

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 07/01/2024 and ending 06/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN
2b Employer Identification Number (EIN): 75-0818178
2c Plan Sponsor's telephone number: 214-559-5000
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, 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	
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	669
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	153
	6a(2)	138
	6b	369
	6c	103
	6d	610
	6e	47
	6f	657
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN</u>	D Employer Identification Number (EIN) <u>75-0818178</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>07</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>203645663</u>	
b Actuarial value	2b	<u>195238926</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>405</u>	<u>122631496</u>	<u>122631496</u>
b For terminated vested participants	<u>115</u>	<u>20136613</u>	<u>20136613</u>
c For active participants	<u>153</u>	<u>68732681</u>	<u>68883190</u>
d Total	<u>673</u>	<u>211500790</u>	<u>211651299</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.36 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>4037939</u>	
b Expected plan-related expenses	6b	<u>600000</u>	
c Target normal cost	6c	<u>4637939</u>	

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

SIGN HERE	
Signature of actuary	<u>01/30/2026</u> Date
<u>WILLIAM STRANGE</u> Type or print name of actuary	<u>23-07903</u> Most recent enrollment number
<u>MILLIMAN</u> Firm name	<u>214-863-5500</u> Telephone number (including area code)
<u>12790 MERIT DR SUITE 800 DALLAS, TX 75251</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.66</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		16359
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		851
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		17210
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.24 %
15	Adjusted funding target attainment percentage	15	92.24 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/15/2024	1635178						
01/15/2025	1627000						
04/15/2025	1627000						
07/15/2025	1627000						
			Totals ▶	18(b)	6516178	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6294607
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 4637939
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	16412373		1653810	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 6291749
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 6291749
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 6294607
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 2858
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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 **07/01/2024** and ending **06/30/2025**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN	D Employer Identification Number (EIN) 75-0818178	

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

NORTHERN TRUST CORPORATION

36-2723087

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

NORTHERN TRUST INVESTMENTS, N.A.

36-3608252

(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)

NOTHERN 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?
19 25 28 51	TRUSTEE	164137	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"/>

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

SECURITY CAPITAL RESEARCH & MGMT

36-4130398

(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	INVESTMENT MANAGER	127412	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)

VAN BERKOM & ASSOCIATES

1130 SHERBROOKE ST W SUITE 1005
MONTREAL, QUEBEC H3A2M8 CA

(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	INVESTMENT MANAGER	126244	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)

ABERDEEN ASSET MANAGEMENT, INC.

51-0368279

(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	INVESTMENT MANAGER	50053	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)

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	22900	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)

LANE GORMAN TRUBITT LLC

75-1044330

(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	ACCOUNTANT	20960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN</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 SCOTTISH RITE HOSPITAL FOR CHILDREN</u>	D Employer Identification Number (EIN) <u>75-0818178</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:	<u>COLLECTIVE RUSSELL 1000 INDEX FD</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>49815155</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLL ALL COUNTRY WORLD EX-US INDX</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-125</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>40212108</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLLECTIVE INTERMED GOVT CREDIT BND</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-064</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>33500612</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLL DAILY HIGH YLD FXD INC FUND</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-072</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>17251857</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ABERDEEN EMERGING MARKETS BOND FUND</u>		
b Name of sponsor of entity listed in (a):	<u>ABERDEEN ASSET MANAGEMENT</u>		
c EIN-PN <u>30-6110945-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>10841478</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLLECTIVE TIPS INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>10624512</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLLECTIVE DEVELOPED INT SM CAP IND</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-141</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>10045618</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: COLL EMERG MKTS SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): NORTHERN TRUST		
c EIN-PN 45-6138589-085	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9898000
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE GOVT SHORT TERM INV FD		
b Name of sponsor of entity listed in (a): NORTHERN TRUST		
c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2415369
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN	D Employer Identification Number (EIN) 75-0818178

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1835000	1627000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	326758	402355
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)	2307906	3245210
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	2502451	2455155
(B) Common	1c(4)(B)	25730065	29290895
(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)	170947047	184604709
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	203649227	221625324
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		118029
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	109587	254012
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	109587	372041
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	203539640	221253283

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)	6516178	
(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)		6516178
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)	3351011	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3351011
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(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)	0	
(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)	21313112
(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)	0
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	31180301

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12459564
(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)	12459564
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)	20960
(5) Investment advisory and investment management fees	2i(5)	303709
(6) Bank or trust company trustee/custodial fees	2i(6)	164137
(7) Actuarial fees	2i(7)	22900
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	495388
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1007094
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	13466658

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	17713643
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **LANE GORMAN TRUBITT, LLC**

(2) EIN: **75-1044330**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 566688.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 07/01/2024 and ending 06/30/2025

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN</u>	D Employer Identification Number (EIN) <u>75-0818178</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 75-0818178

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

**Financial Statements
and Supplemental Schedules
June 30, 2025 and 2024**

**Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children
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Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, ("ERISA") not included herein have been omitted as there were no transactions of the type required to be disclosed in such schedules.



