

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEXAS HOSPITAL ASSOCIATION RETIREMENT MASTER TRUST FOR MEMBER HOSPITALS
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SUCCESSOR TRUSTEES OF THE TX HOSP. ASS. RET. PLAN FOR MEM. HOSP.
2b Employer Identification Number (EIN): 74-2672021
2c Plan Sponsor's telephone number: 512-465-1017
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  TEXAS HOSPITAL ASSOCIATION  1108 LAVACA STREET, SUITE 700 AUSTIN, TX 78701-2172	<b>3b</b> Administrator's EIN 74-1362741  <b>3c</b> Administrator's telephone number 512-465-1017																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>		<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6a(2)</b>																					
<b>6b</b>																					
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<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

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

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

<b>A</b> Name of plan TEXAS HOSPITAL ASSOCIATION RETIREMENT MASTER TRUST FOR MEMBER HOSPITALS	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 SUCCESSOR TRUSTEES OF THE TX HOSP. ASS. RET. PLAN FOR MEM. HOSP.	<b>D</b> Employer Identification Number (EIN) 74-2672021	

**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  
 DODGE & COX

94-1441976

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
 GQG PARTNERS 450 EAST LAS OLAS BLVD  
 SUITE 750  
 FORT LAUDERDALE, FL 33301

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
 PACIFIC INVESTMENT MGMT  
  
 33-0629048

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
 RELIANCE TRUST COMPANY  
  
 58-1428634

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

VANGUARD INSTITUTIONAL ASSET MGMT

23-1945930

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

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

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

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

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

RUDD & WISDOM, INC.

74-1896655

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1849395	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)

TEXAS HOSPITAL ASSOCIATION

74-1362741

(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?
14 50	PLAN ADMINISTRATOR	401836	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)

MORGAN STANLEY INVESTMENT MGMT

13-3040307

(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 68 51 52	NONE	363203	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

AON INVESTMENT CONSULTING

36-3109431

(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?
27 50	NONE	160000	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)

FORVIS MAZARS LLP

44-1106026

(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 50	NONE	124425	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)

INSURICA OF CENTRAL OKLAHOMA

83-0738951

(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?
22 50	NONE	113326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

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?
22 50 62 99	NONE	107487	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 GLOBAL ADVISORS

81-4017137

(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?
18 19 51 52 56 99	NONE	51975	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

JACKSON & CARTER

46-1704105

(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?
29 50	NONE	11099	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)

ARMANINO LLP

94-6214841

(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 50	NONE	10820	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>TEXAS HOSPITAL ASSOCIATION RETIREMENT MASTER TRUST FOR MEMBER HOSPITALS</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUCCESSOR TRUSTEES OF THE TX HOSP. ASS. RET. PLAN FOR MEM. HOSP.</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2672021</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INTERNATIONAL EQUITY TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>MORGAN STANLEY INVESTMENT MANAGEMENT</u>		
<b>c</b> EIN-PN <u>04-3222247-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>S&amp;P 500 FLAGSHIP NL FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-0025081-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>341303434</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>US AGGREGATE BOND INDEX NL FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-0025081-070</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>106950082</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NT COLTV SHORT TERM INVT FD</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6781764</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RUSSELL 1000 (R) VALUE INDX SL FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-0025081-015</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>65930809</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GQG PARTNERS INTL EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>GQG PARTNERS</u>		
<b>c</b> EIN-PN <u>82-6253445-011</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>59110256</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CORE PLUS FIXED INCOME TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>LOOMIS SAYLES &amp; COMPANY</u>		
<b>c</b> EIN-PN <u>84-6391546-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>106285539</u>



