

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

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 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: IOWA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST
1b Three-digit plan number (PN): 101
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): IOWA HEALTH SYSTEM
2b Employer Identification Number (EIN): 42-1435199
2c Plan Sponsor's telephone number: 515-241-6167
2d Business code (see instructions)

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.

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 checked="" 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 checked="" 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 <u>  0  </u> (4) <input checked="" 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 0

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

<b>A</b> Name of plan <b>IOWA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>101</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IOWA HEALTH SYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>42-1435199</b>	

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

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

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

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

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

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

**SEI PRIVATE TRUST COMPANY**

**23-1707341**

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

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

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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)

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23-1707341

(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?
13 50 64	NONE	287179	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"/>

(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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>IOWA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>101</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>IOWA HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>42-1435199</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 STRUCTURE CREDIT COLL FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>75-3251893-024</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>25602</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI CORE PROPERTY COLL INV TR</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>633953</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)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

<b>a</b> Plan name	AHS RETIREMENT INCOME PLAN	
<b>b</b> Name of plan sponsor	ALLEN HEALTH SYSTEMS INC	<b>c</b> EIN-PN 42-1201924-001

<b>a</b> Plan name	SLMH RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ST. LUKE'S METHODIST HOSPITAL	<b>c</b> EIN-PN 42-0504780-001

<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

<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

<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>IOWA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>101</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IOWA HEALTH SYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>42-1435199</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<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>	383308
		72011
<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>	18466956
		2121424
<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>	1590381
<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>	117093209
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	659555
<b>(15)</b> Other .....	<b>1c(15)</b>	19582015

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	137533854	22435005
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	137533854	22435005

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	509302	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		509302
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3852809	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3852809
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	361770056	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	361937875	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-167819
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-135558	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-135558

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		20242112
(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>		-305609
<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>		23995237

**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>		0
<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>	273392	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	13787	
(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>		287179
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		287179

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		23708058
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		199909176
(2) From this plan .....	<b>2l(2)</b>		338716083

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

# SEI Private Trust Company

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

ACCOUNT NUMBER  
17182-C

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
UNITYPOINT CONSOLIDATED PENSION ACCT

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			137,150,546.10			
COMPARATIVE VALUE (5%)			6,857,527.30			
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 07/29/24 B	7,322,221	1.000	0	7,322,221-*	7,322,221	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 07/29/24 B	18,066,762	1.000	0	18,066,762-*	18,066,762	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 07/29/24 S	7,323,832	1.000	0	7,323,832 *	7,323,832	0
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 10/24/24 B	93,960,615	1.000	0	93,960,615-*	93,960,615	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 10/28/24 S	83,260,000	1.000	0	83,260,000 *	83,260,000	0
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 11/29/24 B	20,257,077	1.000	0	20,257,077-*	20,257,077	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 11/29/24 S	20,257,077	1.000	0	20,257,077 *	20,257,077	0
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182-STLUKE 12/02/24 S	24,422,244	1.000	0	24,422,244 *	24,422,244	0
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182STLKLDI 07/29/24 B	10,742,930	1.000	0	10,742,930-*	10,742,930	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182STLKLDI 07/29/24 S	10,742,930	1.000	0	10,742,930 *	10,742,930	0
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182STLKLDI 10/24/24 B	93,960,615	1.000	0	93,960,615-*	93,960,615	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182STLKLDI 10/24/24 S	93,960,615	1.000	0	93,960,615 *	93,960,615	0
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182STLKLDI 10/28/24 B	83,260,000	1.000	0	83,260,000-*	83,260,000	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
17182STLKLDI 10/30/24 S	83,260,000	1.000	0	83,260,000 *	83,260,000	0
ISSUE: 783980576 - SEI GLOBAL MGD VOLATILITY FD (SGMAX)						
17182-STLUKE 07/29/24 S	609,170	12.020	0	7,322,221 *	6,752,561	569,660
ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX)						
17182STLKLDI 02/16/24 S	1,695,039	8.760	0	14,848,540 *	16,677,036	-1,828,495
ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX)						
17182STLKLDI 07/29/24 S	942,997	8.820	0	8,317,230 *	9,257,677	-940,447

