

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) <u>M</u> ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan WELLSPAN HEALTH PENSION TRUST	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/2016
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WELLSPAN HEALTH 1135 S. EDGAR STREET YORK, PA 17405-7198	2b Employer Identification Number (EIN) 47-4277762 2c Plan Sponsor's telephone number 717-851-2400 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.			
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	ANDREW WALKER
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor WELLSPAN HEALTH 1135 S. EDGAR STREET YORK, PA 17405-7198	3b Administrator's EIN 22-2517863 3c Administrator's telephone number 717-851-2400	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year	5	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☐</td> <td>Insurance</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☐</td> <td>Trust</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☐	Trust	(4)	☐	General assets of the sponsor	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☐</td> <td>Insurance</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☐</td> <td>Trust</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☐	Trust	(4)	☐	General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) – Number Attached _____

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☒ **A** (Insurance Information) – Number Attached 1

(4) ☒ **C** (Service Provider Information)

(5) ☒ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WELLSPAN HEALTH PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSPAN HEALTH	D Employer Identification Number (EIN) 47-4277762	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	015247		07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3345364
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
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Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b Balance at the end of the previous year	7b	3369635
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	162780	
	7c(4)		
	7c(5)		

▶

(6) Total additions	7c(6)	162780
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3532415
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	163969	
	7e(2)		
	7e(3)		
	7e(4)	23082	

▶ **ELECTIVE SERVICE CHARGE, CONTRACT EXPENSE CHARGE**

(5) Total deductions	7e(5)	187051
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3345364
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WELLSPAN HEALTH PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSPAN HEALTH	D Employer Identification Number (EIN) 47-4277762	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	1477210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILCHESTER INTRNL INVESTOR INC

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	395641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	289276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PYRAMIS SMALL COMPANY COMGLD POOL

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	270729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANGEMENT	257212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONAL TRUST

30-0587659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	206609	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIAM BLAIR & CO.

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	205254	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	203501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES

27-6848787

(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?
20 50	TRUSTEE	116148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS SAYLES & COMPANY, L.P.

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	107247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET RESEARCH & MGMT

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	58417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL BANK & TRUST COMPANY

58-0513395

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	21646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WELLSPAN HEALTH PENSION TRUST		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 WELLSPAN HEALTH		D Employer Identification Number (EIN) 47-4277762
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MONEY MARKET FD		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY		
c EIN-PN 94-6450621-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4147
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LONG DURATION CORP CR		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY		
c EIN-PN 27-4520291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259689274
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CR AST TR CL B FUND		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66880336
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 3000 INDEX NL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236428191
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLTV GOVT STIF REGISTERED		
b Name of sponsor of entity listed in (a): NORTHERN TRUST		
c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9289876
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US TREASURY INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90968436
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTL SC COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30662868
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VAL EQTY GROUP TRUST

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

c EIN-PN 36-7045783-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47540989
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST EMER MKTS EQUITY FD

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

c EIN-PN 85-2903213-178	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29845180
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 VALUE INDEX NL

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

c EIN-PN 90-0337987-123	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57243424
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. STRIPS 20+ YEAR BOND

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

c EIN-PN 27-3227381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130195609
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a Name of MTIA, CCT, PSA, or 103-12 IE: AXIOM EMERGING MARKETS TURST

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

c EIN-PN 81-1085578-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29022028
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a Name of MTIA, CCT, PSA, or 103-12 IE: ARENA SHORT DURATION HIGH YIELD FD

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

c EIN-PN 83-3488083-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37320654
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	163743	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1084292	182617
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	36995334	47846334
(5) Partnership/joint venture interests	1c(5)	29628092	27072244
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	996732541	1025091012
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	120710210	105738738
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3369635	3345364
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1188683847	1209276309
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1298863	482468
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1298863	482468
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1187384984	1208793841

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-583	
(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)		-583
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	494754	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3204467	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3699221
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27351725	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	26669304	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3582152	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		82783154
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13266491
c Other income	2c		462632
d Total income. Add all income amounts in column (b) and enter total	2d		97311184

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1746776	
(6) Bank or trust company trustee/custodial fees	2i(6)	397794	
(7) Actuarial fees	2i(7)	1477210	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2614787	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6236567
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6236567

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		91074617
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		69665760

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a			
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	
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) <u>M</u> ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan WELLSPAN HEALTH PENSION TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2016
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WELLSPAN HEALTH 1135 S. EDGAR STREET YORK PA 17405-7198
2b	Employer Identification Number (EIN) 47-4277762
2c	Plan Sponsor's telephone number 717-851-2400
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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		4/15/2026	ANDREW WALKER
	Signature of DFE	Date	Enter name of individual signing as DFE

