

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SAN ANTONIO REGIONAL HOSPITAL RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan): SAN ANTONIO REGIONAL HOSPITAL
2b Employer Identification Number (EIN): 95-1183919
2c Plan Sponsor's telephone number: 909-920-6103
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator/employer/DFE, Date, and Name of individual signing. Includes entries for WASH-CHUNG HSU and WAH-CHUNG HSU.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	867
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)	374
	6a(2)	328
	6b	319
	6c	151
	6d	798
	6e	28
	6f	826
	6g(1)	0
6g(2)	0	
6h	0	
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:
1A

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)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SAN ANTONIO REGIONAL HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SAN ANTONIO REGIONAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>95-1183919</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>77406071</u>
	b Actuarial value	2b	<u>85146678</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>346</u>	<u>46380712</u>
	b For terminated vested participants	<u>147</u>	<u>9050117</u>
	c For active participants	<u>374</u>	<u>34822459</u>
	d Total	<u>867</u>	<u>90253288</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.14 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1200000</u>
	c Target normal cost	6c	<u>1200000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>JAY A SORENSEN</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>2010 MAIN STREET IRVINE CONCOURSE - SUITE 1050 IRVINE, CA 92614</u> Address of the firm	<u>09/29/2025</u> Date <u>23-07298</u> Most recent enrollment number <u>949-253-5200</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8831108
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	8831108
10	Interest on line 9 using prior year's actual return of <u>8.91</u> %	0	786852
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		625595
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		32969
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		658564
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	9617960

Part III Funding Percentages			
14	Funding target attainment percentage	14	83.68 %
15	Adjusted funding target attainment percentage	15	83.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/23/2024	300000	0	06/02/2025	300000	0		
10/25/2024	300000	0	06/23/2025	300000	0		
11/25/2024	300000	0	07/18/2025	300000	0		
12/27/2024	300000	0	08/22/2025	300000	0		
03/31/2025	900000	0					
05/02/2025	300000	0					
			Totals ▶	18(b)	3600000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3387407

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1200000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	14724570	1412582	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2612582	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2069952	2069952
36 Additional cash requirement (line 34 minus line 35)	36	542630	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3387407	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2844777	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	2069952	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SAN ANTONIO REGIONAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN ANTONIO REGIONAL HOSPITAL	D Employer Identification Number (EIN) 95-1183919	

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

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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)

PENSION BENEFIT GUARANTY CORP

52-1042410

(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?
99	INSURANCE	682329	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)

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	437725	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)

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	TRUSTEE	61354	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	45500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK

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	PORTFOLIO MGMT	10554	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)

STATE STREET RESEARCH & MGMT CO

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	PORTFOLIO MGMT	729	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"/>

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

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(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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>SAN ANTONIO REGIONAL HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAN ANTONIO REGIONAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>95-1183919</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM INV FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENT SERVICES, INC</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2339544</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GRP TRST DIVERSIFIED CR FUND</u>		
b Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC</u>		
c EIN-PN <u>82-6695738-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13054748</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GRP TRST DIVERSIFIED EQUITY FUN</u>		
b Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC</u>		
c EIN-PN <u>82-6695738-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29858256</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GRP TRST REAL ASSET FUND</u>		
b Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC</u>		
c EIN-PN <u>82-6695738-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12459941</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREAS US 10 YR KEY RT DUR NON-LEND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2054692</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREAS US 15 YR KEY RT DUR NON-LEND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2544669</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREAS US 20 YR KEY RT DUR NON-LEND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>45-3856189-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2346387</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **TREAS US 25PLUS YR KEY RT DUR NON-L**

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

c EIN-PN 45-3856224-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4624242
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE ST LONG US GOV BOND INDX NON-**

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

c EIN-PN 04-0025081-142	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1274836
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE ST INTERMEDIATE US GOV BND IN**

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

c EIN-PN 04-0025071-144	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2138678
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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)
-----------------	----------------------	---

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)
-----------------	----------------------	---

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SAN ANTONIO REGIONAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN ANTONIO REGIONAL HOSPITAL	D Employer Identification Number (EIN) 95-1183919

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2400000	2400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	59055	8446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2829915	2339541
(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)		
(5) Partnership/joint venture interests	1c(5)		
(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)	72220599	70356452
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	77509569	75104439
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	75333	64623
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	75333	64623
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	77434236	75039816

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)	3600000	
(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)		3600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	107690	
(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)		107690
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	127102	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)	2070035	
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5904827

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7061056	
(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)		7061056
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)	61354	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	45500	
(5) Investment advisory and investment management fees	2i(5)	231283	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	217725	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	682329	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1238191
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8299247

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2394420
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: ERNST & YOUNG

(2) EIN: 34-6565596

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.			

