

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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: EXCELA HEALTH PENSION MASTER TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: EXCELA HEALTH PENSION MASTER TRUST, 532 W PITTSBURGH STREET, GREENSBURG, PA 15601
2b Employer Identification Number (EIN): 82-6228492
2c Plan Sponsor's telephone number: 724-832-4029
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature. 2. Signature of plan administrator, Date, Enter name of individual signing as plan administrator. 3. Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. 4. Filed with authorized/valid electronic signature, 10/08/2025, PAUL SCHERRAH. 5. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (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	<b>9b</b> 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)

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>EXCELA HEALTH PENSION MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXCELA HEALTH PENSION MASTER TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>82-6228492</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI CORE PROPERTY COLLECTIVE TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>27-3224429-045</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11905546</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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**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):

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**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):

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**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:

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

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

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**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.)

<b>a</b> Plan name	DEFINED BENEFIT PENSION PLAN FOR THE EMPLOYEES OF EXCELA HEALTH	
<b>b</b> Name of plan sponsor	EXCELA HEALTH	<b>c</b> EIN-PN 25-1471089-001

<b>a</b> Plan name	EXCELA HEALTH PENSION PLAN	
<b>b</b> Name of plan sponsor	EXCELA HEALTH	<b>c</b> EIN-PN 25-1471089-004

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

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<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>EXCELA HEALTH PENSION MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EXCELA HEALTH PENSION MASTER TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>82-6228492</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 1517	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 172538	234050
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 15241323	11905546
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 126788511	130398425
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

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	142203889	142538021
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	142203889	142538021

**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
<b>a Contributions:</b>			
(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)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2453	
(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)		2453
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4165937	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		4165937
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	16426976	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16566297	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-139321
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-689304	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-689304

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		8617030
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11956795

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		11956795
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		7050975
(2) From this plan .....	<b>2l(2)</b>		18673638

**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:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

## Excelsa Health Pension Master Trust

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

EIN: 82-6228492 Plan Number: 001

December 31, 2024

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	<b>Mutual Funds</b>			
*	SEI Private Trust Company	SEI Dynamic Asset Alloc Fund lpr	13,222,016	12,716,305
*	SEI Private Trust Company	SEI Emerging Markets EQ-A lpr	2,961,016	2,762,210
*	SEI Private Trust Company	SEI Extended Market Index lpr	5,806,954	6,243,121
*	SEI Private Trust Company	SEI S&P 500 lpr	23,904,799	26,691,859
*	SEI Private Trust Company	SEI Small/Mid Cap Equity Fund lpr	6,753,912	6,142,431
*	SEI Private Trust Company	SEI World Equity EX-US Fund lpr	23,123,345	23,401,554
*	SEI Private Trust Company	SEI High Yield Bond Fund lpr	4,965,219	4,276,070
*	SEI Private Trust Company	SEI Long Duration Fund lpr	61,751,822	48,164,875
	<b>Common Collective Trust</b>			
*	SEI Private Trust Company	SEI Core Property Collective Inv Tr lpr	5,007,386	11,905,546
			<u>\$ 147,496,469</u>	<u>\$ 142,303,971</u>

\* A party in interest as defined by ERISA

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) M  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ..... ▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>EXCELA HEALTH PENSION MASTER TRUST</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>EXCELA HEALTH PENSION MASTER TRUST</b>  <b>532 W PITTSBURGH STREET</b>  <b>GREENSBURG PA 15601</b>	<b>1c</b> Effective date of plan <b>01/01/2017</b>  <b>2b</b> Employer Identification Number (EIN) <b>82-6228492</b>  <b>2c</b> Plan Sponsor's telephone number <b>724-832-4029</b>  <b>2d</b> Business code (see instructions) <b>622000</b>

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

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

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<i>Paul Scherrah</i>	10/8/2025	<b>PAUL SCHERRAH</b>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)  
v. 240311**

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

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

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
--	----------

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (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	<b>9b</b> 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
--	--

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

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

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15843-MASTER

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
EXCELA HEALTH MASTER TRUST  
EIN: 82-6228492 PLAN NO. 001

PAGE 227

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE			142,031,349.70			
COMPARATIVE VALUE (5%)			7,101,567.48			

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ISSUE: 783980790 - SEI LONG DURATION FUND (LDRA)						
15843-PEN 08/16/24 B	1,569,845	6.210		0	9,748,740-*	9,748,740
GRAND TOTAL				0	9,748,740	9,748,740
						0

# SEI Private Trust Company

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1/1/24 THROUGH 12/31/24  
EXCELA HEALTH MASTER TRUST  
EIN: 82-6228492 PLAN NO. 001