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF SSGA RUSSELL 3000 R INDEX NL FD CMV11 CUSIP: 00999NR20	Total acquisitions	2	39,000,000.00			0.00	39,000,000.00	39,000,000.00
	Total dispositions	13		22,039,292.11		0.00	9,932,619.98	22,039,292.11
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	353	135,143,134.02			0.00	135,143,134.02	135,143,134.02
	Total dispositions	275		133,186,060.25		0.00	133,186,060.25	133,186,060.25

NOTE: TRANSACTIONS ARE BASED ON THE 2024-06-30 VALUE (INCLUDING ACCRUALS) OF 1,187,384,984.10

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Non-Interest Bearing Cash - USD		0.00	0.00
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	216,699.43	216,699.43
Total - all currencies		216,699.43	216,699.43
Total Receivables - Other - USD		216,699.43	216,699.43
<i>Corporate Stock - Common</i>			
Bermuda - USD			
ASPEN INSURANCE HLDGS CUSIP: G05384501	ORD USD0.001 CL A 5,400.000	162,283.49	169,938.00
Total Bermuda - USD		162,283.49	169,938.00
Canada - USD			
FIRSTSERVICE CORP COM NPV CUSIP: 33767E202	2,369.000	348,504.07	413,674.78
HAMMOND POWER SOLUTIONS INC CLASS'A'SUB-VTG NPV CUSIP: 408549103	2,922.000	250,056.67	268,841.53
WHITECAP RES INC COM NEW CUSIP: 96467A200	26,828.000	175,524.34	180,284.16
Total Canada - USD		774,085.08	862,800.47
Germany - USD			
ORION S A COM NPV CUSIP: L72967109	0.000	0.00	0.00
Total Germany - USD		0.00	0.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
India - USD			
ADR WNS HOLDINGS LTD ORD CUSIP: G98196101	3,593.000	193,997.47	227,221.32
Total India - USD		193,997.47	227,221.32
United Kingdom - USD			
MAREX GROUP PLC COM USD0.001241 CUSIP: G5S37H101	4,582.000	140,100.45	180,851.54
Total United Kingdom - USD		140,100.45	180,851.54
United States - USD			
ACADEMY SPORTS & OUTDOORS INC COM CUSIP: 00402L107	5,465.000	268,711.66	244,886.65
ACV AUCTIONS INC CL A CL A CUSIP: 00091G104	21,385.000	341,641.49	346,864.70
ADVANCE AUTO PTS INC COM CUSIP: 00751Y106	3,111.000	145,355.25	144,630.39
AGILYSYS INC COM STK CUSIP: 00847J105	2,410.000	257,982.17	276,282.40
ALBANY INTL CORP NEW CL A CUSIP: 012348108	2,840.000	207,012.26	199,169.20
ALIGNMENT HEALTHCARE INC COM CUSIP: 01625V104	14,326.000	159,811.76	200,564.00
AMERIS BANCORP COM CUSIP: 03076K108	4,818.000	183,732.61	311,724.60
AMICUS THERAPEUTICS INC COM CUSIP: 03152W109	35,003.000	358,751.38	200,567.19
ANDERSONS INC COM CUSIP: 034164103	3,365.000	154,133.59	123,663.75
ANTERO RES CORP COM CUSIP: 03674X106	4,260.000	135,115.47	171,592.80
APPFOLIO INC COM CL A COM CL A CUSIP: 03783C100	1,291.000	281,589.51	297,291.48
ARCBEST CORP COM USD0.01 CUSIP: 03937C105	1,960.000	157,422.19	150,939.60
ARTISAN PARTNERS ASSET MGMT INC CL A CL A CUSIP: 04316A108	4,806.000	198,846.00	213,049.98