LANE GORMAN TRUBITT, LLC
Accountants & Advisors

Independent Auditor's Report

Plan Administrator and Participants
Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Opinion

We have audited the accompanying financial statements of the Retirement Plan for Employees of Texas Scottish Rite Hospital for Children (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, we:

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

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 Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of or for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to 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 Disclosure 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.

LANE GORMAN TRUBITT, LLC

Dallas, Texas
February 6, 2026

**Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children
Statements of Net Assets Available for Benefits
As of June 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value - Note 3		
Common collective trusts	\$ 184,604,709	\$ 170,947,047
Corporate bonds	3,245,210	2,307,906
Equities	<u>31,746,050</u>	<u>28,232,516</u>
Total investments	219,595,969	201,487,469
Accrued interest and dividends	389,565	326,758
Due from broker	12,790	-
Employer contributions receivable	<u>1,627,000</u>	<u>1,835,000</u>
Total assets	<u>221,625,324</u>	<u>203,649,227</u>
Liabilities		
Due to broker	254,012	-
Accrued administrative expenses	<u>118,029</u>	<u>109,587</u>
Total liabilities	<u>372,041</u>	<u>109,587</u>
Net assets available for benefits	<u>\$ 221,253,283</u>	<u>\$ 203,539,640</u>

The accompanying notes are an integral part of these financial statements.

**Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children
Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 21,313,112	\$ 17,162,559
Dividends and interest	3,351,011	3,017,214
	<u>24,664,123</u>	<u>20,179,773</u>
Net investment income	24,664,123	20,179,773
Employer contribution	6,516,178	6,790,443
	<u>31,180,301</u>	<u>26,970,216</u>
Total additions	31,180,301	26,970,216
Deductions		
Benefits paid to participants	(12,459,564)	(11,734,455)
Administrative expenses	(1,007,094)	(1,129,425)
	<u>(13,466,658)</u>	<u>(12,863,880)</u>
Total deductions	(13,466,658)	(12,863,880)
Net increase	17,713,643	14,106,336
Net assets available for benefits, beginning of year	203,539,640	189,433,304
	<u>221,253,283</u>	<u>203,539,640</u>
Net assets available for benefits, end of year	\$ 221,253,283	\$ 203,539,640

The accompanying notes are an integral part of these financial statements.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Notes to Financial Statements

1. Summary Description of Plan

The following brief description of the Retirement Plan for Employees of Texas Scottish Rite Hospital for Children (the "Plan") is provided for general informational purposes only. Reference should be made to the Plan Document for a more complete description and understanding of the provisions of the Plan.

General

The Plan was established on June 1, 1972 to provide retirement benefits to employees of Texas Scottish Rite Hospital for Children, operating under the registered name of Texas Scottish Rite Hospital for Crippled Children, and of employees of Pedi-Ortho Health Corporation (collectively the "Hospital"). The Plan is a defined benefit pension plan and is funded by the Hospital. The Hospital intends, but does not guarantee, to make annual contributions as are required to maintain the Plan on a sound actuarial basis. All contributions by the Hospital are irrevocable. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On September 15, 2005, the Plan was amended to restrict participation in the Plan and to cease benefit accruals to certain participants. The Plan was frozen to new participants and rehires effective October 1, 2005. The accrued benefits of participants electing to receive the employer matching contributions in the 403(b) plan offered by the Hospital were frozen as of December 31, 2005.

Plan Administration

The Plan is administered by the Hospital. The duties of the Plan Administrator are to oversee the operation and administration of the Plan in accordance with the specific terms of the Plan, to provide prudent investment choices and to keep accurate records and reports. The investments of the Plan are held by Northern Trust Company (the "Trustee"), under the terms of a trust agreement. The Trustee receives the Hospital's contributions and invests them as well as the income from plan assets held by the Trustee ("Plan Assets"). The Trustee also pays the benefits to participants from Plan Assets, as directed by the Hospital.

Vesting

The Plan covers all eligible employees of the Hospital who have completed 1,000 hours of vesting service during their eligibility computation period, as defined by the Plan, during a 12-month period commencing after initial employment.

An eligible participant becomes 100% vested after five years of vesting service. If a participant terminates employment before becoming fully vested, all benefits will be forfeited under the Plan; however, a participant who has attained the age of 65 will be fully vested regardless of the number of years of vesting service.

Payment of Benefits

A fully vested participant may retire before the normal retirement date (age 65), with the consent of the Retirement Committee, if the participant has reached the age of 50 and has completed 15 years of credited service, as defined in the plan document. Under the Plan, benefits to a participant who retires on the normal retirement date are payable as a monthly retirement benefit equal to the sum of:

1. 1.6% of his/her Final Average Monthly Compensation multiplied by his/her number of years of credited service that are not in excess of 25 years; plus
2. 0.65% of his/her Final Average Monthly Compensation multiplied by his/her number of years of credited service that are not in excess of 35 years; plus
3. 0.65% of that portion, if any, of his/her Final Average Monthly Compensation that is in excess of the monthly covered compensation that applies to him/her multiplied by his/her number of years of credited service that are not in excess of 35 years.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Notes to Financial Statements

1. Summary Description of Plan - Continued

Payment of Benefits (Continued)

Final Average Monthly Compensation means the participant's average monthly rate of compensation for the five successive calendar years, out of the ten completed calendar years preceding termination or retirement that gives the highest average monthly rate of compensation.