# SEI Private Trust Company

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

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REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
UNITYPOINT CONSOLIDATED PENSION ACCT

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DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX)						
17182STLKLDI 10/24/24 S	6,949,240		8.870	0	61,639,758 *	68,155,051 -6,515,293
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)						
17182STLKLDI 02/16/24 B	1,705,773		7.920	0	13,509,719-*	13,509,719
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)						
17182STLKLDI 10/24/24 S	2,271,651		7.930	0	18,014,190 *	19,639,261 -1,625,071
ISSUE: 9128334W7 - U.S. TREASURY STRIPS Z-CPN 8/15/33						
17182STLKLDI 10/24/24 S	10,094,000		0.681	0	6,877,749 *	6,666,448 211,300
GRAND TOTAL				0	781,326,325	791,454,671 -10,128,346

# 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  
UNITYPOINT CONSOLIDATED PENSION ACCT

PAGE 252

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  
17182-C

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/24 THROUGH 12/31/24  
UNITYPOINT CONSOLIDATED PENSION ACCT

PAGE 253

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: 783980576 - SEI GLOBAL MGD VOLATILITY FD (SGMAX)						
17182-STLUKE 03/21/24 B	89	11.450	0	1,024	1,024	
SUB-TOTAL OF BUYS # 1			0	1,024	1,024	
17182-STLUKE 01/19/24 S	110	10.900	0	1,202	1,222	-20
17182-STLUKE 01/26/24 S	2,259	11.000	0	24,849	25,041	-192
17182-STLUKE 01/30/24 S	59,061	11.040	0	652,033	654,680	-2,647
17182-STLUKE 02/06/24 S	5,333	10.980	0	58,561	59,121	-559
17182-STLUKE 02/09/24 S	14,374	10.960	0	157,542	159,336	-1,794
17182-STLUKE 02/14/24 S	24	10.920	0	264	268	-4
17182-STLUKE 02/28/24 S	58,002	11.170	0	647,886	642,946	4,941
17182-STLUKE 03/28/24 S	55,815	11.580	0	646,339	618,703	27,636
17182-STLUKE 04/10/24 S	82	11.470	0	943	911	32
17182-STLUKE 04/19/24 S	10,506	11.190	0	117,558	116,454	1,105
17182-STLUKE 04/29/24 S	57,815	11.300	0	653,307	640,869	12,438
17182-STLUKE 05/07/24 S	5,259	11.390	0	59,897	58,293	1,605
17182-STLUKE 05/15/24 S	48	11.590	0	555	531	24
17182-STLUKE 05/30/24 S	56,815	11.420	0	648,823	629,782	19,041
17182-STLUKE 06/27/24 S	56,085	11.590	0	650,022	621,691	28,331
17182-STLUKE 07/10/24 S	1,484	11.630	0	17,260	16,451	809
17182-STLUKE 07/25/24 S	1,741	11.890	0	20,700	19,298	1,402
17182-STLUKE 07/29/24 S	609,170	12.020	0	7,322,221 *	6,752,561	569,660
SUB-TOTAL OF SALES # 18			0	11,679,962	11,018,158	661,806
SUB-TOTAL			0	11,680,986	11,019,182	661,806
ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX)						
17182A-LDI 01/02/24 R	403	8.930	0	3,602	3,602	
17182A-LDI 02/01/24 R	407	8.910	0	3,631	3,631	
17182A-LDI 03/01/24 R	297	8.750	0	2,602	2,602	
17182A-LDI 04/01/24 R	212	8.810	0	1,870	1,870	
17182A-LDI 05/01/24 R	213	8.570	0	1,825	1,825	
17182A-LDI 06/03/24 R	220	8.690	0	1,913	1,913	
17182A-LDI 07/01/24 R	215	8.720	0	1,872	1,872	
17182A-LDI 08/01/24 R	219	8.890	0	1,949	1,949	