PAGE 228

DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS SECTION \*\*\*

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
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REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
EXCELA HEALTH MASTER TRUST  
EIN: 82-6228492 PLAN NO. 001

PAGE 229

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE						
ISSUE: 783980626 - SEI S&P 500 IDX-A (SPINX)						
15843-PEN	04/08/24 R	4,655	21.900	0	101,941-	101,941
15843-PEN	07/10/24 R	3,652	23.470	0	85,705-	85,705
15843-PEN	10/08/24 R	3,047	23.970	0	73,031-	73,031
15843-PEN	12/19/24 R	223,005	19.930	0	4,444,496-	4,444,496
15843-PEN	12/31/24 R	4,769	19.970	0	95,245-	95,245
15843-PEN2	04/08/24 R	918	21.900	0	20,112-	20,112
15843-PEN2	07/10/24 R	730	23.470	0	17,122-	17,122
15843-PEN2	10/08/24 R	622	23.970	0	14,913-	14,913
15843-PEN2	12/19/24 R	44,403	19.930	0	884,956-	884,956
15843-PEN2	12/31/24 R	948	19.970	0	18,929-	18,929
SUB-TOTAL OF REINVS # 10				0	5,756,450	5,756,450
15843-PEN	02/15/24 B	211	21.080	0	4,458-	4,458
15843-PEN	03/21/24 B	61	22.060	0	1,353-	1,353
15843-PEN	04/12/24 B	52	21.880	0	1,144-	1,144
15843-PEN	05/08/24 B	7,971	21.850	0	174,163-	174,163
15843-PEN	06/26/24 B	6	23.080	0	129-	129
15843-PEN	08/07/24 B	6,393	22.070	0	141,094-	141,094
15843-PEN	09/16/24 B	13,189	23.740	0	313,108-	313,108
15843-PEN	09/25/24 B	23	24.190	0	546-	546
15843-PEN	11/07/24 B	1,373	24.970	0	34,280-	34,280
15843-PEN	12/11/24 B	41	25.460	0	1,051-	1,051
15843-PEN2	01/16/24 B	631	20.150	0	12,724-	12,724
15843-PEN2	01/19/24 B	113	20.140	0	2,276-	2,276
15843-PEN2	02/15/24 B	6	21.080	0	125-	125
15843-PEN2	04/17/24 B	665	21.260	0	14,137-	14,137
15843-PEN2	05/08/24 B	2,192	21.850	0	47,894-	47,894
15843-PEN2	06/26/24 B	1	23.080	0	33-	33
15843-PEN2	07/16/24 B	264	23.700	0	6,267-	6,267
15843-PEN2	08/07/24 B	1,298	22.070	0	28,650-	28,650
15843-PEN2	09/16/24 B	5,652	23.740	0	134,186-	134,186
15843-PEN2	09/25/24 B	95	24.190	0	2,303-	2,303
15843-PEN2	11/07/24 B	2,285	24.970	0	57,055-	57,055
SUB-TOTAL OF BUYS # 21				0	976,976	976,976
15843-PEN	01/02/24 S	955	20.080	0	19,168	16,228
						2,939

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15843-MASTER

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
EXCELA HEALTH MASTER TRUST  
EIN: 82-6228492 PLAN NO. 001