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 558959.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SAN ANTONIO REGIONAL HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAN ANTONIO REGIONAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>95-1183919</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	24
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 40.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 24.00 %
 High-Yield Debt: 14.00 % Real Assets: 14.00 % Cash or Cash Equivalents: 8.00 % Other: 0.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

San Antonio Regional Hospital Retirement Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



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The better the answer.
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San Antonio Regional Hospital Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2024 and 2023

Contents

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Report of Independent Auditors

The Audit Committee
San Antonio Regional Hospital Retirement Plan

Opinion

We have audited the financial statements of San Antonio Regional Hospital Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Ernst + Young LLP

October 3, 2025

San Antonio Regional Hospital Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value	\$ 72,695,993	\$ 75,050,514
Other receivables	8,446	59,055
Employer contribution receivable	2,400,000	2,400,000
Total assets	<u>75,104,439</u>	<u>77,509,569</u>
Liabilities		
Accrued expenses	64,623	75,333
Total liabilities	<u>64,623</u>	<u>75,333</u>
Net assets available for benefits	<u>\$ 75,039,816</u>	<u>\$ 77,434,236</u>

See notes to financial statements.

San Antonio Regional Hospital Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions to net assets attributed to:		
Interest and dividends	\$ 107,690	\$ 186,105
Net appreciation in fair value of investments	2,197,137	6,114,411
Employer contributions from San Antonio Regional Hospital	3,600,000	3,600,000
Deductions:		
Benefit payments	(7,061,055)	(6,084,692)
Administrative and other expenses	(1,238,192)	(1,177,366)
Net (decrease) increase in net assets available for benefits	(2,394,420)	2,638,458
Net assets available for benefits at beginning of year	<u>77,434,236</u>	<u>74,795,778</u>
Net assets available for benefits at end of year	<u><u>\$ 75,039,816</u></u>	<u><u>\$ 77,434,236</u></u>

See notes to financial statements.

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan

The San Antonio Regional Hospital Retirement Plan (the Plan) is a noncontributory defined benefit plan covering all employees of San Antonio Regional Hospital (the Hospital) who were hired prior to January 1, 2006, work at least 1,000 hours a year, and have completed one year of eligible service. Benefits vest after five years of service or on the attainment of age 62.

Information about the Plan, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation (PBGC) benefit guarantee are contained in the Summary Plan Description, *Retirement Plan for Employees of San Antonio Regional Hospital*. Copies of the Summary Plan Description are available from the Hospital's Human Resources Department.

Effective January 1, 1989, an amendment was adopted to comply with the Tax Reform Act of 1986, including a change in the vesting period from ten years to five years, a \$230,000 limitation on the amount of compensation taken into account for benefit determination and other purposes, and a change in the benefit formula for years of service in excess of 35. Effective January 1, 1994 and January 1, 2002, the Plan was further amended to limit the benefit determination for highly compensated employees. Effective June 1, 2004, the Plan was further amended to allow for an Early Retirement Window Benefit for participants who were in a job classification and department selected by the employer, who had attained age 55, and who had completed at least 15 years of credited service as of September 1, 2004.

On April 19, 2005, the Hospital's Board of Trustees unanimously voted to retain the Plan for existing employees only and implement a defined contribution plan set as a percentage of base pay for all new employees. Persons hired after December 31, 2005, are eligible for the defined contribution plan, and employees hired during or prior to 2005 remain in the Plan. The Hospital's Board of Trustees approved freezing the Plan, effective May 31, 2012, at which point plan participants will no longer accrue additional benefits related to credited service or subsequent pay increases. All other attributes of the Plan remain in place, including annuity and lump-sum distribution options when participants terminate employment.

The Plan is funded annually by employer contributions actuarially determined to provide the necessary assets to meet benefits payable to participants. The Plan has met the minimum funding requirements under the Employee Retirement Income Security Act of 1974, as amended (ERISA) for the years ended December 31, 2024 and 2023.

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Benefits are payable in a lump-sum payment or in the form of an annuity upon retirement or permanent disability in an amount based on the length of service and average annual earnings, as provided by the Plan.

The Hospital can terminate the Plan at any time, in which event assets would be set aside first for the payment of benefits to retirees and then for all other participants. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits; the funded status of the Plan; and, if necessary, the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all. The PBGC guarantees the payment of all nonforfeitable (vested) benefits, subject to certain limitations prescribed by ERISA.

2. Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Fair Value Measurements

The investments of the Plan are reported at fair value. Fair value is generally defined as the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date (see Note 3, Fair Value Measurements).

