

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) E, 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: THA PARTICIPANT DIRECTED RETIREMENT PROGRAM GROUP TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TEXAS HOSPITAL ASSOCIATION
2b Employer Identification Number (EIN): 84-4311773
2c Plan Sponsor's telephone number: 512-221-9961
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan THA PARTICIPANT DIRECTED RETIREMENT PROGRAM GROUP TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 84-4311773

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	7692	100500	1072	07/15/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	8641049
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	1050329
	7c(2)	0
	7c(3)	184
	7c(4)	957865
	7c(5)	7894662
▶ LOAN REPAYMENTS, FORFIETURE, TRANSFERS		
(6) Total additions	7c(6)	9903040
d Total of balance and additions (add lines 7b and 7c(6))	7d	9903040
e Deductions:		
	7e(1)	113768
	7e(2)	2690
	7e(3)	1145533
(4) Other (specify below)	7e(4)	0
▶		
(5) Total deductions	7e(5)	1261991
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	8641049

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 THA PARTICIPANT DIRECTED RETIREMENT PROGRAM GROUP TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 84-4311773	

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

CHARLES SCHWAB TRUST BANK

82-3967259

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

CHARLES SCHWAB INVESTMENT MGMT INC

94-3106735

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

INVESCO TRUST COMPANY

46-3793325

(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

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 AND 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?
15 17 36 37 38 50 64 70	NONE	105387	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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD, CO 80111

(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?
64	NONE	55734	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)

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?
11	NONE	23627	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)

AON INVESTMENTS

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	11026	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

74-2546566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 50	NONE	7920	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)

JACKSON & CARTER PLLC

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?
16 29	NONE	6271	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
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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
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<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 <u>THA PARTICIPANT DIRECTED RETIREMENT PROGRAM GROUP TRUST</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>TEXAS HOSPITAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>84-4311773</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)
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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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GEORGETOWN HEALTHCARE SYSTEM EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGETOWN HEALTHCARE SYSTEM	c EIN-PN 74-2427148-001
a	Plan name	TORCH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TORCH	c EIN-PN 74-2567495-001
a	Plan name	DIMMIT REGIONAL HOSPITAL 403(B) PLAN	
b	Name of plan sponsor	DIMMIT REGIONAL HOSPITAL	c EIN-PN 26-3091251-003
a	Plan name	DIMMIT REGIONAL HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor	DIMMIT REGIONAL HOSPITAL	c EIN-PN 26-3091251-004
a	Plan name	TEXAS HOSPITAL ASSOCIATION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	TEXAS HOSPITAL ASSOCIATION	c EIN-PN 74-1362741-001
a	Plan name	CCCHD SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	CCCHD	c EIN-PN 27-3993262-003
a	Plan name	COMANCHE COUNTY MEDICAL CENTER 403(B) PLAN	
b	Name of plan sponsor	COMANCHE COUNTY MEDICAL CENTER	c EIN-PN 27-3993262-002
a	Plan name	EL CAMPO MEMORIAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	EL CAMPO MEMORIAL HOSPITAL	c EIN-PN 45-2750258-002
a	Plan name	GUADALUPE REGIONAL MEDICAL GROUP EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GUADALUPE REGIONAL MEDICAL GROUP	c EIN-PN 74-1386053-001
a	Plan name	HOPKINS COUNTY PHYSICIAN SERVICES 401(K) PLAN	
b	Name of plan sponsor	HOPKINS COUNTY PHYSICIAN SERVICES	c EIN-PN 26-0637747-001
a	Plan name	403(B) THRIFT PALN FOR FRIO HOSPITAL ASSOCIATION	
b	Name of plan sponsor	FRIO HOSPITAL ASSOCIATION	c EIN-PN 74-1461220-002
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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.	<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 THA PARTICIPANT DIRECTED RETIREMENT PROGRAM GROUP TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 84-4311773

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	2536	2075
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)	300790	0
(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)	26063338	200156937
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	8292433
(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	26366664	208451445
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26366664	208451445

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	9546	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9546
(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)	759313	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		759313
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)		
(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)		3074493
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3843352

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3843352
l Transfers of assets:			
(1) To this plan.....	2l(1)		193430323
(2) From this plan	2l(2)		15188894

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: **44-0160260**

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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)
ELECTRA HOSPITAL DISTRICT 401(A) PLAN	75-6219138	001
ELECTRA HOSPITAL DISTRICT 457(B) PLAN	75-6219138	002

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 _____.