PAGE 230

DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----	
15843-PEN 01/22/24 S	2,655		20.390	0	54,130	45,132	8,998
15843-PEN 01/30/24 S	21,610		20.760	0	448,622	367,383	81,240
15843-PEN 01/31/24 S	85		20.750	0	1,753	1,437	317
15843-PEN 02/01/24 S	7,903		20.420	0	161,386	134,362	27,024
15843-PEN 02/06/24 S	2,842		20.830	0	59,189	48,308	10,881
15843-PEN 02/20/24 S	4,581		21.110	0	96,702	77,881	18,821
15843-PEN 02/20/24 S	44		21.110	0	936	754	182
15843-PEN 02/27/24 S	2,275		21.380	0	48,641	38,679	9,962
15843-PEN 02/28/24 S	15,688		21.420	0	336,027	266,709	69,318
15843-PEN 03/01/24 S	2,231		21.500	0	47,968	37,931	10,037
15843-PEN 03/15/24 S	209		21.750	0	4,542	3,551	992
15843-PEN 03/28/24 S	14,222		22.170	0	315,301	241,796	73,504
15843-PEN 04/17/24 S	305		21.260	0	6,481	5,189	1,292
15843-PEN 04/29/24 S	11,598		21.470	0	249,012	197,417	51,595
15843-PEN 05/01/24 S	5,230		21.200	0	110,875	89,021	21,854
15843-PEN 05/16/24 S	27		22.370	0	613	467	146
15843-PEN 05/30/24 S	15,566		22.200	0	345,572	265,480	80,092
15843-PEN 06/03/24 S	1,977		22.250	0	43,979	33,711	10,269
15843-PEN 06/18/24 S	1,185		23.100	0	27,364	20,203	7,161
15843-PEN 06/20/24 S	365		23.160	0	8,457	6,227	2,229
15843-PEN 06/27/24 S	16,202		23.120	0	374,596	276,326	98,269
15843-PEN 07/01/24 S	4,144		23.050	0	95,524	70,679	24,845
15843-PEN 07/16/24 S	55		23.700	0	1,308	943	366
15843-PEN 07/30/24 S	1,304		23.000	0	30,000	22,273	7,727
15843-PEN 08/01/24 S	3,329		23.250	0	77,405	56,850	20,556
15843-PEN 08/15/24 S	72		22.980	0	1,655	1,232	423
15843-PEN 08/16/24 S	149,495		23.360	0	3,492,208	2,557,009	935,200
15843-PEN 08/26/24 S	2,440		23.750	0	57,947	41,732	16,215
15843-PEN 08/29/24 S	9,441		23.570	0	222,514	161,474	61,040
15843-PEN 09/27/24 S	725		24.250	0	17,570	12,458	5,112
15843-PEN 09/27/24 S	8,354		24.250	0	202,581	143,641	58,941
15843-PEN 10/01/24 S	346		24.320	0	8,405	5,943	2,463
15843-PEN 10/10/24 S	112		24.380	0	2,735	1,931	804
15843-PEN 10/18/24 S	152		24.590	0	3,730	2,611	1,119
15843-PEN 10/22/24 S	17,218		24.650	0	424,419	296,420	127,999
15843-PEN 10/29/24 S	1,285		24.520	0	31,514	22,127	9,388
15843-PEN 10/30/24 S	12,852		24.560	0	315,653	221,264	94,389
15843-PEN 11/01/24 S	3,663		24.020	0	87,989	63,064	24,924
15843-PEN 11/05/24 S	836		24.060	0	20,102	14,384	5,718
15843-PEN 11/18/24 S	441		24.740	0	10,917	7,602	3,315
15843-PEN 11/27/24 S	122		25.380	0	3,101	2,105	996
15843-PEN 11/27/24 S	11,022		25.380	0	279,726	189,871	89,855
15843-PEN 12/18/24 S	2,094		25.530	0	53,455	36,071	17,383
15843-PEN 12/23/24 S	366		20.130	0	7,358	6,491	868
15843-PEN 12/30/24 S	24,226		20.270	0	491,071	430,175	60,896

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15843-MASTER

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
EXCELA HEALTH MASTER TRUST  
EIN: 82-6228492 PLAN NO. 001

PAGE 231

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
15843-PEN2	01/02/24 S	316	20.080	0	6,347	5,396	951
15843-PEN2	01/30/24 S	4,242	20.760	0	88,064	72,454	15,611
15843-PEN2	01/31/24 S	86	20.750	0	1,785	1,469	316
15843-PEN2	02/06/24 S	543	20.830	0	11,311	9,274	2,036
15843-PEN2	02/20/24 S	36	21.110	0	758	613	145
15843-PEN2	02/28/24 S	3,616	21.420	0	77,462	61,767	15,695
15843-PEN2	03/01/24 S	1,067	21.500	0	22,941	18,225	4,716
15843-PEN2	03/15/24 S	255	21.750	0	5,543	4,353	1,190
15843-PEN2	03/28/24 S	3,107	22.170	0	68,878	53,064	15,813
15843-PEN2	04/01/24 S	741	22.190	0	16,437	12,652	3,785
15843-PEN2	04/17/24 S	97	21.260	0	2,059	1,657	402
15843-PEN2	04/29/24 S	2,025	21.470	0	43,481	34,654	8,827
15843-PEN2	05/01/24 S	345	21.200	0	7,313	5,903	1,410
15843-PEN2	05/16/24 S	18	22.370	0	396	304	92
15843-PEN2	05/30/24 S	3,293	22.200	0	73,111	56,502	16,609
15843-PEN2	06/20/24 S	234	23.160	0	5,426	4,020	1,407
15843-PEN2	06/27/24 S	3,402	23.120	0	78,645	58,360	20,285
15843-PEN2	07/01/24 S	250	23.050	0	5,763	4,289	1,473
15843-PEN2	07/11/24 S	1,742	23.710	0	41,295	29,917	11,378
15843-PEN2	07/16/24 S	15	23.700	0	358	260	98
15843-PEN2	08/15/24 S	49	22.980	0	1,127	844	283
15843-PEN2	08/16/24 S	28,540	23.360	0	666,704	491,278	175,426
15843-PEN2	08/29/24 S	1,927	23.570	0	45,419	33,170	12,249
15843-PEN2	09/03/24 S	216	23.820	0	5,144	3,717	1,427
15843-PEN2	09/27/24 S	1,730	24.250	0	41,959	30,112	11,847
15843-PEN2	10/10/24 S	147	24.380	0	3,575	2,555	1,020
15843-PEN2	10/18/24 S	116	24.590	0	2,853	2,022	832
15843-PEN2	10/22/24 S	7,392	24.650	0	182,223	128,803	53,420
15843-PEN2	10/30/24 S	2,588	24.560	0	63,550	45,084	18,466
15843-PEN2	11/01/24 S	4,038	24.020	0	96,986	70,351	26,634
15843-PEN2	11/18/24 S	49	24.740	0	1,205	853	352
15843-PEN2	11/27/24 S	76	25.380	0	1,922	1,327	596
15843-PEN2	11/27/24 S	2,420	25.380	0	61,413	42,386	19,027
15843-PEN2	12/23/24 S	165	20.130	0	3,323	2,969	353
15843-PEN2	12/30/24 S	5,143	20.270	0	104,244	92,513	11,731
SUB-TOTAL OF SALES # 81				0	10,539,221	7,925,659	2,613,562
SUB-TOTAL				0	17,272,647	14,659,085	2,613,562
ISSUE: 783980683 - SEI DYNAMIC ASSET ALLOC FUND (SDLAX)							
15843-PEN	12/19/24 R	136,962	18.370	0	2,515,989-	2,515,989	
15843-PEN	12/31/24 R	12,404	18.180	0	225,501-	225,501	