Investment Valuation and Income Recognition

Investments consist of common collective trusts held by Northern Trust Company, the trustee. Interest income is recognized when earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered through May 31, 2012.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Administrative expenses and trustee fees are paid by the Plan and the Hospital.

Due From/to Broker

Purchases and sales of investments are recorded on a trade-date basis. Due from brokers and due to brokers arise from unsettled sale and purchase transactions. The due from brokers and due to brokers amounts are included in other receivables and accrued expenses, respectively, within the statements of net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Subsequent Events

Management evaluated subsequent events through October 3, 2025, the date the accompanying financial statements were available to be issued.

3. Fair Value Measurements

The Plan uses various valuation approaches in determining the fair value of investment assets and liabilities with a hierarchy that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing an asset or liability based on market data obtained from independent sources. Unobservable inputs are inputs that reflect assumptions about the inputs that market participants would use in pricing the asset or a liability and are developed based on the best information available in the circumstances. The fair value hierarchy is broken down into three levels based on the source of inputs, as follows:

- Level 1 – Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that are accessible to the reporting entity at the measurement date.
- Level 2 – Valuations based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets in markets that are not active, and models for which all significant inputs are observable, either directly or indirectly.
- Level 3 – Valuations based on inputs that are both unobservable and significant to the overall fair value measurement.

The availability of observable inputs can vary among the various types of assets and liabilities. To the extent that the valuation is based on models or inputs that are less observable or unobservable in the market, the determination of the fair value requires more judgment. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for financial statement disclosure purposes, the level in the fair value hierarchy within which the fair value measurement is categorized is based on the lowest level of input that is significant to the overall fair value measurement.

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

Assets measured at fair value are based on one or more of three valuation techniques noted below.

- a. Market approach: Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- b. Cost approach: Amount that would be required to replace the service capacity of an asset (replacement cost).
- c. Income approach: Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option pricing, and excess earnings models).

The Plan's investments consist solely of collective investment trusts. The collective investment trust investments are valued at the net asset value (NAV) per unit of the individual collective trusts in each respective fund as the practical expedient, which is based on the fair value of the underlying investments.

Redemption Requirements

Fund Name	Fair Value Based on NAV as of December 31		Redemption Frequency	Redemption Notice Period
	2024	2023		
Northern Trust Short-Term Investment Fund	\$ 2,339,544	\$ 2,829,915	Daily	1 BD
WTW GT – Diversified Equity Fund	29,858,256	26,943,151	Daily	2 BD
WTW GT – Diversified Credit Fund	13,054,748	11,801,096	Monthly	30 BD
WTW GT – Real Assets Fund	12,459,941	12,253,132	Quarterly	180 CD
SSgA Interim US Govt. Bond Index	2,138,678	3,044,486	Daily	1 BD by 12 p.m. ET
SSgA Long Government Bond Index	1,274,836	1,359,561	Daily	1 BD by 12 p.m. ET
BlackRock TURF Funds (all)	11,569,990	16,819,173	Daily	2 BD
	<u>\$ 72,695,993</u>	<u>\$ 75,050,514</u>		

There are no unfunded commitments for any of the investments described in the table above.

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits

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

Accumulated plan benefit information is as follows:

	December 31, 2023
<hr/>	
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 38,858,208
Other participants	36,664,635
Total vested benefits	<hr/> 75,522,843
Total non-vested accumulated benefits	36,139
Total actuarial present value of accumulated plan benefits	<hr/> \$ 75,558,982 <hr/>
<hr/>	
	Year Ended December 31, 2023
<hr/>	
Change in actuarial present value of accumulated plan benefits:	
Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 74,913,463
Changes in accumulated plan benefits attributable to:	
Net actuarial loss	689,626
Interest due to decrease in the discount period	5,396,781
Assumption changes	643,804
Benefits paid	<hr/> (6,084,692)
Actuarial present value of accumulated plan benefits as of December 31, 2023	<hr/> \$ 75,558,982 <hr/>

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The more significant assumptions underlying the actuarial computations are as follows:

Discount rate	7.5%
Retirement age	Normal retirement age (65)
Mortality	Non-annuitants: Pri-2012 Employees table with no collar adjustment, with generational projection using Scale MP-2021. Annuitants: Pri-2012 Nondisabled Annuitant table with no collar adjustment, with generational projection using scale MP-2021. For annuitants, Scale MP-2021 is adjusted as follows: the rate of future improvement was reduced from 1.00% to 0.75%, with the rate of improvement declining to 0% by age 95.
Turnover	A moderate scale based upon participant age and consistent with the Hospital's experience

The \$1.3 million net actuarial loss incurred as of December 31, 2023, attributable to net actuarial gain and significant assumption changes, consists of the following:

- \$0.7 million loss due to census data update
- \$0.3 million gain due to changes in lump-sum conversion mortality (IRS 2023/MP-2021 to IRS 2024/MP-2021)
- \$0.9 million loss due to 34-basis-point decrease in lump-sum interest rate (5.70% to 5.36%)

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

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated August 20, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Risks and Uncertainties

Financial instruments that potentially subject the Plan to concentrations of credit risk consist of investment funds. The Plan's assets are invested in funds within the asset allocation guidelines established by the Finance Committee.