THA Participant Directed Retirement Program Group Trust

EIN: 84-4311773 Plan: 001

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

December 31, 2024 and 2023




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Independent Auditor's Report

Board of Successor Trustees
THA Participant Directed Retirement Program Group Trust
Austin, Texas

Opinion

We have audited the financial statements of THA Participant Directed Retirement Program Group Trust (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 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. The statements do not purport to present the net assets available for benefits or the changes in net assets available for 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. Furthermore, 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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) – modified cash basis as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 the auditing procedures applied in the audit 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 accompanying schedule 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 hospital – 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 generally accepted auditing standards. 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
October 15, 2025

Federal Employer Identification Number: 44-0160260

THA Participant Direct Retirement Program Group Trust
 Statements of Net Assets Available for Benefits – Modified Cash Basis
 December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments		
Investments, at fair value	\$ 200,156,937	\$ 26,364,128
Investments, at contract value	8,292,433	-
Total investments	208,449,370	26,364,128
Non-interest bearing cash	2,075	2,536
Net assets available for benefits	\$ 208,451,445	\$ 26,366,664

See Notes to Financial Statements – Modified Cash Basis

THA Participant Directed Retirement Program Group Trust
Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets		
Contributions		
Employer	\$ 1,298,175	\$ 940,096
Employee	2,764,321	2,257,757
Rollovers	629,172	13,345
Total contributions	4,691,668	3,211,198
Investment income		
Dividends, interest, and other investment income	759,313	648,200
Net appreciation in fair value of investments	3,084,039	3,002,013
Total investment income	3,843,352	3,650,213
Total additions to net assets, including total investment income	8,535,020	6,861,411
Deductions from net assets		
Benefits paid to participants or beneficiaries	3,613,144	1,235,639
Administrative expenses	230,093	210,866
Total deductions from net assets	3,843,237	1,446,505
Net increase in net assets available for benefits before transfers	4,691,783	5,414,906
Net plan transfers	(5,347,340)	(97,618)
Net increase (decrease) in net assets available for benefits	(655,557)	5,317,288
Transfer of assets from Texas Hospital Association Participant Directed Retirement Program for Member Hospitals Group Trust	182,740,338	-
Net asset available for benefits, beginning of year	26,366,664	21,049,376
Net asset available for benefits, end of year	\$ 208,451,445	\$ 26,366,664

See Notes to Financial Statements – Modified Cash Basis

THA Participant Directed Retirement Program Group Trust
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

1. DESCRIPTION OF THE TRUST

Entity

THA Participant Directed Retirement Program Group Trust (“Trust”) was designed to serve as a funding medium for eligible participant directed employee benefit plans of Texas Hospital Association and its members and affiliates. The Trust was created effective March 26, 2019 to implement and carry out the provisions thereof, which are qualified plans under Code Section 401(a) of the Internal Revenue Code (“Code”), exclusive benefit trusts for governmental plans under Code Section 457 plans, Plan Accounts under Code Section 403(b), or Individual Retirement Accounts under Code Section 408. The Trust’s assets consist of cash, cash equivalents and various types of investment securities. The custodian was Charles Schwab Trust Bank until May 1, 2024, at which time the Trust entered into an agreement with Empower Trust Company to become the custodian and recordkeeper of the Trust. The Trust is considered to be a 103-12 Investment Entity by the Department of Labor (“DOL”) and under the Employee Retirement Income Security Act of 1974 (“ERISA”).

Trust eligibility

Eligibility for Trust participation is determined at the individual member plan level.

Trust merger

Effective December 31, 2024, Texas Hospital Association Participant Directed Retirement Program for Member Hospitals Group Trust (THA PDRP Trust) merged into the Trust, with the Trust being the surviving entity. This resulted in all assets of the THA PDRP Trust having been transferred to the Trust. Eligibility for Trust participation is still determined at the individual member plan level and no changes were made to the individual member plans as a result of this merger.

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 except for a fully benefit responsive investment contract discussed more fully in Note 3. 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 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 the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA relating to the financial statements of employee benefit plans.