<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TEXAS HOSPITAL ASSOCIATION RET PLAN FOR ANSON GENERAL HOSPITAL	
<b>b</b>	Name of plan sponsor	ANSON GENERAL HOSPITAL	<b>c</b> EIN-PN 75-6003659-001
<b>a</b>	Plan name	TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TEXAS HOSPITAL ASSOCIATION	<b>c</b> EIN-PN 74-1362741-002
<b>a</b>	Plan name	TEXAS HOSPITAL ASSOCIATION RET PLAN FOR CITIZENS MEDICAL CENTER	
<b>b</b>	Name of plan sponsor	CITIZENS MEDICAL CENTER	<b>c</b> EIN-PN 74-1698143-001
<b>a</b>	Plan name	TEXAS HOSPITAL ASSOCIATION RET PLAN FOR EAST TEXAS MEDICAL CENTER	
<b>b</b>	Name of plan sponsor	EAST TEXAS MEDICAL CENTER	<b>c</b> EIN-PN 75-1803325-001
<b>a</b>	Plan name	JPS PENSION PLAN	
<b>b</b>	Name of plan sponsor	TARRANT COUNTY HOSPITAL DISTRICT	<b>c</b> EIN-PN 74-6000439-001
<b>a</b>	Plan name	TEXAS HOSPITAL ASSOCIATION RET PLAN FOR GUADALUPE REGIONAL MEDICAL CTR	
<b>b</b>	Name of plan sponsor	GUADALUPE REGIONAL MEDICAL CENTER	<b>c</b> EIN-PN 74-1386053-001
<b>a</b>	Plan name	HEALTHCARE RECEIVABLES SOLUTIONS MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCARE RECEIVABLES SOLUTIONS	<b>c</b> EIN-PN 51-0136325-001
<b>a</b>	Plan name	JACKSON COUNTY HOSPITAL MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	JACKSON COUNTY HOSPITAL DISTRICT	<b>c</b> EIN-PN 74-1738475-001
<b>a</b>	Plan name	THA 457 PLAN FOR JACKSON COUNTY HOSPITAL	
<b>b</b>	Name of plan sponsor	JACKSON COUNTY HOSPITAL DISTRICT	<b>c</b> EIN-PN 74-1738475-002
<b>a</b>	Plan name	LIMESTONE MEDICAL CENTER MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	LIMESTONE MEDICAL CENTER	<b>c</b> EIN-PN 74-1744089-001
<b>a</b>	Plan name	TEXAS HOSPITAL ASSOCIATION 457 PLAN FOR LIMESTONE MEDICAL CENTER	
<b>b</b>	Name of plan sponsor	LIMESTONE MEDICAL CENTER	<b>c</b> EIN-PN 74-1744089-002
<b>a</b>	Plan name	THA RETIREMENT PLAN FOR SWEENEY COMMUNITY HOSPITAL	
<b>b</b>	Name of plan sponsor	SWEENEY COMMUNITY HOSPITAL	<b>c</b> EIN-PN 74-1498067-001

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

<b>a</b> Plan name	STARR COUNTY MEMORIAL HOSPITAL MONEY PURCHASE PENSION PLAN	
<b>b</b> Name of plan sponsor	STARR COUNTY MEMORIAL HOSPITAL	<b>c</b> EIN-PN 74-1794256-001

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TEXAS HOSPITAL ASSOCIATION RETIREMENT MASTER TRUST FOR MEMBER HOSPITALS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SUCCESSOR TRUSTEES OF THE TX HOSP. ASS. RET. PLAN FOR MEM. HOSP.</b>	<b>D</b> Employer Identification Number (EIN) <b>74-2672021</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	1658
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	325628	41957
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	461811744	686361883
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	57469690	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	265762299	200679576
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	785369361	887085074
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	294800	16560
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	294800	16560
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	785074561	887068514

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3940073	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	6347	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	80286111
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	5405758
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	8656841
<b>c</b> Other income .....	2c	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	98295130

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	401836
(3) Recordkeeping fees .....	2i(3)	0
(4) IQPA audit fees .....	2i(4)	135245
(5) Investment advisory and investment management fees .....	2i(5)	575178
(6) Bank or trust company trustee/custodial fees .....	2i(6)	107487
(7) Actuarial fees .....	2i(7)	1849395
(8) Legal fees .....	2i(8)	11264
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	1613
(11) Other expenses .....	2i(11)	121305
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	3203323
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	3203323

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	95091807
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	36998305
(2) From this plan .....	2l(2)	30096159