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

San Antonio Regional Hospital Retirement Plan

Notes to Financial Statements (continued)

7. Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds issued by affiliates of the Plan's actuary, Willis Towers Watson, and the Plan's trustee, Northern Trust Company. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Due to an administrative error, a non-plan expense was paid by the Plan, resulting in a nonexempt transaction in December 2023. The Plan was fully reimbursed for the ineligible expense in the current plan year.

8. Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees, PBGC fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Hospital on behalf of the Plan. Expenses that are paid directly by the Hospital are excluded from these financial statements.

Supplemental Schedules

San Antonio Regional Hospital Retirement Plan

EIN: 95-1183919 Plan Number: 001

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

Year Ended December 31, 2024

Identity of Issue	Description of Asset	Cost	Current Value
* NORTHERN TRUST	SHORT-TERM INVESTMENT FUND	\$ 2,339,544	\$ 2,339,544
BLACKROCK	TREASURY U.S. 10 YEAR KEY RATE DURATION NL FUND A	5,171,521	2,054,692
BLACKROCK	TREASURY U.S. 15 YEAR KEY RATE DURATION NL FUND A	5,817,844	2,544,669
BLACKROCK	TREASURY U.S. 20 YEAR KEY RATE DURATION NL FUND A	4,529,548	2,346,387
BLACKROCK	TREASURY U.S. 25+ YEAR KEY RATE DURATION NL FUND A	15,719,147	4,624,242
SSGA	INTERMEDIATE US GOVERNMENT BOND INDEX FUND	2,039,597	2,138,678
SSGA	LONG US GOVERNMENT BOND INDEX FUND	2,010,680	1,274,836
* WILLIS TOWERS WATSON	GT DIVERSIFIED CREDIT FUND	9,697,193	13,054,748
* WILLIS TOWERS WATSON	GT DIVERSIFIED EQUITY FUND	18,094,381	29,858,256
* WILLIS TOWERS WATSON	GT REAL ASSETS FUND	9,385,257	12,459,941
			<u>\$ 72,695,993</u>

* Investment with a party in interest.

San Antonio Regional Hospital Retirement Plan

EIN: 95-1183919 Plan Number: 001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) – series of transactions in excess of 5% of plan assets							
WILLIS TOWERS WATSON	GT DIVERSIFIED EQUITY FUND	\$ 1,250,000	\$ –	\$ –	\$ 1,250,000	\$ 1,250,000	\$ –
WILLIS TOWERS WATSON	GT DIVERSIFIED EQUITY FUND	–	3,050,000	–	1,861,203	3,050,000	1,188,797
NORTHERN TRUST	SHORT TERM INV FD	8,383,270	–	–	8,383,270	8,383,270	–
NORTHERN TRUST	SHORT TERM INV FD	–	8,889,097	–	8,889,097	8,889,097	–

There were no category (i), (ii) or (iv) reportable transactions during 2024.

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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	San Antonio Regional Hospital
EIN/PN	95-1183919/001
Plan Name	San Antonio Regional Hospital Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jay A Sorensen
Enrollment Number	23-07298

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan San Antonio Regional Hospital Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAN ANTONIO REGIONAL HOSPITAL	D Employer Identification Number (EIN) 95-1183919	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	77,406,071
	b Actuarial value	2b	85,146,678
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	346	46,380,712
	b For terminated vested participants	147	9,050,117
	c For active participants	374	34,822,459
	d Total	867	90,253,288
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.14 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	1,200,000
	c Target normal cost	6c	1,200,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jay A Sorensen JAS Signature of actuary	09/29/2025 Date
	Jay A Sorensen Type or print name of actuary	23-07298 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	(949) 253-5200 Telephone number (including area code)
	2010 Main Street Irvine Concourse - Suite 1050 Irvine CA 92614 Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1,200,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	14,724,570	1,412,582	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2,612,582	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,069,952	2,069,952
36 Additional cash requirement (line 34 minus line 35)	36	542,630	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,387,407	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,844,777	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	2,069,952	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	San Antonio Regional Hospital
EIN/PN	95-1183919/001
Plan Name	San Antonio Regional Hospital Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jay A Sorensen
Enrollment Number	23-07298

