTS

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
CF BLACKROCK U.S. STRIPS 20+ YR BOND INDEX RSL FUND CUSIP: 14399VD16	7,661,378.340	163,850,914.43	134,403,169.49
DIAMONDROCK HOSPITALITY CO COM STK CUSIP: 252784301	17,609.000	151,101.59	148,796.05
DYNEX CAPITAL INC COM CUSIP: 26817Q886	13,678.000	179,783.91	163,315.32
EASTERLY GOVERNMENT PROPRTI COMMON STOCK CUSIP: 27616P103	12,832.000	224,446.66	158,731.84
ESSENTIAL PROPERTIES REALTY TR INC USD0.01 CUSIP: 29670E107	6,465.000	131,360.49	179,145.15
GIC PRUDENTIAL INS CO CONTRACT #015247 RATE 2.85% MAT 00/00/0000 CUSIP: 999501ZB8	3,369,634.960	3,369,634.96	3,369,634.96
LXP INDUSTRIAL TRUST COM USD0.0001 CUSIP: 529043101	20,505.000	210,362.79	187,005.60
SABRA HEALTH CARE REIT INC COM CUSIP: 78573L106	10,997.000	174,264.94	169,353.80
STAG INDL INC COM CUSIP: 85254J102	3,278.000	98,985.21	118,204.68
SUMMIT HOTEL PROPERTIES INC COM CUSIP: 866082100	17,539.000	168,057.55	105,058.61
VERIS RESIDENTIAL INC COM STK USD0.01 CUSIP: 554489104	8,592.000	157,827.34	128,880.00
Total United States - USD		169,408,329.62	139,881,580.60
Total Other		169,408,329.62	139,881,580.60
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-1,298,862.66	-1,298,862.66
Total - all currencies		-1,298,862.66	-1,298,862.66
Total Other Liabilities		-1,298,862.66	-1,298,862.66
Total		1,037,815,439.51	1,187,340,747.02

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