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
ATLAS ENERGY SOLUTIONS INC NEW CL A CUSIP: 642045108	10,113.000	205,280.77	135,210.81
AVIENT CORPORATION CUSIP: 05368V106	4,480.000	183,082.72	144,748.80
BALCHEM CORP COM CUSIP: 057665200	2,287.000	335,323.11	364,090.40
BANNER CORP COM NEW COM NEW CUSIP: 06652V208	4,137.000	195,071.09	265,388.55
BELDEN INC COM CUSIP: 077454106	1,818.000	131,586.19	210,524.40
BK HAW CORP COM CUSIP: 062540109	4,396.000	252,360.65	296,861.88
BKV CORP COM CUSIP: 05603J108	8,562.000	206,521.25	206,515.44
BLUELINX HLDGS INC COM NEW COM NEW CUSIP: 09624H208	1,672.000	173,759.05	124,363.36
BOK FINL CORP COM NEW CUSIP: 05561Q201	1,842.000	174,021.02	179,834.46
BREAD FINANCIAL HOLDINGS INC COM USD0.01 CUSIP: 018581108	3,299.000	155,974.93	188,438.88
BRIGHTHOUSE FINL INC COM CUSIP: 10922N103	4,146.000	202,653.67	222,930.42
BRINKS CO COM CUSIP: 109696104	8,067.000	638,868.89	720,302.43
BROOKDALE SR LIVING INC COM STK CUSIP: 112463104	18,643.000	138,588.16	129,755.28
BRUNSWICK CORP COM CUSIP: 117043109	2,498.000	143,537.81	137,989.52
BUCKLE INC COM CUSIP: 118440106	3,478.000	129,227.96	157,727.30
BWX TECHNOLOGIES INC COM CUSIP: 05605H100	3,518.000	300,349.05	506,803.08
CALIFORNIA RES CORP COM USD0.01 CUSIP: 13057Q305	4,822.000	234,545.40	220,220.74
CASELLA WASTE SYS INC CL A COM STK CUSIP: 147448104	4,410.000	353,261.18	508,825.80

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
CECO ENVIRONMENTAL CORP COM CUSIP: 125141101	9,165.000	266,337.01	259,461.15
CHAMPION HOMES INC CUSIP: 830830105	3,653.000	245,402.13	228,714.33
CHEESECAKE FACTORY INC COM CUSIP: 163072101	4,389.000	192,760.56	275,014.74
CHEFS' WAREHOUSE HOLDINGS IN CUSIP: 163086101	4,318.000	170,855.51	275,531.58
CLEARWATER ANALYTICS HLDGS INC CL A CL A CUSIP: 185123106	13,289.000	278,227.49	291,427.77
CNO FINL GROUP INC COM CUSIP: 12621E103	5,600.000	161,430.03	216,048.00
COGNEX CORP COM CUSIP: 192422103	7,401.000	274,391.96	234,759.72
COLLEGIUM PHARMACEUTICAL INC COM CUSIP: 19459J104	3,679.000	85,921.82	108,788.03
COMMERCIAL METALS CO COM CUSIP: 201723103	4,435.000	182,820.67	216,915.85
CONFLUENT INC CL A CL A CUSIP: 20717M103	17,534.000	397,132.52	437,122.62
CORE NATURAL RESOURCES INC COM USD0.01 CUSIP: 218937100	2,528.000	234,315.86	176,302.72
CUSHMAN & WAKEFIELD INC CUSIP: G2717B108	21,767.000	217,717.78	240,960.69
CVB FINL CORP COM CUSIP: 126600105	12,878.000	275,068.51	254,855.62
DIEBOLD NIXDORF INC COM NEW CUSIP: 253651202	6,666.000	300,925.69	369,296.40
DONNELLEY FINL SOLUTIONS INC COM CUSIP: 25787G100	3,980.000	204,304.24	245,367.00
DOXIMITY INC COM USD0.001 CL A CUSIP: 26622P107	6,863.000	272,597.90	420,976.42
E L F BEAUTY INC COM CUSIP: 26856L103	1,646.000	173,102.48	204,828.24
EASTERLY GOVT PPTYS INC COM NEW CUSIP: 27616P301	6,638.000	258,990.38	147,363.60