An early retirement benefit is available if the participant at age 62 has completed 20 years of service. In addition, at age 55 with 15 years of vesting service, a participant may take early retirement with a 35% reduction in benefits. This reduction percentage amount is reduced each year until the age of 62.

In addition to normal retirement and early retirement benefits, the Plan provides benefits in the event of termination of employment, full and permanent disability, or death if certain requirements are met.

Plan Termination

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and the Internal Revenue Code ("IRC"). In the event of termination of the Plan, the remaining assets shall generally be allocated in a class order of precedence as follows:

1. Benefits to active, terminated, or retired participants or beneficiaries who began receiving, or who were eligible to begin receiving benefits at least three years before the termination date of the Plan based on Plan provisions in effect during the five years prior to termination which produce the least benefits;
2. All other Plan benefits up to the amount guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), except for the special limitation on coverage of a substantial owner;
3. All other vested benefits under the Plan not guaranteed by the PBGC;
4. All other benefits under the Plan; and
5. Any remainder will be distributed to the Hospital.

If the assets remaining in the Plan are insufficient to provide the retirement benefits for participants of any such class order of precedence, the annual amount of retirement benefits to be provided for each participant of such class, to the exclusion of the succeeding classes, shall be proportionately reduced until the Plan's assets are completely exhausted.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, adjusted periodically, on the amount of a participant's monthly benefit that the PBGC guarantees. That ceiling applies to those participants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For young annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the priority of those benefits, the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Hospital and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Administrative and Investment Expenses

Administrative expenses are paid by the Plan. These expenses include fees for Trustee, actuary, legal, audit, insurance, investment management, and tax preparation services and regulatory fees.

Investment management fees and operating expenses charged to the Plan for investments in the various common collective trusts are deducted from income earned and are reflected as a component of net appreciation (depreciation) in fair values of such investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, disclosure of contingencies, the actuarial present value of accumulated plan benefits as of the date of the financial statements, and the reported changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Benefits

Benefit payments to plan participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments are reported at fair value. Changes in fair value are reflected in operations. Plan investment purchases and sales are recorded on the trade-date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Equities are generally valued based on quoted market prices in active markets obtained from exchange or dealer markets for identical assets with no valuation adjustment applied. Corporate bonds are generally valued based on independent pricing sources, broker-dealers, or pricing models that factor in, where applicable, recently executed transactions, interest rates, bond or credit default spreads and volatility. Units of common collective trusts are valued at the net asset value of units as reported by the Trustee. The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of realized and unrealized gains or losses on those investments.

The Plan provides for investments with different investment strategies, which, in general, are exposed to various risks such as interest rate, credit, foreign investment, active management, and overall market volatility risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The Plan's exposure to a concentration of risk is limited by the diversification of investments. Additionally, the investments within each common collective trust are further diversified into varied financial instruments.

Adoption of New Accounting Pronouncement

On July 1, 2024, the Plan early adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") 2025-05, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. This amendment simplifies the estimation of expected credit losses for current receivables and contract assets. The Plan has elected to adopt the following practical expedients from this ASU: (1) the Plan assumes that the current economic conditions as of the statement of net assets available for benefits date do not change for the remaining life of the assets when estimating expected credit losses, and (2) the Plan considers collection activity after the statement of net assets available for benefits date when estimating expected credit losses. This ASU has been applied to employer contributions receivable. The prospective adoption of this ASU did not have a material impact on the Plan's financial statements.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Notes to Financial Statements

3. Fair Value Measurements

As defined in Accounting Standards Codification (“ASC”) 820, fair value is based on the prices 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. In order to increase consistency and comparability in fair value measurements, ASC 820 establishes a three-level hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets.

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. These investments require significant management judgment or estimations.

The fair value measurement level of the asset or liability 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. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the years ended June 30, 2025 and 2024, there were no significant transfers in or out of levels 1, 2 or 3.

4. Investments

The Plan’s investments are held by the Trustee. All investment decisions are directed by the Hospital, provided that these decisions are within the Plan’s investment policy as established by the Investment Committee of the Board of Trustees of the Hospital.

Plan investments are accounted for on the trade date and reported at fair value. All of the Plan’s investments are categorized as Level 1 or Level 2 within the ASC 820 framework for measuring fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024. Units of common collective trusts are valued at the net asset value (“NAV”) of units held by the Plan at year end as reported by the Trustee. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

**Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children
Notes to Financial Statements**

4. Investments (Continued)

The following table summarizes investments measured at fair value based on NAV per unit as of June 30, 2025 and 2024.