**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: **FORVIS MAZARS LLP**

(2) EIN: **44-1106026**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

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

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

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

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

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




# **Texas Hospital Association Retirement Master Trust for Member Hospitals**

**EIN: 74-2672021 Plan: 001**

**Independent Auditor's Report, Financial Statements,  
Supplemental Schedules, and Supplementary  
Information – Modified Cash Basis**

December 31, 2024 and 2023



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## **Independent Auditor's Report**

Board of Successor Trustees  
Texas Hospital Association Retirement Master Trust for Member Hospitals  
Austin, Texas

### ***Opinion***

We have audited the financial statements of Texas Hospital Association Retirement Master Trust for Member Hospitals (Trust), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits – modified cash basis of the Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits – modified cash basis for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2.

### ***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 Trust 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.

### ***Emphasis of Matter – Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

### ***Other Matter***

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and accumulated plan benefits or the changes in net assets available for benefits or changes in accumulated plan benefits of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) relating to the financial statements of employee benefit plans.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. This includes 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.

### ***Auditor's Responsibility 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 Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

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 on the financial statements as a whole. The supplemental schedules listed in the table of contents 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 included in the supplemental schedules has been subjected to the 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 generally accepted auditing standards.

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 Disclosures under ERISA.

In our opinion, the information in the accompanying 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.

***Supplementary Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying statement of changes in net assets available for benefits by member hospitals – modified cash basis for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

***Forvis Mazars, LLP***

**Austin, Texas  
September 8, 2025**

Texas Hospital Association Retirement Master Trust for Member Hospitals  
Statements of Net Assets Available for Benefits – Modified Cash Basis  
December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Non-interest bearing cash	\$ 1,658	\$ -
Investments, at fair value		
Mutual funds	200,679,576	265,762,299
Collective investment trusts	686,361,883	461,811,744
103-12 investment fund	-	57,469,690
Total investments, at fair value	887,041,459	785,043,733
Accrued interest on investments	41,957	325,628
Total assets	887,085,074	785,369,361
<b>LIABILITIES</b>		
Investments purchased pending settlement	16,560	294,800
Net assets available for benefits	\$ 887,068,514	\$ 785,074,561

Texas Hospital Association Retirement Master Trust for Member Hospitals  
Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis  
Years Ended December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
Additions to net assets		
Contributions		
Employer	\$ 25,357,869	\$ 24,594,472
Employee	11,640,436	11,166,782
Total contributions	36,998,305	35,761,254
Investment income		
Dividends, interest, and other investment income	3,940,073	6,530,648
Net appreciation in fair value of investments	94,355,057	109,718,016
Total investment income	98,295,130	116,248,664
Total additions to net assets, including total investment income	135,293,435	152,009,918
Deductions from net assets		
Benefits paid to participants or beneficiaries	30,096,159	27,936,748
Administrative expenses	3,203,323	3,061,503
Total deductions from net assets	33,299,482	30,998,251
Net increase in net assets available for benefits	101,993,953	121,011,667
Net assets available for benefits, beginning of year	785,074,561	664,062,894
Net assets available for benefits, end of year	\$ 887,068,514	\$ 785,074,561

Texas Hospital Association Retirement Master Trust for Member Hospitals  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023

1. ENTITY

The Texas Hospital Association Retirement Master Trust for Member Hospitals (“Trust”) was designed for use by electing members of the Texas Hospital Association. The Trust was created for the purpose of administering and investing the assets of the participating members’ plans. The Trust’s assets consist of cash, cash equivalents, and various types of investment securities which are held and invested by investment managers. The Trust’s custodian is Northern Trust Company. The Trust is considered to be a Master Trust Investment Account by the Department of Labor (“DOL”) and under the Employee Retirement Income Security Act of 1974 (“ERISA”).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Trust are prepared on the basis of cash receipts and disbursements (modified cash basis of accounting), which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting applied by the Trust additions, contributions, expenses, and deductions are recognized when cash is received or paid and purchases and sales of securities are recorded on a settlement date basis. Investments are reported at estimated fair value. Accordingly, the accompanying financial statements do not purport to present net assets available for benefits and changes in net assets available for benefits in accordance with generally accepted accounting principles.