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
EDGEWELL PERS CARE CO COM CUSIP: 28035Q102	4,769.000	185,688.26	111,642.29
ENCOMPASS HEALTH CORP COM USD0.01 CUSIP: 29261A100	2,065.000	164,402.34	253,230.95
ENVISTA HLDGS CORP COM CUSIP: 29415F104	8,986.000	178,186.21	175,586.44
ESSENT GROUP LTD COM STK CUSIP: G3198U102	5,131.000	283,015.50	311,605.63
ESTABLISHMENT LABS HLDGS INC CUSIP: G31249108	8,922.000	346,420.01	381,058.62
EXTREME NETWORKS INC COM CUSIP: 30226D106	12,047.000	159,830.53	216,243.65
FIRST BANCORP N C COM CUSIP: 318910106	5,155.000	188,393.54	227,283.95
FIRST INTERSTATE BANCYS/MT CUSIP: 32055Y201	8,717.000	267,587.51	251,223.94
FIRST MERCHANTS CORP COM CUSIP: 320817109	7,082.000	255,157.07	271,240.60
FLAGSTAR FINANCIAL INC CUSIP: 649445400	27,178.000	291,838.13	288,086.80
FLUOR CORP NEW COM CUSIP: 343412102	2,802.000	144,235.75	143,658.54
FOX FACTORY HLDG CORP COM CUSIP: 35138V102	7,766.000	292,759.45	201,450.04
FRESHPET INC COM CUSIP: 358039105	2,485.000	246,005.75	168,880.60
FTAI AVIATION LTD COM USD0.01 CUSIP: G3730V105	3,206.000	416,067.52	368,818.24
G-III APPAREL GROUP LTD COM CUSIP: 36237H101	5,996.000	175,099.44	134,310.40
GARRETT MOTION INC COM CUSIP: 366505105	25,515.000	243,568.44	268,162.65
GENEDX HOLDINGS CORP CL A NEW CUSIP: 81663L200	2,840.000	174,908.58	262,160.40
GLACIER BANCORP INC NEW COM CUSIP: 37637Q105	7,389.000	274,484.42	318,318.12

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
GLAUKOS CORP COM CUSIP: 377322102	1,420.000	131,071.82	146,671.80
GLOBUS MED INC CL A NEW COM STK CUSIP: 379577208	5,445.000	361,212.47	321,363.90
GOGO INC COM CUSIP: 38046C109	25,623.000	282,073.42	376,145.64
GOODYEAR TIRE & RUBBER CO COM CUSIP: 382550101	22,139.000	260,442.28	229,581.43
GRAND CANYON ED INC COM STK CUSIP: 38526M106	1,011.000	174,942.85	191,079.00
GREENBRIER COS INC COM STK CUSIP: 393657101	3,599.000	164,858.66	165,733.95
GRID DYNAMICS HOLDINGS INC COM USD0.0001CL A CUSIP: 39813G109	14,115.000	259,482.57	163,028.25
GULFPORT ENERGY CORP COM USD0.01 CUSIP: 402635502	962.000	176,976.54	193,525.54
HANCOCK WHITNEY CORP CUSIP: 410120109	5,330.000	252,200.73	305,942.00
HELIOS TECHNOLOGIES INC CUSIP: 42328H109	6,110.000	199,169.46	203,890.70
HUB GROUP INC CL A CL A CUSIP: 443320106	4,959.000	139,904.47	165,779.37
ICU MED INC COM CUSIP: 44930G107	1,230.000	149,527.26	162,544.50
INDEPENDENT BK CORP MASS COM COM STK USD0.01 CUSIP: 453836108	3,840.000	198,442.85	241,478.40
INGEVITY CORP COM CUSIP: 45688C107	3,878.000	168,413.62	167,103.02
INSPIRE MED SYS INC COM CUSIP: 457730109	2,012.000	345,370.14	261,097.24
JEFFERSON CAP INC DEL COM CUSIP: 47248R103	9,365.000	141,167.95	172,784.25
JFROG LTD COM CUSIP: M6191J100	8,154.000	238,166.48	357,797.52
KEMPER CORP DEL COM CUSIP: 488401100	2,315.000	124,553.22	149,410.10

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
KNOWLES CORP COM CUSIP: 49926D109	10,964.000	183,650.03	193,185.68
KORN FERRY COM CUSIP: 500643200	3,254.000	189,807.34	238,615.82
KRYSTAL BIOTECH INC COM CUSIP: 501147102	882.000	127,716.83	121,239.72
KULICKE & SOFFA INDS INC COM CUSIP: 501242101	4,037.000	188,798.22	139,680.20
LIONSGATE STUDIOS CORP NEW COM CUSIP: 53626N102	17,007.000	143,546.75	98,810.67
LIVANOVA PLC ORD GBP1.00 (DI) CUSIP: G5509L101	4,396.000	227,419.83	197,907.92
LUMENTUM HLDGS INC COM CUSIP: 55024U109	3,485.000	263,890.57	331,284.10
MADDEN STEVEN LTD COM CUSIP: 556269108	6,325.000	178,130.65	151,673.50
MADRIGAL PHARMACEUTICALS INC COM CUSIP: 558868105	884.000	232,244.97	267,533.76
MANITOWOC CO INC COM USD0.01(POST REV SPLIT) CUSIP: 563571405	5,743.000	62,226.77	69,030.86
MARRIOTT VACATIONS WORLDWIDE CORP COM CUSIP: 57164Y107	2,895.000	226,687.05	209,337.45
MAXLINEAR INC COMMON STOCK CUSIP: 57776J100	9,475.000	152,297.83	134,639.75
MERCURY SYSTEMS INC CUSIP: 589378108	5,901.000	286,723.38	317,827.86
MERIT MED SYS INC COM CUSIP: 589889104	3,679.000	242,042.39	343,912.92
MINERALS TECHNOLOGIES INC COM CUSIP: 603158106	2,547.000	201,186.79	140,263.29
MIRION TECHNOLOGIES INC CL A CL A CUSIP: 60471A101	9,746.000	148,579.23	209,831.38
MODINE MFG CO COM STK CUSIP: 607828100	2,323.000	215,641.48	228,815.50
MONTROSE ENVIRONMENTAL GROUP INC COM CUSIP: 615111101	19,853.000	405,625.04	434,582.17