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
NT Collective Government Short Term Investment Fund	\$ 2,415,369	N/A	Daily	N/A
NT Collective TIPS Index Fund	10,624,512	N/A	Daily	N/A
NT Collective Intermediate Government Credit Bond Index Fund	33,500,612	N/A	Daily	N/A
Aberdeen Collective Emerging Markets Bond Fund	10,841,478	N/A	Daily	N/A
NT Collective Russell 1000 Index Fund	49,815,155	N/A	Daily	N/A
NT Collective All Country World ex-US Investable Market Index Fund	40,212,108	N/A	Daily	N/A
NT Collective Emerging Markets Small Cap Index Fund	9,898,000	N/A	Daily	N/A
NT Collective Developed International Small Cap Index Fund	10,045,618	N/A	Daily	N/A
NT Collective High Yield Fund	17,251,857	N/A	Daily	N/A

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
NT Collective Government Short Term Investment Fund	\$ 2,298,714	N/A	Daily	N/A
NT Collective TIPS Index Fund	13,664,207	N/A	Daily	N/A
NT Collective Intermediate Government Credit Bond Index Fund	36,636,522	N/A	Daily	N/A
Aberdeen Collective Emerging Markets Bond Fund	10,477,660	N/A	Daily	N/A
NT Collective Russell 1000 Index Fund	39,149,560	N/A	Daily	N/A
NT Collective All Country World ex-US Investable Market Index Fund	32,686,496	N/A	Daily	N/A
NT Collective Emerging Markets Small Cap Index Fund	4,756,894	N/A	Daily	N/A
NT Collective Developed International Small Cap Index Fund	11,469,278	N/A	Daily	N/A
NT Collective Daily High Yield Fund	19,807,716	N/A	Daily	N/A

The methods of determining fair value may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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 Plan's investments, including investments bought and sold, as well as held during the year, appreciated in value by \$21,313,112 and \$17,162,559, respectively, for the years ended June 30, 2025 and 2024.

**Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children
Notes to Financial Statements**

4. Investments (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and 2024.

	Investments at Fair Value as of June 30, 2025			
	Level 1	Level 2	Level 3	Total
Corporate Bonds	\$ -	\$ 3,245,210	\$ -	\$ 3,245,210
Equities	31,746,050	-	-	31,746,050
	<u>\$ 31,746,050</u>	<u>\$ 3,245,210</u>	<u>\$ -</u>	<u>34,991,260</u>
Common collective trusts measured at NAV				<u>184,604,709</u>
Total investments at fair value				<u>\$ 219,595,969</u>

	Investments at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Corporate Bonds	\$ -	\$ 2,307,906	\$ -	\$ 2,307,906
Equities	28,232,516	-	-	28,232,516
	<u>\$ 28,232,516</u>	<u>\$ 2,307,906</u>	<u>\$ -</u>	<u>30,540,422</u>
Common collective trusts measured at NAV				<u>170,947,047</u>
Total investments at fair value				<u>\$ 201,487,469</u>

5. Accumulated Plan Benefits

Accumulated plan benefits (determined on a plan-continuance basis in accordance with FASB ASC Topic 960) are those future periodic payments to be paid, including lump-sum distributions, that are attributable under the Plan's provisions, based on pay history and the service employees have rendered.

The following actuarial information for 2025 and 2024 is based on reports prepared by Milliman, Inc., an independent actuary. The present value of all accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrement such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The following disclosure incorporates retirement, death, and disability benefits. The present value of accumulated plan benefits as of June 30, 2025 and 2024 are as follows:

	2025	2024
Vested benefits of retired or terminated participants and beneficiaries currently receiving benefits	\$ 120,242,725	\$ 113,994,739
Vested benefits of active participants and retired or terminated participants with deferred benefits	<u>77,278,614</u>	<u>80,183,868</u>
Present value of vested accumulated plan benefits	197,521,339	194,178,607
Present value of non-vested accumulated plan benefits	<u>76,075</u>	<u>132,823</u>
Present value of all accumulated plan benefits	<u>\$ 197,597,414</u>	<u>\$ 194,311,430</u>

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Notes to Financial Statements

5. Accumulated Plan Benefits (Continued)

Changed in the present value of all accumulated plan benefits for the years ended June 30, 2025 and 2024 are as follows:

	2025	2024
Present value of all accumulated plan benefits, beginning of year	\$ 194,311,430	\$ 191,105,837
Benefits accumulated	3,842,872	4,025,501
Actuarial (gain) loss	141,672	172,706
Reduction in discount period	11,761,004	11,582,970
Benefit payments	(12,459,564)	(11,734,455)
Change in assumptions	-	(841,129)
 Present value of all accumulated plan benefits, end of year	 \$ 197,597,414	 \$ 194,311,430

Benefits accumulated, including actuarial adjustments, include the effects of actuarial experience gains and losses. In addition, the above calculations reflect the effect of the Plan amendment to freeze all future benefit accruals.