The accompanying financial statements are those of the Trust. The statements do not purport to present the net assets available for benefits or financial status of the various plans that participate in the Trust. The statements do not contain certain information on accumulated plan benefits (applicable for the defined benefit plans) and other disclosures necessary for a fair presentation of the financial status of the various plans that participate in the Trust in conformity with accounting principles generally accepted in the United States of America. Furthermore, these statements do not purport to satisfy DOL’s Rules and Regulations for Reporting and Disclosure under the ERISA relating to the financial statements of employee benefit plans.

Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting described in Note 2 requires management to make estimates that affect the amounts reported in the financial statements, accompanying notes, and supplementary information. Actual results could differ from those estimates.

Administrative expenses

Trust administrative expenses such as Trust administrator, actuarial, consulting, governmental compliance, legal, audit, management, and insurance fees are paid by the Trust. Expenses are directly allocated to the plans incurring the actual cost, and indirectly allocated to the individual plans based on their respective percentage of beginning of month total assets. The Trust is not required to reimburse the member hospitals for expenses paid on its behalf.

Texas Hospital Association Retirement Master Trust for Member Hospitals  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risk and uncertainties

The Trust provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the participant account balances and amounts reported in the statements of net assets available for benefits – modified cash basis.

Plan termination

During the year ended December 31, 2023, the Healthcare Receivables Solutions Money Purchase Pension Plan, which terminated effective December 31, 2022, processed lump sum distributions to participants for all remaining balances in the plan. As of December 31, 2023, only residual accrued expenses and distributions with pay dates in early January 2024 remained in the trust. All accrued expenses were paid from the trust by March 31, 2024.

Investments valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trust Administrator determines the Trust's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement date basis. Interest income and dividends are recorded on the date received by the Trust. Net appreciation in the fair value of investments includes the Trust's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded when made.

Management Fees

Management fees and expenses charged to the Trust for investments in mutual fund accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Texas Hospital Association Retirement Master Trust for Member Hospitals  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent events

Subsequent events have been evaluated through September 8, 2024, which is the date the financial statements and supplementary information were available to be issued.

Subsequent to December 31, 2024, the Jackson County Hospital District Money Purchase Pension Plan and the THA Section 457 Plan for Jackson County Hospital District each began the process of moving all of their assets and liabilities to a new trust for participant directed plans.

Subsequent to December 31, 2024, the Texas Hospital Association Retirement Plan for Anson General Hospital terminated effective April 30, 2025. All of its assets and liabilities will be transferred out of the Trust.

3. FAIR VALUE MEASUREMENTS

The guidance for fair value measurement establishes the authoritative definition of fair value, sets out a framework for measuring fair value, and outlines the required disclosures regarding fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The Trust uses a three-tier fair value hierarchy based upon observable and non-observable inputs as follows:

- *Level 1* - Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Trust has the ability to access at the measurement date.
- *Level 2* - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- *Level 3* - Unobservable inputs developed using the Trust's estimates and assumptions which reflect those that market participants would use.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- **Mutual funds:** Valued at the daily closing price as reported by the fund. Mutual funds held by the Trust are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded.

Texas Hospital Association Retirement Master Trust for Member Hospitals  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023

3. FAIR VALUE MEASUREMENTS (continued)

- Collective investment trust and 103-12 investment funds: NAV is based on the market value of its underlying investments and is not a publicly quoted price in an active market. NAV is used as a practical expedient to estimate fair value. For these funds, there are no unfunded commitments or redemption restrictions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Trust's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	<u>\$ 200,679,576</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 200,679,576</u>
Investments measured at net asset value				<u>686,361,883</u>
				<u>\$ 887,041,459</u>

The following table sets forth by level, within the fair value hierarchy, the Trust's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	<u>\$ 265,762,299</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 265,762,299</u>
Investments measured at net asset value				<u>519,281,434</u>
				<u>\$ 785,043,733</u>

4. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Trust administrator is Texas Hospital Association. Management fees incurred by the Trust under the trust administration agreement were \$401,836 and \$397,260 during 2024 and 2023, respectively. Such amounts are included in administrative expenses on the accompanying financial statements and are considered party-in-interest transactions.