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.20	698	0.698337	0.139667	8.659382
63	0.20	559	0.558670	0.111734	7.039240
64	0.20	447	0.446936	0.089387	5.720779
65	0.30	358	0.357549	0.107265	6.972200
66	0.50	250	0.250284	0.125142	8.259375
67	0.40	125	0.125142	0.050057	3.353807
68	0.20	75	0.075085	0.015017	1.021159
69	0.20	60	0.060068	0.012014	0.828941
70	1.00	48	0.048055	0.048055	3.363818
Average age at retirement					62.653380
Rounded for Schedule SB item 22					63

Plan Name: San Antonio Regional Hospital Retirement Plan
 EIN / PN: 95-1183919/001
 Plan Sponsor: San Antonio Regional Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation: N/A
- Statutory limits on compensation N/A

Plan-related expenses \$1,200,000

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are to be used for purposes of determining the deductible limit.

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality (Contributions)

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

Termination Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
25-29	9%
30-34	8%
35+	5%

Disability None.

Retirement Rates varying by age, average age 63.

Percentage retiring during the year	
Age	Rate
55-61	5%
62-64	20%
65	30%
66	50%
67	40%
68-69	20%
70	100%

Plan Name: San Antonio Regional Hospital Retirement Plan
 EIN / PN: 95-1183919/001
 Plan Sponsor: San Antonio Regional Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit Lump sums are assumed paid upon the participant's death; annuity benefits are assumed to commence at the earlier of the participant's age 62 with 10 years of service or age 65
- Termination Benefit Lump sums are assumed to be paid upon termination of employment; annuity benefits are assumed to commence at the earlier of age 62 with 10 years of service or age 65
- Deferred vested benefit For deferred vested participants at the valuation date, annuity benefits are assumed to commence at the earlier of age 62 with 10 years of service or age 65
- Retirement benefit Upon termination of employment

Form of payment

70% of participants are assumed to elect a lump sum, 20% are assumed to elect a life annuity and 10% are assumed to elect a 50% J&S.

Percent married

85%

Spouse age

Wife three years younger than husband.

Covered pay

N/A

Administrative expenses

3-year average of administrative expenses plus estimated PBGC premiums for the current year, rounded to the nearest \$100,000. The assumed plan-related expenses included in the 2024 target normal cost is \$1,200,000.

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually a lump sum if not early retirement eligible. If early retirement eligible, these participants are assumed to elect a life annuity.

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Lump sum conversion rate

As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Plan-related expenses

Administrative expenses are estimated by reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding 3 years.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any

Plan Name: San Antonio Regional Hospital Retirement Plan
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Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

conditions have changed that would be expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 as permitted by IRC §430.

The mortality tables used to calculate the funding target and target normal cost were updated to reflect the latest mortality tables and improvement scale, as required by guidance issued by the IRS under IRC §430. In addition, projection of mortality improvement was changed from using a static projection to a generational projection as required by guidance issued by the IRS under IRC §430.

Change in methods since prior valuation

There have been no changes.

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

All amendments through January 1, 2024 have been reflected in the valuation.

Participation date All employees hired prior to January 1, 2006 participate on the first of the month following one year of service. Employees who terminate and are rehired on or after January 1, 2006, will not be eligible to accrue benefits for service earned after January 1, 2006.

The plan was amended on May 31, 2012 to freeze future benefit accruals for all participants.

Definitions

Credited service The period of service from date of participation to date of termination excluding the period of any breaks in service. On and after January 1, 1976, credited service will be one year for each plan year during which 1,000 or more hours are worked and the employee is both a participant and an employee on the first and last day of the plan year. Fractional years are granted in the year of entry and the year of termination.

Vesting service Prior to January 1, 1976, a year of continuous employment. On and after January 1, 1976, a plan year during which an employee completes at least 1,000 hours.

Compensation Base salary or wages.

Average monthly compensation The average of an employee's monthly compensation during the five consecutive years of highest earnings during the ten-year period prior to date of termination of employment.

Normal retirement date (NRD) First of month coinciding with or following the attainment of age 65.

Retirement benefit 1.4% of the first \$750 of average monthly compensation plus 1.9% of excess average monthly compensation, multiplied by credited service limited to 35 years, plus 1.86% of average monthly compensation, multiplied by credited service in excess of 35 years.