As a result of plan amendments during 2005, the accrued benefits of participants electing to receive the matching contributions in the 403(b) plan were frozen as of December 31, 2005.

Actuarial gains and losses are due to demographic experience and asset returns different from prior year assumptions.

Statutory static tables for 2024 and 2025 based on RP-2014 Mortality Table projected to anticipate greater future longevity, with separate rates for non-annuitants and annuitants (per IRC Section 430(h)), were used to determine ERISA minimum funding, maximum deductible contribution and the PBGC premium.

The 2025 valuation reflects the changes in plan provisions, including the following (which had an immaterial impact on the valuation results):

- An increase in the IRC Section 401(a)(17) compensation limit from \$345,000 to \$350,000.
- An increase in the annual benefit limit under IRC Section 415(b) from \$275,000 to \$280,000.

The 2024 valuation reflects the changes in plan provisions, including the following (which had an immaterial impact on the valuation results):

- An increase in the IRC Section 401(a)(17) compensation limit from \$330,000 to \$345,000.
- An increase in the annual benefit limit under IRC Section 415(b) from \$265,000 to \$275,000.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Notes to Financial Statements

5. Accumulated Plan Benefits (Continued)

The more significant assumptions underlying the actuarial calculations for plan years beginning in 2025 and 2024 are as follows:

Expected rate of return on plan assets	6.25% in 2025 and 6.25% in 2024.
Salary scale rate of increase	3.5% in 2025 and 3.5% in 2024.
Termination and disability	Graduated rates based on an experience study completed in 2020 (2015 study for 2020). For disability, 1987 Commissioner's Disability Report. Decrements are assumed to occur at the middle of the year, except that 100% retirement is assumed to occur at the beginning of the year.
Retirement age	An age-based retirement rate table (based on varying probabilities of retirement) beginning at age 55, with all participants assumed to retire by age 67. The weighted average retirement age for active participants is 63.
Mortality	Society of Actuaries ("SOA") Pri-2012 Total Dataset Mortality with Scale MP-2021 (generationally) converging to a long-term rate of improvement of 0.75% in 2033.

The actuarial methods and assumptions used in the current year valuation are the same as those used in the prior valuation except as follows:

- The statutory segment interest rates for determining minimum funding requirements and potential benefit restrictions, the Maximum Deductible Contribution, and PBGC premiums were updated as prescribed by law.
- The mortality assumptions for minimum funding, maximum contributions and PBGC purposes were updated as prescribed by law.
- The mortality improvement scale for FASB ASC Topic 960 was updated to reflect the most recent adjustment released by the Society of Actuaries.

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

The valuation reflects the Hospital's election to apply the extended amortization provisions contained in Section 9705 of the American Rescue Plan Act of 2021 ("ARPA") for the plan year beginning July 1, 2022. As a result, all prior shortfall amortization bases were eliminated and the funding shortfall as of July 1, 2022 is amortized over fifteen years. Future shortfall bases will also be amortized over fifteen years. Section 9706 of the ARPA modified the segment interest rates used to determine actuarial liabilities and normal costs for minimum funding and benefit restriction purposes, resulting in higher segment rates (and lower liabilities) than under prior law. This is the third valuation reflecting these higher segment rates.

6. Funding Policy

The Hospital's funding policy is to make annual contributions to the Plan of at least the minimum amount required by ERISA to avoid a funding deficiency. The Plan is in compliance with the minimum funding standards of ERISA. Contributions to the Plan are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future. No contributions are required of or permitted by any Participant.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children

Notes to Financial Statements

7. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated July 7, 2014, stating that the Plan and related trust are designed in accordance with applicable provisions of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, the continued volatility in the financial markets, and the level of uncertainty related to changes in the value of investment securities, it is expected that changes in the values of investment securities will continue to occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, investment returns and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Another source of risk is the potential that future actuarial measurements will differ from the current measurements presented in the actuarial report because future experience is different than expected. Risks include investment risk, asset/liability mismatch risk, interest rate risk, longevity and other demographic risks, and contribution risk.

9. Party-In-Interest Transactions

The Plan's investments in certain common collective trusts are managed by the Trustee and, therefore, these transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Trustee fees and expenses totaled \$161,072 and \$120,235 for the years ended June 30, 2025 and 2024, respectively. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital. No such officer or employee receives compensation from the Plan. The Plan is under no obligation to reimburse the Plan Sponsor for Plan expenses paid by the Plan Sponsor. Plan expenses paid by the Plan Sponsor are not included in these financial statements.