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
15843-PEN2 12/19/24 R	27,280	18.370	0	501,141-	501,141	
15843-PEN2 12/31/24 R	2,465	18.180	0	44,815-	44,815	
SUB-TOTAL OF REINVS # 4				0	3,287,446	3,287,446
15843-PEN 01/16/24 B	728	19.270	0	14,031-	14,031	
15843-PEN 05/08/24 B	3,588	20.990	0	75,306-	75,306	
15843-PEN 08/07/24 B	5,785	20.940	0	121,136-	121,136	
15843-PEN 09/16/24 B	8,879	22.450	0	199,334-	199,334	
15843-PEN 11/07/24 B	1,555	24.170	0	37,574-	37,574	
15843-PEN2 01/16/24 B	999	19.270	0	19,257-	19,257	
15843-PEN2 05/08/24 B	1,053	20.990	0	22,099-	22,099	
15843-PEN2 07/16/24 B	153	22.910	0	3,495-	3,495	
15843-PEN2 08/07/24 B	1,087	20.940	0	22,756-	22,756	
15843-PEN2 09/16/24 B	3,306	22.450	0	74,229-	74,229	
15843-PEN2 11/07/24 B	1,396	24.170	0	33,746-	33,746	
SUB-TOTAL OF BUYS # 11				0	622,963	622,963
15843-PEN 01/22/24 S	1,018	19.470	0	19,821	19,143	678
15843-PEN 01/30/24 S	9,709	19.870	0	192,922	182,570	10,352
15843-PEN 01/31/24 S	38	19.860	0	749	709	40
15843-PEN 02/01/24 S	3,538	19.540	0	69,141	66,536	2,605
15843-PEN 02/06/24 S	718	19.840	0	14,236	13,493	744
15843-PEN 02/20/24 S	1,746	20.100	0	35,087	32,824	2,263
15843-PEN 02/20/24 S	17	20.100	0	340	318	22
15843-PEN 02/27/24 S	767	20.320	0	15,580	14,417	1,163
15843-PEN 02/28/24 S	6,068	20.380	0	123,663	114,098	9,564
15843-PEN 03/01/24 S	917	20.440	0	18,752	17,251	1,501
15843-PEN 03/15/24 S	97	20.710	0	2,012	1,827	185
15843-PEN 03/28/24 S	7,280	21.140	0	153,907	136,899	17,008
15843-PEN 04/17/24 S	270	20.490	0	5,522	5,068	454
15843-PEN 04/29/24 S	7,595	20.650	0	156,830	142,809	14,021
15843-PEN 05/01/24 S	2,667	20.370	0	54,327	50,150	4,177
15843-PEN 05/16/24 S	11	21.510	0	227	199	28
15843-PEN 05/30/24 S	7,365	21.390	0	157,530	138,590	18,941
15843-PEN 06/03/24 S	1,203	21.430	0	25,781	22,639	3,142
15843-PEN 06/18/24 S	418	22.130	0	9,248	7,864	1,384
15843-PEN 06/20/24 S	142	22.170	0	3,159	2,681	478
15843-PEN 06/27/24 S	6,592	22.190	0	146,286	124,058	22,228
15843-PEN 07/01/24 S	1,961	22.170	0	43,485	36,910	6,574
15843-PEN 07/16/24 S	36	22.910	0	814	668	145
15843-PEN 07/30/24 S	1,455	22.190	0	32,287	27,381	4,906
15843-PEN 08/01/24 S	990	22.440	0	22,224	18,637	3,587
15843-PEN 08/15/24 S	23	21.760	0	494	428	66