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement spouse benefit Determined as if employee had elected the 50% joint and survivor option just before death. Monthly pension will be paid commencing on the later of the participant's date of death or his earliest retirement date and is payable for the remaining lifetime of the surviving spouse.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD after both attaining age 55 and completing ten years of vesting service, or at age 62.

Postponed retirement Retirement after NRD.

Vested termination Termination for reasons other than death or retirement after completing five or more years of vesting service, or attaining age 62 while actively employed.

Preretirement death benefit Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse. A one-year duration of marriage is required.

Benefits Paid Upon the Following Events

Normal retirement Retirement benefit determined as of NRD.

Early retirement Retirement benefit based on credited service and average monthly earnings at date of retirement, reduced by ½% for each month by which the early retirement date precedes age 62.

Postponed retirement Retirement benefit based on credited service and average monthly compensation at actual retirement date.

Vested termination Retirement benefit based on credited service and average monthly compensation at actual date of termination. Benefit is actuarially reduced from age 65 for commencement before age 55. If participant is age 55 and has 10 years of vesting service when benefits commence, the benefit is reduced ½% for each month before age 62. If participant is age 55 and has less than 10 years of vesting service when benefits commence, the benefit is actuarially reduced from age 65.

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death Monthly preretirement spouse benefit is payable immediately if participant was vested at death, or can be deferred to a later commencement date.

Other Plan Provisions

Forms of payment Preretirement spouse benefits are payable as described above or as a lump sum. Monthly pension benefits are paid for the life of the participant as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, 75%, and 100% joint and survivor annuity, a lump sum option, and a Social Security adjustment option for participants who retire before age 62.

Optional form conversion factors Conversion factors vary by age difference between participant and beneficiary.

Conversion Factors

<u>Optional Form of Payment</u>	<i>Conversion Factors</i>		
	<i>Ptp 5 years older than beneficiary</i>	<i>Ptp same age as beneficiary</i>	<i>Ptp 5 years younger than beneficiary</i>
50% contingent annuity	.900	.920	.940
75% contingent annuity	.855	.880	.905
100% contingent annuity	.820	.850	.880

Lump sum and level-income annuity Conversion factors are based on 417(e)(3) mandated mortality and the applicable interest rate based on 417(e)(3) for the second calendar month preceding the first day of the plan year. Lump sum conversion is based on the present value of a deferred to age 65 annuity.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: San Antonio Regional Hospital Retirement Plan
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 Plan Sponsor: San Antonio Regional Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹												40 & Over	Total	
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39			
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	0	2	2	0	0	0	0	0	0	0	0	5
40-44	0	0	2	1	0	25	5	0	0	0	0	0	0	0	33
45-49	1	0	1	1	0	28	26	0	0	0	0	0	0	0	57
50-54	0	1	0	1	1	30	39	12	2	0	0	0	0	0	86
55-59	0	0	0	1	0	37	17	16	9	3	0	0	0	0	83
60-64	2	0	0	0	0	24	28	11	16	3	2	0	0	0	86
65-69	0	0	0	0	0	9	5	1	2	1	1	1	0	0	20
70 & over	0	0	0	0	0	0	1	1	2	0	0	0	0	0	4
Total	3	1	4	4	3	155	121	41	31	7	3	1	0	0	374
Average:	Age	55	Number of Participants:			Fully vested	372			Males	87				
	Service	12				Partially vested	0			Females	287				
Census data as of January 1, 2024															

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

Plan Name: San Antonio Regional Hospital Retirement Plan
 EIN / PN: 95-1183919/001
 Plan Sponsor: San Antonio Regional Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(1,619,607)	15.00000	(1,619,607)	(147,352)
2. Shortfall	01/01/2023	17,033,430	14.00000	16,344,177	1,559,934
Total				14,724,570	1,412,582

Plan Name: San Antonio Regional Hospital Retirement Plan
EIN / PN: 95-1183919/001
Plan Sponsor: San Antonio Regional Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.20	698	0.698337	0.139667	8.659382
63	0.20	559	0.558670	0.111734	7.039240
64	0.20	447	0.446936	0.089387	5.720779
65	0.30	358	0.357549	0.107265	6.972200
66	0.50	250	0.250284	0.125142	8.259375
67	0.40	125	0.125142	0.050057	3.353807
68	0.20	75	0.075085	0.015017	1.021159
69	0.20	60	0.060068	0.012014	0.828941
70	1.00	48	0.048055	0.048055	3.363818
Average age at retirement					62.653380
Rounded for Schedule SB item 22					63