THA Participant Directed Retirement Program Group Trust
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of estimates

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

Investment 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, custodian and insurance company. See Note 3 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the member plan.

Purchases and sales of securities are recorded on a settlement date. Investment income is recorded on the accrual basis. 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.

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.

Payment of benefits

Benefit payments to participants are recorded when made.

Administrative expenses

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

Cash and cash equivalents

Cash and cash equivalents may include cash and funds received prior to year-end awaiting allocation to the appropriate investment options.

THA Participant Directed Retirement Program Group Trust
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks 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 and the supplemental schedule.

Subsequent events

In January 2025, 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 the Trust. These plans were previously participating in the Texas Hospital Association Retirement Master Trust for Member Hospitals.

In March 2025, the Olney-Hamilton Hospital District 457(b) Plan and Olney-Hamilton Hospital District 401(a) Plan each began the process of moving all of their assets and liabilities to the Trust.

Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

2024 plan activity

In May 2024, Muleshoe Area Medical Center 401(a) Plan and Muleshoe Area Medical Center 457(b) Plan were established and entered the Trust. These are newly established plans that did not transfer any assets or liabilities into the Trust.

In October 2024, West Wharton County Hospital District 401(a) Plan and West Wharton County Hospital District 457 Plan were established and entered the Trust. These are new established plans that did not transfer any assts or liabilities into the Trust.

During 2024, investment balances allocated to the employees of the following sponsors were transferred into Trust and are included in net plan transfers in the statement of changes in net assets available for benefits for the year ended December 31, 2024:

- 403(b) Thrift Plan of Frio Hospital Association (July 2024)
- Crane County Hospital District 457(b) Plan (July 2024)

Investment balances allocated to employees of the following sponsors were transferred out of the Trust during 2024 and are included in net plan transfers in the statement of changes in net assets available for benefits for the year ended December 31, 2024:

- Electra Hospital District 401(a) Plan (November 2024)
- Electra Hospital District 457(b) Plan (November 2024)

THA Participant Directed Retirement Program Group Trust
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

2023 plan activity

Effective January 1, 2023, Anson General Hospital 457(b) Retirement Plan was established and entered the Trust.

Investment balances allocated to employees of the following sponsors were transferred into the Trust during 2023 and are included in net plan transfers in the statement of changes in net assets available for benefits for the year ended December 31, 2023:

- Seymour Hospital residual asset transfer (April 2023)

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.

THA Participant Directed Retirement Program Group Trust
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

3. FAIR VALUE MEASUREMENTS (continued)

- Stable value collective trust fund (Invesco Stable Value Fund): Valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets of the fund. The underlying assets are valued based on the NAV, which is provided by the investment account manager as a practical expedient to estimate fair value. Redemption is generally permitted daily. Individual participant redemptions for benefit payments and redemptions by participants to reinvest in options that do not compete with the Fund are generally permitted without restriction. A 12-month advance written notice is required should the Plan initiate a full redemption of the Fund. There are no unfunded commitments and no changes in the valuation methodology used at December 31, 2023. The Trust no longer holds this investment as of December 31, 2024.

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:

	Level 1	Level 2	Level 3	Fair Value
Mutual funds	\$ 200,156,937	\$ -	\$ -	\$ 200,156,937

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

	Level 1	Level 2	Level 3	Fair Value
Mutual funds	\$ 26,063,338	\$ -	\$ -	\$ 26,063,338
Investments measured at net asset value				300,790
				\$ 26,364,128

4. FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT

During 2024, the Trust began participating in a contract with Empower Annuity Insurance Company (“EAIC”) via an investment in a Guaranteed Income Fund (“GIF”). EAIC commingles the assets of GIF with other assets. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

As described in Note 2, because GIF is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefit attributable to the investment contract. Contract value, as reported to the Trust by EAIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

THA Participant Directed Retirement Program Group Trust
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

4. FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT (continued)

GIF, which is a traditional group annuity insurance product, is included in the financial statements at contract value, principally, because of the periodic interest rate reset process, which approximates fair value.

Generally, there are not any events that could limit the ability of the Trust to transact at contract value paid within 90 days or in certain rate-based circumstances, paid overtime. There are not any events that allow the issuer to terminate the contract and which require the Trust to settle at an amount different than contract value paid either within 90 days or overtime.