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS	
15843-PEN	08/16/24	S	45,753	22.220	0	1,016,635	862,049	154,586
15843-PEN	08/26/24	S	1,368	22.570	0	30,867	25,768	5,099
15843-PEN	08/29/24	S	6,225	22.450	0	139,746	117,282	22,463
15843-PEN	09/27/24	S	573	23.010	0	13,177	10,828	2,350
15843-PEN	09/27/24	S	5,447	23.010	0	125,328	102,981	22,347
15843-PEN	10/01/24	S	211	23.140	0	4,883	3,990	893
15843-PEN	10/10/24	S	84	23.440	0	1,979	1,597	383
15843-PEN	10/18/24	S	116	23.730	0	2,764	2,202	562
15843-PEN	10/22/24	S	11,743	23.820	0	279,716	222,025	57,691
15843-PEN	10/29/24	S	794	23.620	0	18,759	15,016	3,743
15843-PEN	10/30/24	S	7,275	23.670	0	172,198	137,549	34,649
15843-PEN	11/01/24	S	1,955	23.090	0	45,136	36,959	8,177
15843-PEN	11/05/24	S	532	23.130	0	12,294	10,050	2,245
15843-PEN	11/18/24	S	281	23.950	0	6,725	5,314	1,411
15843-PEN	11/27/24	S	78	24.570	0	1,924	1,482	442
15843-PEN	11/27/24	S	6,616	24.570	0	162,550	125,204	37,346
15843-PEN	12/18/24	S	1,225	24.670	0	30,212	23,176	7,036
15843-PEN	12/23/24	S	216	18.560	0	4,010	4,060	-51
15843-PEN	12/30/24	S	14,414	18.770	0	270,553	270,924	-371
15843-PEN2	01/30/24	S	2,094	19.870	0	41,614	39,954	1,660
15843-PEN2	01/31/24	S	42	19.860	0	825	793	33
15843-PEN2	02/06/24	S	171	19.840	0	3,400	3,269	131
15843-PEN2	02/20/24	S	14	20.100	0	282	268	14
15843-PEN2	02/28/24	S	1,404	20.380	0	28,609	26,780	1,829
15843-PEN2	03/01/24	S	440	20.440	0	9,001	8,401	600
15843-PEN2	03/15/24	S	117	20.710	0	2,418	2,228	191
15843-PEN2	03/28/24	S	1,568	21.140	0	33,150	29,916	3,234
15843-PEN2	04/01/24	S	351	21.150	0	7,430	6,702	728
15843-PEN2	04/17/24	S	300	20.490	0	6,147	5,723	424
15843-PEN2	04/29/24	S	1,046	20.650	0	21,592	19,947	1,644
15843-PEN2	05/01/24	S	32	20.370	0	644	604	41
15843-PEN2	05/16/24	S	7	21.510	0	148	131	17
15843-PEN2	05/30/24	S	1,559	21.390	0	33,347	29,771	3,577
15843-PEN2	06/20/24	S	93	22.170	0	2,065	1,779	286
15843-PEN2	06/27/24	S	1,409	22.190	0	31,259	26,900	4,359
15843-PEN2	07/01/24	S	120	22.170	0	2,656	2,288	368
15843-PEN2	07/11/24	S	1,083	22.930	0	24,822	20,672	4,151
15843-PEN2	07/16/24	S	7	22.910	0	163	136	27
15843-PEN2	08/15/24	S	15	21.760	0	320	281	39
15843-PEN2	08/16/24	S	8,271	22.220	0	183,789	158,151	25,638
15843-PEN2	08/29/24	S	1,268	22.450	0	28,473	24,250	4,223
15843-PEN2	09/03/24	S	148	22.680	0	3,357	2,830	527
15843-PEN2	09/27/24	S	1,119	23.010	0	25,750	21,521	4,228
15843-PEN2	10/10/24	S	111	23.440	0	2,608	2,140	468
15843-PEN2	10/18/24	S	85	23.730	0	2,006	1,625	380