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
MURPHY OIL CORP COM CUSIP: 626717102	8,640.000	267,815.05	194,400.00
NATIONAL VISION HLDGS INC COM CUSIP: 63845R107	6,157.000	138,201.36	141,672.57
NATL FUEL GAS CO COM CUSIP: 636180101	1,761.000	102,672.50	149,174.31
NBT BANCORP INC COM CUSIP: 628778102	5,931.000	230,401.72	246,433.05
NEWELL BRANDS INC COM CUSIP: 651229106	26,437.000	197,172.05	142,759.80
NEXSTAR MEDIA GROUP INC COMMON STOCK CUSIP: 65336K103	1,018.000	170,023.95	176,063.10
NORTHWEST BANCSHARES INC MD COM CUSIP: 667340103	20,897.000	254,430.03	267,063.66
NORTHWESTERN ENERGY GROUP INC CUSIP: 668074305	4,256.000	237,316.42	218,332.80
NOVANTA INC NOVANTA INC CUSIP: 67000B104	2,737.000	342,543.52	352,881.41
OLD NATL BANCORP IND COM CUSIP: 680033107	13,296.000	291,351.55	283,736.64
OMNIAB INC COM \$12.50 VESTING CUSIP: 68218J202	1,456.000	0.00	0.00
OMNIAB INC COM \$15.00 VESTING CUSIP: 68218J301	1,456.000	0.00	0.00
ONE GAS INC COM CUSIP: 68235P108	3,116.000	229,482.98	223,915.76
ONEMAIN HLDGS INC COM CUSIP: 68268W103	4,841.000	260,731.89	275,937.00
ONESPAWORLD HLDGS LTD COM USD0.0001 CUSIP: P73684113	14,393.000	214,711.31	293,473.27
ONTO INNOVATION INC CUSIP: 683344105	2,323.000	272,134.28	234,460.39
PATTERSON-UTI ENERGY INC COM CUSIP: 703481101	20,385.000	122,546.81	120,883.05
PDF SOLUTIONS INC COM CUSIP: 693282105	9,840.000	235,570.92	210,379.20

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
PENN ENTERTAINMENT INC CUSIP: 707569109	7,198.000	147,033.63	128,628.26
PERRIGO COMPANY LIMITED COM EUR0.001 CUSIP: G97822103	4,888.000	165,377.70	130,607.36
PLANET FITNESS INC CL A CL A CUSIP: 72703H101	2,947.000	246,359.89	321,370.35
PLEXUS CORP COM CUSIP: 729132100	1,332.000	122,451.80	180,232.92
PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW CUSIP: 736508847	5,204.000	238,202.74	211,438.52
PRESTIGE CONSUMER HEALTHCARE INC COM CUSIP: 74112D101	2,602.000	163,353.36	207,769.70
PRIMO BRANDS CORPORATION COM USD0.01 CUSIP: 741623102	12,521.000	351,240.11	370,872.02
PROCEPT BIOROBOTICS CORP COM CUSIP: 74276L105	3,184.000	199,247.80	183,398.40
PROSPERITY BANCSHARES INC COM CUSIP: 743606105	2,984.000	197,506.45	209,596.16
QUANTERIX CORP COM CUSIP: 74766Q101	10,929.000	126,771.88	72,677.85
Q2 HLDGS INC COM CUSIP: 74736L109	4,324.000	387,279.51	404,683.16
RESIDEO TECHNOLOGIES INC COM USD0.001 CUSIP: 76118Y104	5,378.000	121,008.10	118,638.68
REVOLVE GROUP INC CL A CL A CUSIP: 76156B107	4,699.000	110,132.11	94,214.95
RUSH ENTERPRISES INC CL A CL A CUSIP: 781846209	4,798.000	256,310.77	247,144.98
RUSH STREET INTERACTIVE INC COM USD0.0001 CL A CUSIP: 782011100	25,924.000	343,026.28	386,267.60
RYDER SYS INC COM CUSIP: 783549108	1,380.000	149,210.72	219,420.00
RYERSON HLDG CORP COM STOCK CUSIP: 783754104	5,716.000	134,937.33	123,294.12
SALLY BEAUTY HLDGS INC COM STK USD0.01 CUSIP: 79546E104	20,068.000	201,044.00	185,829.68