# SEI Private Trust Company

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

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REPORTABLE TRANSACTIONS WORKSHEET  
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UNITYPOINT CONSOLIDATED PENSION ACCT

PAGE 254

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
17182A-LDI 09/03/24 R	217	8.990	0	1,954-	1,954		
17182A-LDI 10/01/24 R	209	9.100	0	1,899-	1,899		
17182A-LDI 11/01/24 R	222	8.860	0	1,970-	1,970		
17182A-LDI 12/02/24 R	216	8.930	0	1,929-	1,929		
17182STLKLDI 01/02/24 R	35,700	8.930	0	318,801-	318,801		
17182STLKLDI 02/01/24 R	36,069	8.910	0	321,375-	321,375		
17182STLKLDI 03/01/24 R	31,952	8.750	0	279,577-	279,577		
17182STLKLDI 04/01/24 R	31,249	8.810	0	275,305-	275,305		
17182STLKLDI 05/01/24 R	31,338	8.570	0	268,564-	268,564		
17182STLKLDI 06/03/24 R	32,402	8.690	0	281,574-	281,574		
17182STLKLDI 07/01/24 R	31,600	8.720	0	275,551-	275,551		
17182STLKLDI 08/01/24 R	31,914	8.890	0	283,712-	283,712		
17182STLKLDI 09/03/24 R	28,142	8.990	0	252,998-	252,998		
17182STLKLDI 10/01/24 R	26,824	9.100	0	244,097-	244,097		
SUB-TOTAL OF REINVS # 22				0	2,828,570	2,828,570	
17182A-LDI 02/12/24 B	180	8.790	0	1,581-	1,581		
SUB-TOTAL OF BUYS # 1				0	1,581	1,581	
17182A-LDI 02/16/24 S	56,357	8.760	0	493,690	507,700	-14,010	
17182STLKLDI 02/16/24 S	1,695,039	8.760	0	14,848,540 *	16,677,036	-1,828,495	
17182STLKLDI 07/29/24 S	942,997	8.820	0	8,317,230 *	9,257,677	-940,447	
17182STLKLDI 07/31/24 S	46,157	8.840	0	408,024	453,132	-45,109	
17182STLKLDI 08/06/24 S	16,557	8.980	0	148,680	162,477	-13,797	
17182STLKLDI 08/06/24 S	4,284	8.980	0	38,469	42,038	-3,570	
17182STLKLDI 08/08/24 S	18	8.900	0	157	173	-16	
17182STLKLDI 08/29/24 S	46,401	9.030	0	419,001	455,347	-36,346	
17182STLKLDI 09/04/24 S	243	9.020	0	2,194	2,386	-192	
17182STLKLDI 09/11/24 S	202	9.130	0	1,842	1,979	-137	
17182STLKLDI 09/27/24 S	64,374	9.100	0	585,802	631,517	-45,715	
17182STLKLDI 10/11/24 S	967	8.970	0	8,673	9,482	-810	
17182STLKLDI 10/15/24 S	12,686	8.970	0	113,797	124,423	-10,626	
17182STLKLDI 10/15/24 S	365,060	8.960	0	3,270,935	3,580,343	-309,408	
17182STLKLDI 10/24/24 S	6,949,240	8.870	0	61,639,758 *	68,155,051	-6,515,293	
SUB-TOTAL OF SALES # 15				0	90,296,792	100,060,761	-9,763,970
SUB-TOTAL				0	93,126,943	102,890,912	-9,763,970
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)							
17182A-LDI 01/02/24 R	3,333	8.250	0	27,494-	27,494		