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15843-PEN2 10/22/24 S	4,567		23.820	0	108,779	87,824	20,955
15843-PEN2 10/30/24 S	1,350		23.670	0	31,945	25,955	5,990
15843-PEN2 11/01/24 S	1,969		23.090	0	45,458	37,861	7,597
15843-PEN2 11/18/24 S	31		23.950	0	747	603	145
15843-PEN2 11/27/24 S	49		24.570	0	1,201	943	257
15843-PEN2 11/27/24 S	1,457		24.570	0	35,808	28,138	7,670
15843-PEN2 12/23/24 S	98		18.560	0	1,827	1,879	-52
15843-PEN2 12/30/24 S	3,071		18.770	0	57,652	58,631	-979
SUB-TOTAL OF SALES # 79				0	4,423,172	3,835,517	587,657
SUB-TOTAL				0	8,333,581	7,745,926	587,657
ISSUE: 783980774 - SEI WORLD EQUITY EX-US FUND (WEUSX)							
15843-PEN 12/19/24 R	8,796		12.560	0	110,472-	110,472	
15843-PEN 12/31/24 R	55,234		12.050	0	665,569-	665,569	
15843-PEN2 12/19/24 R	1,750		12.560	0	21,979-	21,979	
15843-PEN2 12/31/24 R	10,988		12.050	0	132,409-	132,409	
SUB-TOTAL OF REINVS # 4				0	930,429	930,429	
15843-PEN 01/16/24 B	17,835		11.590	0	206,709-	206,709	
15843-PEN 05/08/24 B	8,537		12.290	0	104,921-	104,921	
15843-PEN 07/16/24 B	22,859		12.710	0	290,541-	290,541	
15843-PEN 08/07/24 B	12,862		11.970	0	153,957-	153,957	
15843-PEN 09/16/24 B	42,616		12.880	0	548,898-	548,898	
15843-PEN 11/07/24 B	196		12.960	0	2,536-	2,536	
15843-PEN 12/19/24 B	164		12.560	0	2,055-	2,055	
15843-PEN2 01/16/24 B	5,204		11.590	0	60,317-	60,317	
15843-PEN2 04/17/24 B	2,523		11.680	0	29,465-	29,465	
15843-PEN2 05/08/24 B	2,515		12.290	0	30,906-	30,906	
15843-PEN2 07/16/24 B	5,924		12.710	0	75,299-	75,299	
15843-PEN2 08/07/24 B	1,986		11.970	0	23,774-	23,774	
15843-PEN2 09/16/24 B	13,755		12.880	0	177,169-	177,169	
15843-PEN2 11/07/24 B	424		12.960	0	5,491-	5,491	
15843-PEN2 12/19/24 B	9		12.560	0	115-	115	
SUB-TOTAL OF BUYS # 15				0	1,712,153	1,712,153	
15843-PEN 01/30/24 S	9,204		11.580	0	106,577	109,206	-2,629
15843-PEN 02/27/24 S	1,979		11.850	0	23,448	23,479	-31
15843-PEN 02/28/24 S	18,366		11.880	0	218,193	217,929	264
15843-PEN 03/01/24 S	2,812		11.820	0	33,233	33,361	-128