5. RELATED-PARTY TRANSACTIONS

The Trust administrator is Texas Hospital Association. Management fees incurred by the Trust under this administrative services agreement were \$7,793 and \$12,979 during 2024 and 2023, respectively. These fees are included in administrative expenses on the accompanying financial statements.

Fees incurred by the Trust for the investment management services were not significant for 2024 and 2023 and are included in dividends, interest, and other investment income, as they are paid through revenue sharing rather than a direct payment. As described above, the Trust made a direct payment to the Trust administrator which was not covered by revenue sharing. The Trust pays directly any other fees related to the Trust's operations.

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

- Anson General Hospital
- Crane County Hospital District (2024 only)
- Dallam-Hartley Counties Hospital District
- Electra Hospital District (transferred out in 2024)
- Faith Community Hospital
- Frio Hospital Association (2024 only)
- Georgetown Healthcare System
- Graham Hospital District
- Hansford County Hospital District
- Lamb Healthcare Center
- Muleshoe Area Medical Center (2024 only)
- Seymour Hospital
- Texas Organization of Rural & Community Hospitals (TORCH)
- West Wharton County Hospital District (2024 Only)

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

THA Participant Directed Retirement Program Group Trust
Notes to Financial Statements – Modified Cash Basis
December 31, 2024 and 2023

5. RELATED-PARTY TRANSACTIONS(continued)

As previously discussed in Note 1, the THA PDRP Trust merged into the Trust resulting in plans sponsored by the following member hospitals joining the Trust effective December 31, 2024:

- Comanche County Hospital
- Coryell Memorial Hospital
- Dimmitt Regional Hospital District
- Eastland Memorial Hospital
- El Campo Memorial Hospital
- Gonzalez Healthcare System
- Guadalupe Regional Medical Center
- Hopkins County Memorial Hospital
- Martin County Hospital
- Mitchell County Hospital District
- Moore County Hospital District
- Palo Pinto General Hospital
- Rolling Plains Memorial Hospital
- Texas Hospital Association
- Uvalde Memorial Hospital
- W.J. Mangold Memorial Hospital District

6. INCOME TAX

The Trust received a tax-exempt letter from the Internal Revenue Service (IRS) on June 5, 2019, which determined the Trust to be a tax-exempt group trust as described in Rev. Rul. 81-100, as modified by Rev. Rul. 2011-1 and Rev. Rul. 2014-24. The Trust administrator believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC. 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 SCHEDULE

THA Participant Directed Retirement Program Group Trust
EIN: 84-4311773 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 Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	EAIC GIF	Guaranteed Income Fund	**	\$ 8,292,433
	BAIRD CORE PLUS BOND INST	Mutual Fund	**	6,154,931
	BLACKROCK LIFEPATH INDEX RTRMT K	Mutual Fund	**	21,552,759
	BLACKROCK LIFEPATH INDEX 2025 K	Mutual Fund	**	860,371
	BLACKROCK LIFEPATH INDEX 2030 K	Mutual Fund	**	14,538,524
	BLACKROCK LIFEPATH INDEX 2035 K	Mutual Fund	**	16,031,113
	BLACKROCK LIFEPATH INDEX 2040 K	Mutual Fund	**	12,208,156
	BLACKROCK LIFEPATH INDEX 2045 K	Mutual Fund	**	11,012,249
	BLACKROCK LIFEPATH INDEX 2050 K	Mutual Fund	**	14,428,037
	BLACKROCK LIFEPATH INDEX 2055 K	Mutual Fund	**	8,477,405
	BLACKROCK LIFEPATH INDEX 2060 K	Mutual Fund	**	4,439,477
	BLACKROCK LIFEPATH INDEX 2065 K	Mutual Fund	**	1,967,833
	DFA US SMALL CAP PORT INSTL	Mutual Fund	**	2,909,707
	DODGE & COX INTERNATIONAL STOCK X	Mutual Fund	**	2,619,989
	GQG PARTNERS US SELECT QUALITY EQ R6	Mutual Fund	**	1,419,988
	PIMCO REAL RETURN INSTL	Mutual Fund	**	1,560,382
	TRANSAMERICA MID CAP VALUE OPPTY R6	Mutual Fund	**	1,823,836
	VANGUARD BALANCED INDEX INST'L	Mutual Fund	**	15,499,348
	VANGUARD EMRG MKTS STK INDEX FD ADM	Mutual Fund	**	1,668,127
	VANGUARD INSTITUTIONAL INDEX FUND	Mutual Fund	**	36,229,389
	VANGUARD MID CAP INDEX FUND ADMIRAL	Mutual Fund	**	5,770,944
	VANGUARD SMALL-CAP INDEX INSTL	Mutual Fund	**	6,913,404
	VANGUARD TOTAL BD MKT INDEX INSTL SH	Mutual Fund	**	3,757,943
	VANGUARD TOTAL INTL STOCK INDEX INST	Mutual Fund	**	8,313,025
				<u>\$ 208,449,370</u>