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17182A-LDI	02/01/24 R	3,362	8.180	0	27,502-	27,502	
17182A-LDI	03/01/24 R	3,433	7.920	0	27,191-	27,191	
17182A-LDI	04/01/24 R	3,784	8.020	0	30,346-	30,346	
17182A-LDI	05/01/24 R	3,740	7.580	0	28,349-	28,349	
17182A-LDI	06/03/24 R	3,913	7.760	0	30,362-	30,362	
17182A-LDI	07/01/24 R	3,761	7.780	0	29,264-	29,264	
17182A-LDI	08/01/24 R	3,825	8.010	0	30,636-	30,636	
17182A-LDI	09/03/24 R	3,755	8.140	0	30,562-	30,562	
17182A-LDI	10/01/24 R	3,582	8.330	0	29,836-	29,836	
17182A-LDI	11/01/24 R	3,879	7.940	0	30,797-	30,797	
17182A-LDI	12/02/24 R	3,768	8.060	0	30,372-	30,372	
17182STLKLDI	01/02/24 R	3,754	8.250	0	30,975-	30,975	
17182STLKLDI	02/01/24 R	3,788	8.180	0	30,984-	30,984	
17182STLKLDI	03/01/24 R	7,065	7.920	0	55,957-	55,957	
17182STLKLDI	04/01/24 R	11,071	8.020	0	88,790-	88,790	
17182STLKLDI	05/01/24 R	10,943	7.580	0	82,944-	82,944	
17182STLKLDI	06/03/24 R	11,448	7.760	0	88,834-	88,834	
17182STLKLDI	07/01/24 R	11,006	7.780	0	85,623-	85,623	
17182STLKLDI	08/01/24 R	11,068	8.010	0	88,658-	88,658	
17182STLKLDI	09/03/24 R	9,666	8.140	0	78,678-	78,678	
17182STLKLDI	10/01/24 R	9,153	8.330	0	76,246-	76,246	
SUB-TOTAL OF REINVS # 22				0	1,060,400	1,060,400	
17182A-LDI	02/12/24 B	1,392	7.970	0	11,094-	11,094	
17182A-LDI	02/15/24 B	4	7.880	0	29-	29	
17182A-LDI	02/16/24 B	49,121	7.920	0	389,037-	389,037	
17182A-LDI	03/21/24 B	7	7.910	0	59-	59	
17182STLKLDI	02/16/24 B	1,705,773	7.920	0	13,509,719-*	13,509,719	
17182STLKLDI	03/21/24 B	3	7.910	0	26-	26	
SUB-TOTAL OF BUYS # 6				0	13,909,964	13,909,964	
17182STLKLDI	07/29/24 S	307,051	7.900	0	2,425,700	2,656,466	-230,766
17182STLKLDI	07/31/24 S	15,072	7.940	0	119,670	130,394	-10,724
17182STLKLDI	08/06/24 S	5,418	8.150	0	44,160	46,861	-2,702
17182STLKLDI	08/06/24 S	1,402	8.150	0	11,426	12,125	-699
17182STLKLDI	08/29/24 S	15,202	8.220	0	124,958	131,474	-6,516
17182STLKLDI	09/04/24 S	79	8.210	0	649	684	-35
17182STLKLDI	09/11/24 S	102	8.390	0	858	884	-26
17182STLKLDI	09/27/24 S	21,017	8.320	0	174,860	181,723	-6,864
17182STLKLDI	10/11/24 S	317	8.110	0	2,570	2,739	-170
17182STLKLDI	10/15/24 S	4,152	8.100	0	33,633	35,898	-2,265
17182STLKLDI	10/15/24 S	119,350	8.090	0	965,543	1,031,826	-66,284
17182STLKLDI	10/24/24 S	2,271,651	7.930	0	18,014,190 *	19,639,261	-1,625,071