Texas Hospital Association Retirement Master Trust for Member Hospitals  
Notes to Financial Statements – Modified Cash Basis  
December 31, 2024 and 2023

5. MEMBERS OF THE TRUST

During 2024 and 2023, the Trust included plans sponsored by the following member hospitals:

Anson General Hospital	Jackson County Hospital District
Citizens Medical Center	Limestone Medical Center
Guadalupe Regional Medical Center	Texas Hospital Association
Healthcare Receivables Solutions	Starr County Memorial Hospital
JPS Health Network	Sweeny Community Hospital

During the year ended December 31, 2024, assets belonging to Healthcare Receivables Solutions decreased to \$0.

Allocations of unrealized gains and losses from investments are performed monthly and are proportionate based on actual, time-weighted activity in each participating Plan.

6. TAX STATUS

The Trust received its latest tax-exempt letter from the Internal Revenue Service (“IRS”) effective December 12, 2004, stating that it is a group trust arrangement and is exempt from federal income tax under Section 501(a) of the Internal Revenue Code (“Code”). It holds assets of qualified and nonqualified retirement plans, which are exempt from taxation under Section 401(a) and Section 457, respectively, of the Code. The Trust administrator believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is included in the Trust’s financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, the Trust is not currently under audit with respect to any tax periods in progress.

Accounting principles generally accepted in the United States of America require Trust management to evaluate tax positions taken by the Trust 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. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SUPPLEMENTAL SCHEDULES

Texas Hospital Association Retirement Master Trust for Member Hospitals  
EIN: 74-2672021 Plan: 001  
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year) – Modified Cash Basis  
December 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	MFO DODGE & COX INTL STK FD	Mutual fund	\$ 50,430,756	\$ 62,995,358
	MFO VANGUARD INDEX FDS SMALL CAP INDEX FD INSTL PLUS SHS	Mutual fund	73,366,756	134,179,773
	MFO PIMCO FUNDS LONG TERM CREDIT BOND FUND CLASS INSTL	Mutual fund	3,902,523	3,504,445
	MFO LOOMIS SAYLES CORE PLUS FIXED INCOME FUND	Common/collective trust	104,668,170	106,285,539
	MFO RELIANCE TR INSTL RETIREMENT TR GQG PARTNERS INTL EQUITY CIT SER 11	Common/collective trust	66,168,000	59,110,256
	CF SSGA S&P 500 FLAGSHIP NL (CM 13) FD	Common/collective trust	74,654,035	341,303,434
	CF STATE STREET RUSSELL 1000 VALUE INDEX SLFUND	Common/collective trust	37,864,519	65,930,809
	CF SSGA US AGGREGATE BOND INDX NL (CMX6) FUND	Common/collective trust	96,437,154	106,950,081
	NT COLLECTIVE SHORT TERM INVT FD	Common/collective trust	6,781,764	6,781,764
			<u>\$ 514,273,677</u>	<u>\$ 887,041,459</u>

Texas Hospital Association Retirement Master Trust for Member Hospitals  
EIN: 74-2672021 Plan: 001  
Schedule H, Part IV, Item 4(j) - Schedule of Reportable Transactions – Modified Cash Basis  
Year Ended December 31, 2024

Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
NT COLLECTIVE SHORT TERM INVT FD	\$ 301,757,795	\$ -	\$ -	\$ -	\$ 301,757,795	\$ 301,757,795	\$ -
	-	301,878,711	-	-	301,878,711	301,878,711	-
CF MORGAN STANLEY POOLED INTERNATIONAL EQUITY	-	64,678,449	-	-	38,382,715	64,678,449	26,295,734
	1,803,000	-	-	-	1,803,000	1,803,000	-
MFO LOOMIS SAYLES CORE PLUS FIXED INCOME FUND	104,668,170	-	-	-	104,668,170	104,668,170	-
MFO PIMCO FDS PAC INVT MGMT SER TOTAL RETURN FD	-	88,249,170	-	-	104,517,845	88,249,170	(16,268,675)
	584,288	-	-	-	584,288	584,288	-
MFO RELIANCE TR INSTL MGMT SER TOTAL RETURN FD	66,168,000	-	-	-	66,168,000	66,168,000	-