10. Subsequent Events

The Plan administrator has performed an evaluation of subsequent events through February 6, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	Common Collective Trust	\$ 2,415,369	\$ 2,415,369
*	NT COLLECTIVE DEVELOPED INTERNATIONAL SMALL CAP INDEX FUND - NON LENDING	Common Collective Trust	5,623,146	10,045,618
*	NT COLLECTIVE EMERGING MARKETS SMALL CAP INDEX FUND - NON LENDING	Common Collective Trust	7,237,821	9,898,000
*	NT COLLECTIVE TREASURY INFLATION-PROTECTED SECURITIES INDEX FUND - NON LENDING	Common Collective Trust	9,761,497	10,624,512
*	NT COLLECTIVE HIGH YIELD FUND - NON LENDING	Common Collective Trust	14,999,819	17,251,857
*	ABERDEEN EMERGING MARKETS BOND FUND	Common Collective Trust	15,795,510	10,841,478
*	NT COLLECTIVE ALL COUNTRY WORLD EX-US INVESTABLE MARKET INDEX FUND - NON LENDING	Common Collective Trust	22,973,357	40,212,108
*	NT COLLECTIVE RUSSELL 1000 INDEX FUND - LENDING	Common Collective Trust	23,803,669	49,815,155
*	NT COLLECTIVE INTERMEDIATE GOVERNMENT CREDIT BOND INDEX FUND - LENDING	Common Collective Trust	31,117,019	33,500,612
	RADNET INC	Equities - Common Stock	1,321	1,366
	SUNSTONE HOTEL INVESTORS INC	Equities - Common Stock	51,612	43,478
	W P CAREY INC	Equities - Common Stock	74,073	76,727
	HEALTHCARE REALTY TRUST INC	Equities - Common Stock	76,932	77,318
	SILICON LABORATORIES INC	Equities - Common Stock	82,293	110,373
	XENIA HOTELS & RESORTS INC	Equities - Common Stock	85,493	73,622
	ACADIA REALTY TRUST	Equities - Common Stock	106,494	109,099
	REXFORD INDUSTRIAL REALTY INC	Equities - Common Stock	110,555	101,197
	HEALTH EQUITY INC	Equities - Common Stock	117,953	198,520
	HOULIHAN LOKEY INC	Equities - Common Stock	122,024	296,378
	MACERICH COMPANY	Equities - Common Stock	126,982	130,896
	API GROUP CORPORATION	Equities - Common Stock	139,119	194,858
	PRIMORIS SERVICES CORPORATION	Equities - Common Stock	140,583	323,217
	SOMNIGROUP INTERNATIONAL INC	Equities - Common Stock	150,612	318,746
	DIGITAL OCEAN HOLDINGS INC	Equities - Common Stock	155,373	143,714
	SL GREEN REALTY CORPORATION	Equities - Common Stock	159,086	185,948
	NNN REIT INC	Equities - Common Stock	159,483	165,595
	MID-AMERICA APARTMENT COMMUNITIES INC	Equities - Common Stock	171,906	174,356
	COUSINS PROPERTIES INC	Equities - Common Stock	172,706	194,684
	BLACKBAUD INC	Equities - Common Stock	175,056	184,347
	FEDERAL SIGNAL CORPORATION	Equities - Common Stock	178,392	368,958
	ARMSTRONG WORLD INDUSTRIES INC	Equities - Common Stock	178,671	376,861
	NMI HOLDING INC	Equities - Common Stock	181,562	339,123
	DOUGLAS EMMETT INC	Equities - Common Stock	181,815	169,275
	SHAKE SHACK INC	Equities - Common Stock	183,170	369,216
	UDR INC	Equities - Common Stock	188,264	183,980
	CHEMED CORPORATION	Equities - Common Stock	189,672	262,942
	PLANET FITNESS INC	Equities - Common Stock	197,655	341,217
	KIMCO REALTY CORPORATION	Equities - Common Stock	204,444	211,041
	BANK OZK	Equities - Common Stock	208,277	355,350
	STONEX GROUP INC	Equities - Common Stock	222,244	453,877
	GRAND CANYON EDUCATION INC	Equities - Common Stock	226,802	404,460
	ESSEX PROPERTY TRUST INC	Equities - Common Stock	232,888	266,963
	INVITATION HOMES INC	Equities - Common Stock	234,196	229,174
	INSTALLED BUILDING PRODUCTS INC	Equities - Common Stock	243,249	336,838
	ESAB CORPORATION	Equities - Common Stock	244,585	281,725
	LAUREATE EDUCATION INC	Equities - Common Stock	247,437	485,766
	SPX TECHNOLOGIES INC	Equities - Common Stock	249,346	305,010
	BXP INC	Equities - Common Stock	250,860	261,176
	HAMILTON LANE INC	Equities - Common Stock	251,615	405,753
	FLOOR & DECOR HOLDINGS INC	Equities - Common Stock	258,476	249,073
	VICTORY CAPITAL HOLDINGS INC	Equities - Common Stock	264,449	474,469
	RLI CORPORATION	Equities - Common Stock	265,676	325,857
	TETRA TECH INC	Equities - Common Stock	274,286	307,746
	HOST HOTELS & RESORTS INC	Equities - Common Stock	276,812	246,820
	EXTRA SPACE STORAGE INC	Equities - Common Stock	277,487	290,457
	GLOBUS MEDICAL INC	Equities - Common Stock	281,836	313,691
	PAYLOCITY HOLDING CORPORATION	Equities - Common Stock	285,749	342,449
	ENSIGN GROUP INC	Equities - Common Stock	286,434	481,291
	CHARLES RIVER LABORATORIES INTERNATIONAL INC	Equities - Common Stock	290,015	306,950
	SBA COMMUNICATIONS CORPORATION	Equities - Common Stock	290,823	298,247
	FTI CONSULTING INC	Equities - Common Stock	291,951	283,271
	YETI HOLDINGS INC	Equities - Common Stock	295,413	244,028
	PRIVA HEALTH GROUP INC	Equities - Common Stock	295,827	280,508
	KILROY REALTY CORPORATION	Equities - Common Stock	296,789	293,419
	SUN COMMUNITIES INC	Equities - Common Stock	303,574	305,473