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
SANMINA CORP COM CUSIP: 801056102	1,920.000	101,745.97	187,833.60
SCIENCE APPLICATIONS INTL CORP NEW COM USD0.0001 CUSIP: 808625107	1,637.000	190,924.27	184,342.57
SCORPIO TANKERS INC COM USD0.01 (POST REV SPLIT) CUSIP: Y7542C130	4,398.000	179,202.67	172,093.74
SEALED AIR CORP NEW COM STK CUSIP: 81211K100	5,878.000	182,867.37	182,394.34
SENSATA TECHNOLOGIES B V HOLDING CUSIP: G8060N102	6,381.000	168,729.64	192,131.91
SIGNET JEWELERS LTD ORD USD0.18 CUSIP: G81276100	1,760.000	145,079.26	140,008.00
SILA REALTY TRUST INC COM USD0.01 CUSIP: 146280508	6,794.000	172,571.14	160,813.98
SIMPLY GOOD FOODS CO COM CUSIP: 82900L102	6,820.000	247,715.42	215,443.80
SITIME CORP COM CUSIP: 82982T106	1,093.000	148,410.55	232,896.44
SKYWEST INC COM CUSIP: 830879102	2,384.000	189,561.91	245,480.48
SOUTHSTATE CORP COM CUSIP: 840441109	3,138.000	246,138.35	288,790.14
SPIRE INC COM CUSIP: 84857L101	3,216.000	199,406.07	234,735.84
STEELCASE INC CL A COM CUSIP: 858155203	13,490.000	154,547.20	140,700.70
STEPSTONE GROUP INC CL A CL A CUSIP: 85914M107	5,185.000	211,077.84	287,767.50
STEWART INFORMATION SVCS CORP COM CUSIP: 860372101	3,184.000	222,194.52	207,278.40
STRIDE INC COM USD CUSIP: 86333M108	2,130.000	239,941.20	309,254.70
SUPERNUS PHARMACEUTICALS INC COM STK CUSIP: 868459108	5,408.000	150,914.01	170,460.16
SURGERY PARTNERS INC COM CUSIP: 86881A100	7,418.000	208,426.58	164,902.14

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
SYNAPTICS INC COM CUSIP: 87157D109	3,592.000	290,170.50	232,833.44
TALOS ENERGY INC COM STK CUSIP: 87484T108	15,166.000	171,219.91	128,607.68
TAYLOR MORRISON HOME CORP COM USD0.00001 CUSIP: 87724P106	4,794.000	286,566.70	294,447.48
TECNOGLASS INC COMMON STOCK CUSIP: G87264100	2,539.000	146,821.99	196,417.04
TEREX CORP NEW COM CUSIP: 880779103	4,695.000	224,641.68	219,209.55
THE BALDWIN INSURANCE GROUP INC CLASS A COMMON STOCK CUSIP: 05589G102	7,969.000	254,468.24	341,152.89
TIMKEN CO COM CUSIP: 887389104	2,071.000	153,822.08	150,251.05
TITAN INTL INC ILL COM CUSIP: 88830M102	14,027.000	102,147.60	144,057.29
TREACE MED CONCEPTS INC COM CUSIP: 89455T109	30,025.000	283,212.00	176,547.00
TRI POINTE HOMES INC CUSIP: 87265H109	4,552.000	144,616.42	145,436.40
TTM TECHNOLOGIES INC COM CUSIP: 87305R109	5,541.000	109,495.13	226,183.62
TWIST BIOSCIENCE CORP COM CUSIP: 90184D100	9,965.000	399,111.54	366,612.35
UFP INDUSTRIES INC COM USD1.00 CUSIP: 90278Q108	2,133.000	215,056.69	211,934.88
UNITED STS LIME & MINERALS INC COM CUSIP: 911922102	3,636.000	301,833.78	362,872.80
URANIUM ENERGY CORP COM CUSIP: 916896103	25,082.000	178,390.72	170,557.60
VAL NATL BANCORP COM CUSIP: 919794107	33,731.000	287,730.82	301,217.83
VALMONT INDS INC COM CUSIP: 920253101	479.000	157,507.52	156,427.03
VARONIS SYS INC COM CUSIP: 922280102	9,137.000	355,835.47	463,702.75