SUPPLEMENTARY INFORMATION

Texas Hospital Association Retirement Master Trust for Member Hospitals  
 EIN: 74-2672021 Plan: 001  
 Statement of Changes in Net Assets Available for Benefits by Member Hospitals – Modified Cash Basis  
 Year Ended December 31, 2024

Hospital Name	Net Assets Available for Benefits at December 31, 2023	Employee Contributions	Employer Contributions	Investment Income	Transfers/ Other	Withdrawals and Benefit Payments	Administrative Expenses	Net Assets Available for Benefits at December 31, 2024
Anson General Hospital	\$ 1,488,769	\$ 2,365	\$ 48,000	\$ 102,603	\$ -	\$ (161,317)	\$ (89,975)	\$ 1,390,445
Citizens Medical Center	157,188,800	3,209,238	2,085,250	20,095,670	-	(5,745,937)	(672,701)	176,160,320
East Texas Medical Center	3,734	-	-	-	-	-	-	3,734
Guadalupe Regional Medical Center	110,934,201	1,403,876	3,000,000	14,185,675	-	(4,023,559)	(499,182)	125,001,011
Healthcare Receivables Solutions	26,037	-	-	-	-	(20,343)	(5,694)	-
JPS	475,022,910	5,434,604	18,975,426	60,047,108	-	(16,627,080)	(1,500,158)	541,352,810
Jackson County Hospital District (DC)	3,593,157	-	363,000	466,416	-	(205,522)	(38,512)	4,178,539
Jackson County Hospital District 457	2,053,863	389,109	-	276,061	-	(78,138)	(17,281)	2,623,614
Limestone Medical Center (DC)	4,897,335	-	494,952	640,766	-	(558,493)	(51,179)	5,423,381
Limestone Medical Center 457	6,005,393	693,619	-	793,368	-	(719,680)	(47,839)	6,724,861
Sarr County Memorial Hospital	9,354,586	507,625	269,310	1,212,919	-	(649,634)	(59,105)	10,635,701
Sweeny Community Hospital	3,204,547	-	117,641	211,677	-	(519,388)	(96,144)	2,918,333
THA Staff (DB)	11,301,229	-	4,290	262,867	-	(787,068)	(125,553)	10,655,765
<b>Totals</b>	<b>\$ 785,074,561</b>	<b>\$ 11,640,436</b>	<b>\$ 25,357,869</b>	<b>\$ 98,295,130</b>	<b>\$ -</b>	<b>\$ (30,096,159)</b>	<b>\$ (3,203,323)</b>	<b>\$ 887,068,514</b>

**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.)

a single-employer plan  a DFE (specify) M

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

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

**1a** Name of plan  
TEXAS HOSPITAL ASSOCIATION RETIREMENT MASTER TRUST FOR MEMBER HOSPITALS

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan

**2a** Plan sponsor's name (employer, if for a single-employer plan)  
Mailing address (include room, apt., suite no. and street, or P.O. Box)  
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  
SUCCESSOR TRUSTEES OF THE TX HOSP. ASS. RET. PLAN FOR MEM. HOSP.  
  
1108 LAVACA STREET, SUITE 700  
  
AUSTIN TX 78701-2172

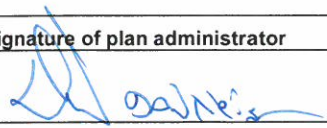
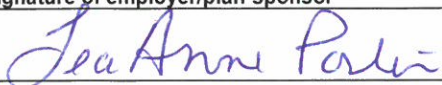
**2b** Employer Identification Number (EIN)  
74-2672021

**2c** Plan Sponsor's telephone number  
512-465-1017

**2d** Business code (see instructions)

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
		8 OCT 25	DAVID NEIGER
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
		10/8/25	LEA ANNE PORTER
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TEXAS HOSPITAL ASSOCIATION  1108 LAVACA STREET, SUITE 700  AUSTIN TX 78701-2172	<b>3b</b> Administrator's EIN 74-1362741 <b>3c</b> Administrator's telephone number 512-465-1017
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>