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SUB-TOTAL OF SALES # 12				0	21,918,217	23,870,335	-1,952,120
SUB-TOTAL				0	36,888,581	38,840,699	-1,952,120
ISSUE: 9128334W7 - U.S. TREASURY STRIPS Z-CPN 8/15/33							
17182STLKLDI 02/16/24 B	3,250,000		0.664	0	2,157,617-	2,157,617	
SUB-TOTAL OF BUYS # 1				0	2,157,617	2,157,617	
17182STLKLDI 07/30/24 S	1,376,000		0.681	0	937,001	908,761	28,240
17182STLKLDI 07/31/24 S	68,000		0.683	0	46,471	44,910	1,561
17182STLKLDI 08/06/24 S	25,000		0.707	0	17,664	16,511	1,153
17182STLKLDI 08/07/24 S	7,000		0.699	0	4,896	4,623	273
17182STLKLDI 08/30/24 S	69,000		0.702	0	48,426	45,570	2,856
17182STLKLDI 09/27/24 S	94,000		0.707	0	66,464	62,081	4,383
17182STLKLDI 10/16/24 S	527,000		0.694	0	365,648	348,050	17,598
17182STLKLDI 10/24/24 S	10,094,000		0.681	0	6,877,749 *	6,666,448	211,300
SUB-TOTAL OF SALES # 8				0	8,364,319	8,096,954	267,364
SUB-TOTAL				0	10,521,936	10,254,571	267,364
GRAND TOTAL				0	152,218,446	163,005,364	-10,786,920

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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE						
BROKER: BMO-CHICAGO BRANCH						
17182STLKLDI 07/30/24 S	1,376,000		0.681	0	937,001	28,240
17182STLKLDI 07/30/24 S	460,000		0.397	0	182,445	2,602
17182STLKLDI 07/30/24 S	1,000		0.397	0	397	6
17182STLKLDI 07/31/24 S	68,000		0.683	0	46,471	1,561
17182STLKLDI 07/31/24 S	23,000		0.399	0	9,172	180
17182STLKLDI 08/06/24 S	25,000		0.707	0	17,664	1,153
17182STLKLDI 08/06/24 S	10,000		0.423	0	4,231	321
17182STLKLDI 08/07/24 S	7,000		0.699	0	4,896	273
17182STLKLDI 08/30/24 S	69,000		0.702	0	48,426	2,856
17182STLKLDI 08/30/24 S	4,000		0.772	0	3,086	313
17182STLKLDI 08/30/24 S	23,000		0.418	0	9,618	626
17182STLKLDI 09/27/24 S	30,000		0.423	0	12,675	946
17182STLKLDI 10/11/24 S	3,000		0.763	0	2,290	210
17182STLKLDI 10/15/24 S	35,000		0.764	0	26,746	2,481
17182STLKLDI 10/16/24 S	527,000		0.694	0	365,648	17,598
17182STLKLDI 10/16/24 S	42,000		0.766	0	32,150	3,031
17182STLKLDI 10/24/24 S	10,094,000		0.681	0	6,877,749 *	211,300
17182STLKLDI 10/24/24 S	796,000		0.756	0	602,047	50,173

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	SUB-TOTAL			0	9,182,712	8,858,841	323,869
	GRAND TOTAL			0	9,182,712	8,858,841	323,869

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
<b>MONEY MARKET FUNDS</b>						
0.0000	GOVERNMENT FUND (SEOXX) CUSIP: 783965593 TICKER: 36 17182-ALLEN	0.00	0.00	1.000	0.00	0.00
8,910,559.5200	GOVERNMENT FUND (SEOXX) CUSIP: 783965593 TICKER: 36 17182-STLUKE	8,910,559.52	8,910,559.52	1.000	39.85	4.30
261,389.6100	GOVERNMENT FUND (SEOXX) CUSIP: 783965593 TICKER: 36 17182STLKLDI	261,389.61	261,389.61	1.000	1.17	4.30
<b>TOTAL MONEY MARKET FUNDS</b>		<b>9,171,949.13</b>	<b>9,171,949.13</b>		<b>41.01</b>	<b>4.30</b>
<b>U.S. GOVERNMENT AGENCIES</b>						
268,000.0000	U.S. TREASURY STRIPS Z-CPN 2/15/28 CUSIP: 912833RY8 TICKER: 17182A-LDI	219,057.91	233,551.28	87.1460	1.05	0.00
235,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/29 CUSIP: 912833XP0 TICKER: 17182A-LDI	189,088.63	190,831.75	81.2050	0.85	0.00
273,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/31 CUSIP: 9128334S6 TICKER: 17182A-LDI	198,478.37	200,455.71	73.4270	0.90	0.00
292,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/34 CUSIP: 9128334Y3 TICKER: 17182A-LDI	185,137.05	184,847.68	63.3040	0.83	0.00