** Cost information not provided as all investments are participant directed at the plan level

SUPPLEMENTARY INFORMATION

THA Participant Directed Retirement Program Group Trust

EIN: 84-4311773 Plan: 001

Statement of Changes in Net Assets Available for Benefits by Member Hospital – Modified Cash Basis
For the Year Ended December 31, 2024

Hospital Name	Net Assets Available for Benefits at 12/31/2023	Employee Contributions	Employer Contributions	Rollover Contributions	Investment Income	Net Plan Transfers	Benefits Paid to Participants	Administrative Expenses	Transfer of Assets from THA PDRP Trust	Net Assets Available for Benefits at 12/31/2024
Anson General Hospital	\$ 50,162	\$ 48,773	\$ -	\$ -	\$ 8,335	\$ -	\$ (1,279)	\$ (250)	\$ -	\$ 105,741
Dallam-Hartley Counties Hospital District	3,671,364	326,510	151,085	19,054	442,697	50,968	(951,728)	(35,623)	-	3,674,327
Electra Hospital District	9,770,470	601,070	317,435	57,695	1,615,494	(11,107,495)	(1,206,101)	(48,568)	-	-
Faith Community Hospital	3,820,242	527,739	296,335	336,098	393,588	17,251	(631,071)	(47,992)	-	4,712,190
Georgetown Healthcare System	4,797,355	131,699	85,258	30,282	641,347	-	(558,013)	(24,201)	-	5,103,727
Graham Regional Medical Center	189,062	78,547	-	-	30,109	471	(24,329)	(904)	-	272,956
Hansford County Hospital	811,129	201,392	-	20,423	101,062	8,017	(17,215)	(3,199)	-	1,121,609
Lamb Healthcare Center	73,156	45,948	-	-	8,758	(979)	(7,033)	(627)	-	119,223
Frio Hospital Association	-	272,670	185,774	-	116,834	4,228,005	(136,914)	(14,841)	-	4,651,528
Crane County Hospital District	-	71,627	-	-	76,191	1,515,186	-	(1,524)	-	1,661,480
Seymour Hospital	1,431,843	299,317	177,397	-	189,063	(34,857)	(78,566)	(29,395)	-	1,954,802
Texas Organization of Rural & Community Hospitals (TORCH)	1,751,881	104,024	51,916	-	218,521	(23,907)	-	(22,939)	-	2,079,496
Muleshoe Area Medical Center	-	44,430	25,900	93,883	4,493	-	(895)	(30)	-	167,781
West Wharton County Hospital	-	10,575	7,075	71,737	(3,140)	-	-	-	-	86,247
Comanche County Medical Employees Retirement Plan	-	-	-	-	-	-	-	-	9,458,623	9,458,623
Coryell 457(b) & Supplemental Plan	-	-	-	-	-	-	-	-	15,199,376	15,199,376
Dimmit Regional Healthcare	-	-	-	-	-	-	-	-	8,449,750	8,449,750
Eastland Memorial Hospital Retirement Program	-	-	-	-	-	-	-	-	3,974,954	3,974,954
El Campo Memorial Hospital 401(k) Plan	-	-	-	-	-	-	-	-	11,923,320	11,923,320
Gonzalez Healthcare Systems Retirement Program	-	-	-	-	-	-	-	-	10,424,639	10,424,639
Guadalupe Regional Medical Retirement Program	-	-	-	-	-	-	-	-	11,266,528	11,266,528
Hopkins County Retirement Program	-	-	-	-	-	-	-	-	6,097,577	6,097,577
Martin County Hospital 457(b) And Supplemental Plan	-	-	-	-	-	-	-	-	6,964,038	6,964,038
Mitchell County Hospital District Employees Pension Plan	-	-	-	-	-	-	-	-	7,257,121	7,257,121
Moore County Hospital District Retirement Plan	-	-	-	-	-	-	-	-	779,433	779,433
Palo Pinto General Hospital Retirement Program	-	-	-	-	-	-	-	-	19,443,549	19,443,549
Rolling Plains Memorial Hospital 457(b) and Supplemental Plan	-	-	-	-	-	-	-	-	9,384,794	9,384,794
Texas Hospital Association Employees 401(k) Plan	-	-	-	-	-	-	-	-	19,157,169	19,157,169
Uvalde Memorial Hospital Retirement Savings Plan	-	-	-	-	-	-	-	-	40,642,108	40,642,108
W.J. Mangold Memorial Hospital District	-	-	-	-	-	-	-	-	2,315,259	2,315,259
THA PDRP Master Trust Cash	-	-	-	-	-	-	-	-	2,100	2,100
Totals	<u>\$ 26,366,664</u>	<u>\$ 2,764,321</u>	<u>\$ 1,298,175</u>	<u>\$ 629,172</u>	<u>\$ 3,843,352</u>	<u>\$ (5,347,340)</u>	<u>\$ (3,613,144)</u>	<u>\$ (230,093)</u>	<u>\$ 182,740,338</u>	<u>\$ 208,451,445</u>