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

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

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

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

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

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

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

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

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

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**Texas Hospital Association Retirement Master Trust for Member Hospitals**  
**EIN/PN: 74-2672021/001**

Attachment to 2024 Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions  
1 Page Attached

Texas Hospital Association Retirement Master Trust for Member Hospitals  
EIN: 74-2672021 Plan: 001  
Schedule H, Part IV, Item 4(j) - Schedule of Reportable Transactions – Modified Cash Basis  
Year Ended December 31, 2024

Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
NT COLLECTIVE SHORT TERM INVT FD	\$ 301,757,795	\$ -	\$ -	\$ -	\$ 301,757,795	\$ 301,757,795	\$ -
	-	301,878,711	-	-	301,878,711	301,878,711	-
CF MORGAN STANLEY POOLED INTERNATIONAL EQUITY	-	64,678,449	-	-	38,382,715	64,678,449	26,295,734
	1,803,000	-	-	-	1,803,000	1,803,000	-
MFO LOOMIS SAYLES CORE PLUS FIXED INCOME FUND	104,668,170	-	-	-	104,668,170	104,668,170	-
MFO PIMCO FDS PAC INVT MGMT SER TOTAL RETURN FD	-	88,249,170	-	-	104,517,845	88,249,170	(16,268,675)
	584,288	-	-	-	584,288	584,288	-
MFO RELIANCE TR INSTL MGMT SER TOTAL RETURN FD	66,168,000	-	-	-	66,168,000	66,168,000	-

**Texas Hospital Association Retirement Master Trust for Member Hospitals**  
**EIN/PN: 74-2672021/001**

Attachment to 2024 Form 5500, Schedule H, Line 4i - Schedule of Assets (Held At End of Year)  
1 Page Attached

**Reconciliation of Assets Held at End of Year to Schedule H**

A. Current Value of Investments	\$ 887,041,459
B. Non-Interest Bearing Cash (Schedule H, 1a, column b)	\$ 1,658
C. Receivables (Schedule H, 1b(3), column b)	\$ 41,957
D. Other Liabilities (Schedule H, 1k, column b)	<u>\$ 16,560</u>
E. Net Assets [A. + B. + C. - D.] (Schedule H, line 1l, column b)	\$ 887,068,514

Texas Hospital Association Retirement Master Trust for Member Hospitals  
EIN: 74-2672021 Plan: 001  
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year) – Modified Cash Basis  
December 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	MFO DODGE & COX INTL STK FD	Mutual fund	\$ 50,430,756	\$ 62,995,358
	MFO VANGUARD INDEX FDS SMALL CAP INDEX FD INSTL PLUS SHS	Mutual fund	73,366,756	134,179,773
	MFO PIMCO FUNDS LONG TERM CREDIT BOND FUND CLASS INSTL	Mutual fund	3,902,523	3,504,445
	MFO LOOMIS SAYLES CORE PLUS FIXED INCOME FUND	Common/collective trust	104,668,170	106,285,539
	MFO RELIANCE TR INSTL RETIREMENT TR GQG PARTNERS INTL EQUITY CIT SER 11	Common/collective trust	66,168,000	59,110,256
	CF SSGA S&P 500 FLAGSHIP NL (CM 13) FD	Common/collective trust	74,654,035	341,303,434
	CF STATE STREET RUSSELL 1000 VALUE INDEX SLFUND	Common/collective trust	37,864,519	65,930,809
	CF SSGA US AGGREGATE BOND INDX NL (CMX6) FUND	Common/collective trust	96,437,154	106,950,081
	NT COLLECTIVE SHORT TERM INVT FD	Common/collective trust	6,781,764	6,781,764
			<u>\$ 514,273,677</u>	<u>\$ 887,041,459</u>

**Texas Hospital Association Retirement Master Trust for Member Hospitals**  
**EIN/PN: 74-2672021/001**

Attachment to 2024 Form 5500, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)  
1 Page Attached

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
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NO DATA TO REPORT