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	AGREE REALTY CORPORATION	Equities - Common Stock	\$ 305,474	\$ 299,181
	ORMAT TECHNOLOGIES INC	Equities - Common Stock	315,183	373,570
	WELLTOWER INC	Equities - Common Stock	316,135	507,770
	CHART INDUSTRIES INC	Equities - Common Stock	316,751	293,242
	GROCERY OUTLET HOLDING CORPORATION	Equities - Common Stock	324,025	162,218
	AMERICAN HOMES 4 RENT	Equities - Common Stock	339,462	355,001
	WILLSCOT HOLDINGS CORPORATION	Equities - Common Stock	347,246	274,192
	THE PENNANT GROUP INC	Equities - Common Stock	350,026	348,618
	DOUBLEVERIFY HOLDINGS INC	Equities - Common Stock	350,070	228,517
	AVALONBAY COMMUNITIES INC	Equities - Common Stock	371,398	379,935
	MAXIMUS INC	Equities - Common Stock	378,652	374,517
	CCC INTELLIGENT SOLUTIONS HOLDINGS INC	Equities - Common Stock	390,197	346,824
	VICI PROPERTIES INC	Equities - Common Stock	397,893	416,791
	EURONET WORLDWIDE INC	Equities - Common Stock	409,172	436,340
	IRIDIUM COMMUNICATIONS INC	Equities - Common Stock	413,511	364,242
	EQUITY RESIDENTIAL	Equities - Common Stock	415,455	424,377
	KITE REALTY GROUP TRUST	Equities - Common Stock	423,790	440,497
	FIRST INDUSTRIAL REALTY TRUST INC	Equities - Common Stock	446,761	417,672
	PUBLIC STORAGE	Equities - Common Stock	452,872	452,747
	REALTY INCOME CORPORATION	Equities - Common Stock	468,855	499,767
	ALEXANDRIA REAL ESTATE EQUITIES INC	Equities - Common Stock	473,034	351,384
	FIVE9 INC	Equities - Common Stock	479,590	310,955
	FEDERAL REALTY INVESTMENT TRUST	Equities - Common Stock	508,341	448,448
	HEALTHPEAK PROPERTIES INC	Equities - Common Stock	513,061	438,731
	CUBESMART	Equities - Common Stock	525,835	504,178
	SIMON PROPERTY GROUP, LP	Equities - Common Stock	534,716	635,324
	CAMDEN PROPERTY TRUST	Equities - Common Stock	547,336	599,285
	VENTAS INC	Equities - Common Stock	737,720	926,789
	EQUINIX INC	Equities - Common Stock	823,145	850,357
	DIGITAL REALTY TRUST	Equities - Common Stock	841,453	1,042,842
	PROLOGIS INCCOM	Equities - Common Stock	1,353,843	1,229,694
	EXTRA SPACE STORAGE - 4.000% DUE 06-15-2029	Corporate Bonds	24,298	25,498
	BOSTON PROPERTIES - 2.900% DUE 03-15-2030	Corporate Bonds	26,543	27,563
	SENIOR HOUSING PROPERTIES TRUST - 4.750% DUE 02-15-2028	Corporate Bonds	27,780	27,766
	BRIXMOR OPERATING PARTNERSHIP - 4.125% DUE 05-15-2029	Corporate Bonds	38,363	40,315
	HEALTHPEAK PROPERTIES INC - 2.875% DUE 01-15-2031	Corporate Bonds	42,094	44,683
	SENIOR HOUSING PROPERTIES TRUST - 4.750% DUE 02-15-2028	Corporate Bonds	47,722	50,303
	BRANDYWINE OPERATING PARTNERSHIP - 7.550% DUE 03-15-2028	Corporate Bonds	48,168	51,464
	AMERICAN HOMES 4 RENT - 4.250% DUE 02-15-2028	Corporate Bonds	50,702	50,693
	EXTRA SPACE STORAGE - 2.550% DUE 06-01-2031	Corporate Bonds	54,537	55,699
	W P CAREY INC - 2.400% DUE 02-01-2031	Corporate Bonds	55,807	59,791
	BRANDYWINE OPERATING PARTNERSHIP - 8.875% DUE 04-12-2029	Corporate Bonds	62,540	63,877
	EXTRA SPACE STORAGE - 2.400% DUE 10-15-2031	Corporate Bonds	62,560	66,033
	BRANDYWINE OPERATING - 3.950% DUE 11-15-2027	Corporate Bonds	70,328	64,247
	VENTAS REALTY LIMITED PARTNERSHIP - 4.000% DUE 03-01-2028	Corporate Bonds	87,991	93,126
	AMERICAN HOMES 4 RENT - 2.375% DUE 07-15-2031	Corporate Bonds	88,051	96,655
	HIGHWOODS REALTY LTD - 3.050% DUE 02-15-2030	Corporate Bonds	93,187	92,228
	KIMCO REALTY CORPORATION - 4.850% DUE 03-01-2035	Corporate Bonds	97,573	94,960
	FIRST INDUSTRIAL LP - 5.250% DUE 01-15-2031	Corporate Bonds	105,576	107,250
	HIGHWOODS REALTY LTD - 4.200% DUE 04-15-2029	Corporate Bonds	107,755	107,946
	VENTAS REALTY LIMITED PARTNERSHIP - 5.625% DUE 07-01-2034	Corporate Bonds	119,504	116,662
	PIEDMONT OPERATING PARTNERSHIP - 9.250% DUE 07-20-2028	Corporate Bonds	135,966	148,141
	VORNADO REALTY LP - 2.150% DUE 06-01-2026	Corporate Bonds	138,525	149,591
	BOSTON PROPERTIES LP - 6.750% DUE 12-01-2027	Corporate Bonds	161,264	168,015
	INVITATION HOMES OPERATING PARTNERSHIP - 2.700% DUE 01-15-2034	Corporate Bonds	164,491	161,164
	DIGITAL REALTY TRUST - 5.550% DUE 01-15-2028	Corporate Bonds	184,790	185,645
	HEALTHCARE REALTY - 2.000% DUE 03-15-2031	Corporate Bonds	213,771	224,322
	DIGITAL REALTY TRUST - 3.600% DUE 07-01-2029	Corporate Bonds	227,832	248,141
	VICI PROPERTIES INC - 5.125% DUE 05-15-2032	Corporate Bonds	234,074	231,146
	RETAIL PROPERTIES OF AMERICA INC - 4.750% DUE 09-15-2030	Corporate Bonds	390,004	392,286
	UMH PROPERTIES INC - 6.375% SERIES D	Equities - Preferred Stock	5,834	5,121
	PUBLIC STORAGE - 3.875% SERIES N	Equities - Preferred Stock	5,836	3,596
	PUBLIC STORAGE - 3.900% SERIES O	Equities - Preferred Stock	6,361	4,931
	DIGITALBRIDGE GROUP INC - 7.125% SERIES J	Equities - Preferred Stock	8,986	7,405
	DIGITAL REALTY TRUST - 5.850% SERIES K	Equities - Preferred Stock	9,405	8,033
	EPR PROPERTIES - 5.750% SERIES G	Equities - Preferred Stock	9,607	7,711