Plan Name: San Antonio Regional Hospital Retirement Plan
 EIN / PN: 95-1183919/001
 Plan Sponsor: San Antonio Regional Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹												40 & Over	Total	
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39			
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	0	2	2	0	0	0	0	0	0	0	0	5
40-44	0	0	2	1	0	25	5	0	0	0	0	0	0	0	33
45-49	1	0	1	1	0	28	26	0	0	0	0	0	0	0	57
50-54	0	1	0	1	1	30	39	12	2	0	0	0	0	0	86
55-59	0	0	0	1	0	37	17	16	9	3	0	0	0	0	83
60-64	2	0	0	0	0	24	28	11	16	3	2	0	0	0	86
65-69	0	0	0	0	0	9	5	1	2	1	1	1	0	0	20
70 & over	0	0	0	0	0	0	1	1	2	0	0	0	0	0	4
Total	3	1	4	4	3	155	121	41	31	7	3	1	0	0	374
Average:	Age	55	Number of Participants:		Fully vested	372		Males	87						
	Service	12			Partially vested	0		Females	287						
Census data as of January 1, 2024															

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
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Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(1,619,607)	15.00000	(1,619,607)	(147,352)
2. Shortfall	01/01/2023	17,033,430	14.00000	16,344,177	1,559,934
Total				14,724,570	1,412,582

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
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Annual rates of increase

- Compensation: N/A
- Statutory limits on compensation N/A

Plan-related expenses \$1,200,000

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are to be used for purposes of determining the deductible limit.

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Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality (Contributions)

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

Termination Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
25-29	9%
30-34	8%
35+	5%

Disability None.

Retirement Rates varying by age, average age 63.

Percentage retiring during the year	
Age	Rate
55-61	5%
62-64	20%
65	30%
66	50%
67	40%
68-69	20%
70	100%

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Benefit commencement date:

- Preretirement death benefit Lump sums are assumed paid upon the participant's death; annuity benefits are assumed to commence at the earlier of the participant's age 62 with 10 years of service or age 65
- Termination Benefit Lump sums are assumed to be paid upon termination of employment; annuity benefits are assumed to commence at the earlier of age 62 with 10 years of service or age 65
- Deferred vested benefit For deferred vested participants at the valuation date, annuity benefits are assumed to commence at the earlier of age 62 with 10 years of service or age 65
- Retirement benefit Upon termination of employment

Form of payment

70% of participants are assumed to elect a lump sum, 20% are assumed to elect a life annuity and 10% are assumed to elect a 50% J&S.

Percent married

85%

Spouse age

Wife three years younger than husband.

Covered pay

N/A

Administrative expenses

3-year average of administrative expenses plus estimated PBGC premiums for the current year, rounded to the nearest \$100,000. The assumed plan-related expenses included in the 2024 target normal cost is \$1,200,000.

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually a lump sum if not early retirement eligible. If early retirement eligible, these participants are assumed to elect a life annuity.

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Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Lump sum conversion rate

As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Plan-related expenses

Administrative expenses are estimated by reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding 3 years.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any

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conditions have changed that would be expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 as permitted by IRC §430.

The mortality tables used to calculate the funding target and target normal cost were updated to reflect the latest mortality tables and improvement scale, as required by guidance issued by the IRS under IRC §430. In addition, projection of mortality improvement was changed from using a static projection to a generational projection as required by guidance issued by the IRS under IRC §430.

Change in methods since prior valuation

There have been no changes.

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

All amendments through January 1, 2024 have been reflected in the valuation.

Participation date All employees hired prior to January 1, 2006 participate on the first of the month following one year of service. Employees who terminate and are rehired on or after January 1, 2006, will not be eligible to accrue benefits for service earned after January 1, 2006.

The plan was amended on May 31, 2012 to freeze future benefit accruals for all participants.

Definitions

Credited service The period of service from date of participation to date of termination excluding the period of any breaks in service. On and after January 1, 1976, credited service will be one year for each plan year during which 1,000 or more hours are worked and the employee is both a participant and an employee on the first and last day of the plan year. Fractional years are granted in the year of entry and the year of termination.

Vesting service Prior to January 1, 1976, a year of continuous employment. On and after January 1, 1976, a plan year during which an employee completes at least 1,000 hours.

Compensation Base salary or wages.

Average monthly compensation The average of an employee's monthly compensation during the five consecutive years of highest earnings during the ten-year period prior to date of termination of employment.

Normal retirement date (NRD) First of month coinciding with or following the attainment of age 65.

Retirement benefit 1.4% of the first \$750 of average monthly compensation plus 1.9% of excess average monthly compensation, multiplied by credited service limited to 35 years, plus 1.86% of average monthly compensation, multiplied by credited service in excess of 35 years.