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15843-PEN	03/15/24 S	428	12.120	0	5,189	5,080	109
15843-PEN	03/28/24 S	18,638	12.200	0	227,382	221,150	6,233
15843-PEN	04/17/24 S	253	11.680	0	2,951	2,998	-47
15843-PEN	04/29/24 S	19,236	11.930	0	229,491	228,252	1,239
15843-PEN	05/01/24 S	12,483	11.930	0	148,927	148,123	804
15843-PEN	05/07/24 S	4,364	12.240	0	53,417	51,783	1,634
15843-PEN	05/16/24 S	199	12.590	0	2,508	2,364	144
15843-PEN	05/30/24 S	26,458	12.370	0	327,287	313,993	13,294
15843-PEN	06/03/24 S	4,059	12.450	0	50,536	48,172	2,364
15843-PEN	06/05/24 S	25	12.460	0	309	294	15
15843-PEN	08/01/24 S	6,999	12.650	0	88,536	83,132	5,404
15843-PEN	08/15/24 S	127	12.490	0	1,589	1,511	78
15843-PEN	08/16/24 S	272,347	12.600	0	3,431,571	3,235,076	196,495
15843-PEN	08/26/24 S	7,028	12.990	0	91,293	83,481	7,811
15843-PEN	08/29/24 S	22,418	12.990	0	291,208	266,291	24,917
15843-PEN	09/27/24 S	2,788	13.410	0	37,380	33,185	4,195
15843-PEN	09/27/24 S	23,288	13.410	0	312,294	277,246	35,048
15843-PEN	10/01/24 S	7,554	13.430	0	101,448	89,929	11,519
15843-PEN	10/10/24 S	100	13.190	0	1,320	1,191	129
15843-PEN	10/22/24 S	8,715	13.160	0	114,693	103,755	10,937
15843-PEN	10/29/24 S	712	13.100	0	9,323	8,473	850
15843-PEN	10/30/24 S	12,342	13.040	0	160,940	146,932	14,008
15843-PEN	11/01/24 S	451	12.820	0	5,786	5,373	413
15843-PEN	11/05/24 S	1,464	12.990	0	19,013	17,425	1,588
15843-PEN2	01/30/24 S	2,050	11.580	0	23,739	24,597	-858
15843-PEN2	02/28/24 S	2,742	11.880	0	32,578	32,903	-325
15843-PEN2	03/01/24 S	972	11.820	0	11,492	11,665	-174
15843-PEN2	03/15/24 S	399	12.120	0	4,838	4,790	48
15843-PEN2	03/28/24 S	3,502	12.200	0	42,729	42,023	706
15843-PEN2	04/01/24 S	559	12.210	0	6,827	6,709	118
15843-PEN2	04/17/24 S	132	11.680	0	1,539	1,581	-42
15843-PEN2	04/29/24 S	4,657	11.930	0	55,555	55,864	-309
15843-PEN2	05/01/24 S	1,892	11.930	0	22,568	22,694	-126
15843-PEN2	05/07/24 S	182	12.240	0	2,225	2,181	44
15843-PEN2	05/16/24 S	126	12.590	0	1,589	1,515	75
15843-PEN2	05/30/24 S	5,543	12.370	0	68,570	66,510	2,060
15843-PEN2	07/16/24 S	26	12.710	0	326	308	18
15843-PEN2	07/30/24 S	288	12.490	0	3,602	3,463	139
15843-PEN2	08/15/24 S	90	12.490	0	1,129	1,086	43
15843-PEN2	08/16/24 S	54,618	12.600	0	688,192	655,939	32,253
15843-PEN2	08/29/24 S	4,688	12.990	0	60,896	56,299	4,597
15843-PEN2	09/03/24 S	780	13.020	0	10,158	9,370	788
15843-PEN2	09/27/24 S	4,847	13.410	0	64,992	58,381	6,611
15843-PEN2	10/10/24 S	197	13.190	0	2,597	2,371	225
15843-PEN2	10/22/24 S	7,791	13.160	0	102,528	93,849	8,679

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15843-PEN2	10/30/24 S	3,184	13.040	0	41,525	38,359
15843-PEN2	11/01/24 S	3,024	12.820	0	38,773	36,432
15843-PEN2	11/05/24 S	687	12.990	0	8,919	8,271
SUB-TOTAL OF SALES # 52				0	7,393,728	6,996,344
SUB-TOTAL				0	10,036,310	9,638,926
ISSUE: 783980790 - SEI LONG DURATION FUND (LDRAX)						
15843-PEN	01/02/24 R	18,380	6.270	0	115,243-	115,243
15843-PEN	02/01/24 R	17,758	6.190	0	109,922-	109,922
15843-PEN	03/01/24 R	17,549	6.000	0	105,293-	105,293
15843-PEN	04/01/24 R	21,075	6.070	0	127,928-	127,928
15843-PEN	05/01/24 R	20,031	5.730	0	114,780-	114,780
15843-PEN	06/03/24 R	21,284	5.870	0	124,939-	124,939
15843-PEN	07/01/24 R	20,632	5.920	0	122,142-	122,142
15843-PEN	08/01/24 R	20,437	6.090	0	124,459-	124,459
15843-PEN	09/03/24 R	23,184	6.190	0	143,509-	143,509
15843-PEN	10/01/24 R	25,093	6.310	0	158,336-	158,336
15843-PEN	11/01/24 R	27,541	6.010	0	165,522-	165,522
15843-PEN	12/02/24 R	27,210	6.110	0	166,255-	166,255
15843-PEN2	01/02/24 R	3,636	6.270	0	22,798-	22,798
15843-PEN2	02/01/24 R	3,491	6.190	0	21,607-	21,607
15843-PEN2	03/01/24 R	3,460	6.000	0	20,762-	20,762
15843-PEN2	04/01/24 R	4,156	6.070	0	25,225-	25,225
15843-PEN2	05/01/24 R	3,996	5.730	0	22,899-	22,899
15843-PEN2	06/03/24 R	4,252	5.870	0	24,961-	24,961
15843-PEN2	07/01/24 R	4,112	5.920	0	24,341-	24,341
15843-PEN2	08/01/24 R	4,083	6.090	0	24,863-	24,863
15843-PEN2	09/03/24 R	4,665	6.190	0	28,877-	28,877
15843-PEN2	10/01/24 R	5,072	6.310	0	32,007-	32,007
15843-PEN2	11/01/24 R	5,591	6.010	0	33,603-	33,603
15843-PEN2	12/02/24 R	5,442	6.110	0	33,248-	33,248
SUB-TOTAL OF REINVS # 24				0	1,893,519	1,893,519
15843-PEN	01/16/24 B	22,763	6.190	0	140,901-	140,901
15843-PEN	04/17/24 B	182,518	5.730	0	1,045,827-	1,045,827
15843-PEN	05/08/24 B	83,907	5.890	0	494,213-	494,213
15843-PEN	07/16/24 B	66,787	6.020	0	402,061-	402,061
15843-PEN	08/16/24 B	1,569,845	6.210	0	9,748,740-*	9,748,740
15843-PEN	09/16/24 B	35,045	6.390	0	223,936-	223,936
15843-PEN	10/09/24 B	209	6.180	0	1,289-	1,289