Schedule H, Line 4(i) - Schedule of Assets (Held at Year End)Plan Name: **THA PARTICIPANT DIRECTED RETIREMENT PROGRAM GROUP TRUST**EIN: **84-4311773 PN: 001**

(A) Party In Interest *	(B) Identity of Party	(C) Description of Asset	(D) Cost **	(E) Current Value
	Baird Core Plus Bond Inst	Mutual Fund	**	6,154,930.28
	BlackRock LifePath Index 2025 K	Mutual Fund	**	860,371.01
	BlackRock LifePath Index 2030 K	Mutual Fund	**	14,538,523.86
	BlackRock LifePath Index 2035 K	Mutual Fund	**	16,031,112.79
	BlackRock LifePath Index 2040 K	Mutual Fund	**	12,208,155.77
	BlackRock LifePath Index 2045 K	Mutual Fund	**	11,012,248.60
	BlackRock LifePath Index 2050 K	Mutual Fund	**	14,428,036.45
	BlackRock LifePath Index 2055 K	Mutual Fund	**	8,477,404.74
	BlackRock LifePath Index 2060 K	Mutual Fund	**	4,439,477.05
	BlackRock LifePath Index 2065 K	Mutual Fund	**	1,967,833.06
	BlackRock LifePath Index Retire K	Mutual Fund	**	21,552,758.89
	DFA US Small Cap I	Mutual Fund	**	2,909,707.06
	Dodge & Cox International Stock X	Mutual Fund	**	2,619,988.68
	Guaranteed Income Fund	Fixed Annuity	**	8,292,432.12
	GQG Partners US Select Quality Eq R6	Mutual Fund	**	1,419,988.82
	PIMCO Real Return Instl	Mutual Fund	**	1,560,378.74
	PIMCO Total Return Fund Instl Class	Mutual Fund	**	0.00
	Transamerica Mid Cap Value Opps R6	Mutual Fund	**	1,823,835.76
	Vanguard Balanced Index Fund - Inst'l	Mutual Fund	**	15,499,347.57
	Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund	**	1,668,127.99
	Vanguard Institutional Index I	Mutual Fund	**	36,229,389.49
	Vanguard Mid Cap Index Ins	Mutual Fund	**	5,770,943.98
	Vanguard Small Cap Index Instl	Mutual Fund	**	6,913,403.78
	Vanguard Total Bond Market Index Inst	Mutual Fund	**	3,757,922.04
	Vanguard Total Intl Stock Index I	Mutual Fund	**	8,313,025.67
Total				208,449,344.20

* Party in Interest

** Not required for participant directed accounts