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Preretirement spouse benefit Determined as if employee had elected the 50% joint and survivor option just before death. Monthly pension will be paid commencing on the later of the participant's date of death or his earliest retirement date and is payable for the remaining lifetime of the surviving spouse.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD after both attaining age 55 and completing ten years of vesting service, or at age 62.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five or more years of vesting service, or attaining age 62 while actively employed.
Preretirement death benefit	Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse. A one-year duration of marriage is required.

Benefits Paid Upon the Following Events

Normal retirement	Retirement benefit determined as of NRD.
Early retirement	Retirement benefit based on credited service and average monthly earnings at date of retirement, reduced by ½% for each month by which the early retirement date precedes age 62.
Postponed retirement	Retirement benefit based on credited service and average monthly compensation at actual retirement date.
Vested termination	Retirement benefit based on credited service and average monthly compensation at actual date of termination. Benefit is actuarially reduced from age 65 for commencement before age 55. If participant is age 55 and has 10 years of vesting service when benefits commence, the benefit is reduced ½% for each month before age 62. If participant is age 55 and has less than 10 years of vesting service when benefits commence, the benefit is actuarially reduced from age 65.

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Preretirement death Monthly preretirement spouse benefit is payable immediately if participant was vested at death, or can be deferred to a later commencement date.

Other Plan Provisions

Forms of payment Preretirement spouse benefits are payable as described above or as a lump sum. Monthly pension benefits are paid for the life of the participant as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, 75%, and 100% joint and survivor annuity, a lump sum option, and a Social Security adjustment option for participants who retire before age 62.

Optional form conversion factors Conversion factors vary by age difference between participant and beneficiary.

Conversion Factors

<u>Optional Form of Payment</u>	<i>Conversion Factors</i>		
	<i>Ptp 5 years older than beneficiary</i>	<i>Ptp same age as beneficiary</i>	<i>Ptp 5 years younger than beneficiary</i>
50% contingent annuity	.900	.920	.940
75% contingent annuity	.855	.880	.905
100% contingent annuity	.820	.850	.880

Lump sum and level-income annuity Conversion factors are based on 417(e)(3) mandated mortality and the applicable interest rate based on 417(e)(3) for the second calendar month preceding the first day of the plan year. Lump sum conversion is based on the present value of a deferred to age 65 annuity.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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San Antonio Regional Hospital Retirement Plan

EIN: 95-1183919 Plan Number: 001

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

Year Ended December 31, 2024

Identity of Issue	Description of Asset	Cost	Current Value
* NORTHERN TRUST	SHORT-TERM INVESTMENT FUND	\$ 2,339,544	\$ 2,339,544
BLACKROCK	TREASURY U.S. 10 YEAR KEY RATE DURATION NL FUND A	5,171,521	2,054,692
BLACKROCK	TREASURY U.S. 15 YEAR KEY RATE DURATION NL FUND A	5,817,844	2,544,669
BLACKROCK	TREASURY U.S. 20 YEAR KEY RATE DURATION NL FUND A	4,529,548	2,346,387
BLACKROCK	TREASURY U.S. 25+ YEAR KEY RATE DURATION NL FUND A	15,719,147	4,624,242
SSGA	INTERMEDIATE US GOVERNMENT BOND INDEX FUND	2,039,597	2,138,678
SSGA	LONG US GOVERNMENT BOND INDEX FUND	2,010,680	1,274,836
* WILLIS TOWERS WATSON	GT DIVERSIFIED CREDIT FUND	9,697,193	13,054,748
* WILLIS TOWERS WATSON	GT DIVERSIFIED EQUITY FUND	18,094,381	29,858,256
* WILLIS TOWERS WATSON	GT REAL ASSETS FUND	9,385,257	12,459,941
			<u>\$ 72,695,993</u>

* Investment with a party in interest

San Antonio Regional Hospital Retirement Plan

EIN: 95-1183919 Plan Number: 001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - single transactions in excess of 5% of Plan assets							
Category (iii) - series of transactions in excess of 5% of Plan assets							
WILLIS TOWERS WATSON	GT DIVERSIFIED EQUITY FUND	1,250,000	-	-	1,250,000	1,250,000	-
WILLIS TOWERS WATSON	GT DIVERSIFIED EQUITY FUND	-	3,050,000	-	1,861,203	3,050,000	1,188,797
NORTHERN TRUST	SHORT TERM INV FD	8,383,270	-	-	8,383,270	8,383,270	-
NORTHERN TRUST	SHORT TERM INV FD	-	8,889,097	-	8,889,097	8,889,097	-

There were no category (ii) or (iv) reportable transactions during 2024