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15843-MASTER

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
EXCELA HEALTH MASTER TRUST  
EIN: 82-6228492 PLAN NO. 001

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
15843-PEN	10/16/24 B	119,663	6.190	0	740,714-	740,714	
15843-PEN	11/07/24 B	92,192	5.930	0	546,701-	546,701	
15843-PEN2	01/16/24 B	10,439	6.190	0	64,614-	64,614	
15843-PEN2	04/17/24 B	60,190	5.730	0	344,887-	344,887	
15843-PEN2	05/08/24 B	5,289	5.890	0	31,153-	31,153	
15843-PEN2	07/16/24 B	17,260	6.020	0	103,906-	103,906	
15843-PEN2	08/16/24 B	306,696	6.210	0	1,904,581-	1,904,581	
15843-PEN2	09/16/24 B	33,198	6.390	0	212,135-	212,135	
15843-PEN2	10/09/24 B	51	6.180	0	315-	315	
15843-PEN2	10/16/24 B	12,818	6.190	0	79,344-	79,344	
15843-PEN2	10/30/24 B	52	6.000	0	312-	312	
15843-PEN2	12/11/24 B	169	6.090	0	1,030-	1,030	
SUB-TOTAL OF BUYS # 19				0	16,086,659	16,086,659	
15843-PEN	01/02/24 S	14,528	6.270	0	91,089	117,984	-26,896
15843-PEN	06/05/24 S	814	6.000	0	4,884	6,465	-1,581
15843-PEN	06/18/24 S	6,388	6.020	0	38,457	50,737	-12,279
15843-PEN	06/20/24 S	798	6.070	0	4,841	6,334	-1,493
15843-PEN	06/27/24 S	56,207	5.980	0	336,119	446,404	-110,285
15843-PEN	07/01/24 S	5,185	5.920	0	30,694	41,178	-10,484
15843-PEN	07/29/24 S	937	6.000	0	5,623	7,412	-1,789
15843-PEN	07/30/24 S	43,208	6.020	0	260,111	341,724	-81,612
15843-PEN	08/01/24 S	64,180	6.090	0	390,858	507,591	-116,733
15843-PEN	08/06/24 S	12,481	6.230	0	77,756	98,616	-20,861
15843-PEN	08/08/24 S	4,838	6.110	0	29,562	38,230	-8,667
15843-PEN2	01/02/24 S	4,752	6.270	0	29,795	39,052	-9,256
15843-PEN2	05/01/24 S	697	5.730	0	3,994	5,588	-1,594
15843-PEN2	05/07/24 S	2,087	5.870	0	12,249	16,710	-4,461
15843-PEN2	06/20/24 S	513	6.070	0	3,116	4,100	-984
15843-PEN2	06/27/24 S	11,856	5.980	0	70,901	94,706	-23,805
15843-PEN2	07/01/24 S	261	5.920	0	1,547	2,087	-540
15843-PEN2	07/16/24 S	70	6.020	0	423	559	-135
15843-PEN2	07/29/24 S	1,229	6.000	0	7,377	9,769	-2,393
15843-PEN2	07/30/24 S	11,393	6.020	0	68,587	90,533	-21,946
15843-PEN2	08/06/24 S	2,390	6.230	0	14,892	18,976	-4,085
15843-PEN2	09/11/24 S	4,095	6.390	0	26,166	30,842	-4,676
15843-PEN2	11/05/24 S	398	6.010	0	2,393	2,979	-586
SUB-TOTAL OF SALES # 23				0	1,511,434	1,978,576	-467,141
SUB-TOTAL				0	19,491,612	19,958,754	-467,141

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DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----	
	GRAND TOTAL			0	55,134,150	52,002,691	3,131,462

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DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS SECTION \*\*\*