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
232,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/38 CUSIP: 912834AT5 TICKER: 17182A-LDI	124,146.62	118,635.52	51.1360	0.53	0.00
233,000.0000	U.S. TREASURY STRIPS Z-CPN 11/15/46 CUSIP: 912834QV3 TICKER: 17182A-LDI	80,832.07	77,600.65	33.3050	0.35	0.00
125,000.0000	U.S. TREASURY STRIPS Z-CPN 5/15/49 CUSIP: 912834UR7 TICKER: 17182A-LDI	39,105.38	36,878.75	29.5030	0.17	0.00
4,095,000.0000	U.S. TREASURY STRIPS Z-CPN 11/15/53 CUSIP: 912803GW7 TICKER: 17182A-LDI	1,178,446.82	1,078,623.00	26.3400	4.82	0.00
TOTAL U.S. GOVERNMENT AGENCIES		2,214,292.85	2,121,424.34		9.49	0.00
EQUITY MUTUAL FUNDS						
15,094.3270	SEI DYNAMIC ASSET ALLOC FUND (SDLAX) CUSIP: 783980683 TICKER: SDLAX 17182-ALLEN	289,910.09	273,358.26	18.110	1.22	2.17
5,561.0540	SEI LARGE CAP INDEX FUND (LCIAX) CUSIP: 783980857 TICKER: LCIAX 17182-ALLEN	1,023,914.75	1,090,578.30	196.110	4.88	1.47
23,832.8980	SEI SMALL CAP II FUND-A (SECAX) CUSIP: 783980642 TICKER: SECAX 17182-ALLEN	261,505.22	264,068.51	11.080	1.18	1.81

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57,368.0940	SEI WORLD EQUITY EX-US FUND (WEUSX) CUSIP: 783980774 TICKER: WEUSX 17182-ALLEN	686,548.02	693,006.58	12.080	3.10	3.53
TOTAL EQUITY MUTUAL FUNDS		2,261,878.08	2,321,011.65		10.38	2.21
FIXED INCOME MUTUAL FUNDS						
39,327.2270	SEI HIGH YIELD BOND FUND (SGYAX) CUSIP: 783980303 TICKER: SGYAX 17182-ALLEN	307,120.93	280,403.13	7.130	1.25	9.52
57,895.5310	SEI INTERMEDIATE DUR CREDIT-A (SIDCX) CUSIP: 783980584 TICKER: SIDCX 17182A-LDI	521,151.30	505,427.99	8.730	2.26	4.56
952,180.3480	SEI LONG DUR CREDIT FUND A (SLDAX) CUSIP: 783980634 TICKER: SLDAX 17182A-LDI	8,619,711.40	7,303,223.27	7.670	32.66	5.01
TOTAL FIXED INCOME MUTUAL FUNDS		9,447,983.63	8,089,054.39		36.17	5.14
OTHER ASSETS						
200.7860	SEI CORE PROPERTY COLLECTIVE INV TR CUSIP: 99994CP72 TICKER: 17182ALLENCP	254,881.93	633,953.04	3,157.357	2.84	0.00

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
4.9940	SEI STRUCTURED CREDIT COLLECTIVE CUSIP: 99999SRC9 TICKER: 17182ALLENA	8,408.63	25,601.50	5,126.451	0.12	0.00
TOTAL OTHER ASSETS		263,290.56	659,554.54		2.95	0.00
TOTAL ASSETS		23,359,394.25	22,362,994.05		100.00	3.85
ENDING ACCRUAL FOR PERIOD			72,010.71			
ENDING MARKET VALUE			22,435,004.76			

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