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
VEECO INSTRS INC DEL COM CUSIP: 922417100	5,984.000	145,392.36	121,594.88
VERICEL CORP COM CUSIP: 92346J108	7,418.000	293,551.05	315,635.90
VERITEX HLDGS INC COM CUSIP: 923451108	9,751.000	195,997.80	254,501.10
VERRA MOBILITY CORP CUSIP: 92511U102	11,542.000	222,340.13	293,051.38
VERTEX INC CL A CL A CUSIP: 92538J106	7,379.000	271,409.21	260,736.97
VICTORIAS SECRET & CO COM CUSIP: 926400102	9,055.000	201,343.47	167,698.60
VIRTUS INVT PARTNERS INC COM CUSIP: 92828Q109	1,025.000	173,437.24	185,935.00
VISTEON CORP COM NEW COM NEW CUSIP: 92839U206	2,068.000	193,021.26	192,944.40
VITA COCO CO INC COM CUSIP: 92846Q107	1,973.000	45,705.68	71,225.30
VITAL FARMS INC COM CUSIP: 92847W103	6,433.000	178,075.38	247,799.16
V2X INC COM USD0.01 CUSIP: 92242T101	3,054.000	160,663.39	148,271.70
WAYSTAR HLDG CORP COM CUSIP: 946784105	4,002.000	160,913.17	163,561.74
WEATHERFORD INTL LTD COMMON STOCK CUSIP: G48833118	4,346.000	386,687.30	218,647.26
WESTERN ALLIANCE BANCORPORATION COM CUSIP: 957638109	3,847.000	214,965.03	299,989.06
WILLSCOT HOLDINGS CORPORATION COM CUSIP: 971378104	10,692.000	368,044.08	292,960.80
WINMARK CORP COM CUSIP: 974250102	589.000	173,282.55	222,412.29
ZETA GLOBAL HLDGS CORP CL A CL A CUSIP: 98956A105	12,091.000	241,490.18	187,289.59

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
ZIPRECRUITER INC CL A CL A CUSIP: 98980B103	30,485.000	377,706.02	152,729.85
Total United States - USD		41,581,989.75	43,492,016.61
Total Corporate Stock - Common		42,852,456.24	44,932,827.94
<i>Partnership/Joint Venture Interests</i>			
Global Region - USD			
COMMONFUND CAPITAL PARTNERS V LP CUSIP: 9938CG996	1.000	1.00	3,280,634.00
Morgan Stanley AIP - PMF IV CUSIP: 9938CL995	1.000	1.00	102,872.00
Morgan Stanley AIP - PMF VI-0 CUSIP: 9938CK997	1.000	1.00	2,386,586.00
Total Global Region - USD		3.00	5,770,092.00
United States - USD			
ARCLIGHT ENERGY PARTNERS FUND VI LP CUSIP: 9922LX993	1,735,385.520	1,735,385.52	998,838.00
ARENA SHORT DURATION HIGH YIELD FUND LP-SERIES E CUSIP: 994PS0995	30,000,000.000	30,000,000.00	37,320,654.00
CARLYLE PRIVATE ACCESS FUND IV LP CUSIP: 9938FE998	14,468,684.960	14,468,684.96	19,658,495.00
LANDMARK EQUITY PARTNERS XV LP CUSIP: 9921JW990	19,821.910	19,821.91	590,340.00
PORTFOLIO ADVISORS SECONDARY FUND (OFFSHORE) CUSIP: 9921JU994	2,742,230.170	2,742,230.17	54,479.00
Total United States - USD		48,966,122.56	58,622,806.00
Total Partnership/Joint Venture Interests		48,966,125.56	64,392,898.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
Global Region - USD			
CF AXIOM EMERGING MARKETS TRUST CL 3 CUSIP: 996485819	2,296,046.550	23,615,195.10	29,022,028.39
Total Global Region - USD		23,615,195.10	29,022,028.39
International Region - USD			
CF FIAM SELECT INTL SC COMMINGLED POOL CUSIP: 6WI999G50	317,848.740	19,973,377.51	30,662,867.95
Total International Region - USD		19,973,377.51	30,662,867.95
United States - USD			
CF BLACKROCK LONG DURATION CORP CR SCREENED FD CUSIP: 336992052	13,683,587.600	208,112,605.74	259,689,273.80
CF BLACKROCK MONEY MARKET FD CUSIP: 066459CF3	4,146.540	4,146.54	4,146.54
CF CC&L Q EMERGING MARKETS EQUITY CIF CLASS A CUSIP: 03999MQ27	2,365,742.300	24,815,853.68	29,845,180.49
CF LOOMIS SAYLES CR AST TR CL B FD CUSIP: 1597536V9	2,147,730.750	53,144,529.93	66,880,335.56
CF SSGA LONG US TREASURY INDX NL FND CM1N1 CUSIP: 00999LM11	4,218,336.930	96,342,572.85	90,968,435.90
CF SSGA RUSSELL 1000 VALUE INDEX NL FUND (CM821) CUSIP: 00999NR12	322,080.820	41,380,316.69	57,243,424.14
CF SSGA RUSSELL 3000 R INDEX NL FD CMV11 CUSIP: 00999NR20	3,238,476.160	118,818,301.52	236,428,190.54
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	9,289,875.870	9,289,875.87	9,289,875.87
THE SILCHESTER INTERNATIONAL INVESTORS INTERNATIONAL VALUE EQUITY GROUP TRUST CUSIP: 998319495	215,810.240	26,859,488.47	47,540,989.48
Total United States - USD		578,767,691.29	797,889,852.32
Total Value of Interest in Common/Collective Trusts		622,356,263.90	857,574,748.66

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFO ARTISAN FDS INC INTL FD INSTL SHS CUSIP: 04314H402	1,352,246.910	36,143,413.89	46,841,832.96
Total International Region - USD		36,143,413.89	46,841,832.96
United States - USD			
MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS CUSIP: 057071854	5,979,381.190	63,055,541.73	58,896,904.72
Total United States - USD		63,055,541.73	58,896,904.72
Total Value of Interest in Registered Investment Com		99,198,955.62	105,738,737.68
<i>Other</i>			
United States - USD			
AGNC INVT CORP COM CUSIP: 00123Q104	19,197.000	164,548.02	176,420.43
AMERICOLD RLTY TR INC COM CUSIP: 03064D108	11,381.000	236,626.59	189,266.03
BROADSTONE NET LEASE INC COM USD0.00025 CUSIP: 11135E203	14,994.000	246,197.67	240,653.70
CARETRUST REIT INC COM CUSIP: 14174T107	7,502.000	168,959.03	229,561.20
CF BLACKROCK U.S. STRIPS 20+ YR BOND INDEX RSL FUND CUSIP: 14399VD16	7,780,830.930	165,775,024.04	130,195,609.10
CURBLINE PPTYS CORP CUSIP: 23128Q101	10,259.000	233,833.15	234,212.97
DIAMONDROCK HOSPITALITY CO COM STK CUSIP: 252784301	19,974.000	164,753.95	153,000.84
DOUGLAS EMMETT INC COM REIT CUSIP: 25960P109	15,374.000	230,908.30	231,224.96
DYNEX CAPITAL INC COM CUSIP: 26817Q886	14,038.000	180,338.67	171,544.36
ESSENTIAL PROPERTIES REALTY TR INC USD0.01 CUSIP: 29670E107	7,171.000	161,246.96	228,826.61
GIC PRUDENTIAL INS CO CONTRACT #015247 RATE 2.85% MAT 00/00/0000 CUSIP: 999501ZB8	3,345,363.930	3,345,381.21	3,345,363.93

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
LADDER CAP CORP CL A CL A CUSIP: 505743104	17,450.000	197,387.08	187,587.50
LXP INDUSTRIAL TRUST COM USD0.0001 CUSIP: 529043101	25,271.000	245,388.10	208,738.46
SABRA HEALTH CARE REIT INC COM CUSIP: 78573L106	10,940.000	178,194.17	201,733.60
STAG INDL INC COM CUSIP: 85254J102	4,529.000	146,321.54	164,312.12
SUMMIT HOTEL PROPERTIES INC COM CUSIP: 866082100	23,536.000	196,584.07	119,798.24
VERIS RESIDENTIAL INC COM STK USD0.01 CUSIP: 554489104	11,862.000	210,463.87	176,625.18
Total United States - USD		172,082,156.42	136,454,479.23
Total Other		172,082,156.42	136,454,479.23
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-472,410.35	-472,410.35
Total - all currencies		-472,410.35	-472,410.35
Other Payables: United States dollar	0.000	-10,057.61	-10,057.61
Total - all currencies		-10,057.61	-10,057.61
Total Other Liabilities		-482,467.96	-482,467.96
Total		985,190,189.21	1,208,827,922.98

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