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	REXFORD INDUSTRIAL REALTY INC - SERIES C	Equities - Preferred Stock	\$ 9,983	\$ 7,833
	CTO REALTY GROWTH INC	Equities - Preferred Stock	11,500	9,260
	PUBLIC STORAGE - 5.150% SERIES F	Equities - Preferred Stock	12,518	11,187
	AMERICAN HOMES 4 RENT - 6.250% SERIES H	Equities - Preferred Stock	14,406	12,296
	PUBLIC STORAGE	Equities - Preferred Stock	16,009	13,544
	DIGITAL REALTY TRUST - SERIES J	Equities - Preferred Stock	16,997	14,321
	SAUL CENTERS INC - SERIES D	Equities - Preferred Stock	17,316	15,084
	PUBLIC STORAGE	Equities - Preferred Stock	26,153	17,618
	SUNSTONE HOTEL INVESTORS INC - 5.700% SERIES I	Equities - Preferred Stock	33,575	24,884
	PEBBLEBROOK HOTEL TRUST - 6.300% SERIES F	Equities - Preferred Stock	34,920	26,325
	PUBLIC STORAGE - 4.875% SERIES I	Equities - Preferred Stock	35,308	26,768
	PUBLIC STORAGE - 4.125% SERIES M	Equities - Preferred Stock	37,222	24,373
	PUBLIC STORAGE - 4.700% SERIES J	Equities - Preferred Stock	42,964	35,366
	ARMADA HOFFLER - SERIES A	Equities - Preferred Stock	53,995	46,548
	REXFORD INDUSTRIAL REALTY INC - 5.875% SERIES B	Equities - Preferred Stock	64,041	56,928
	NATIONAL STORAGE - 6.000% SERIES A	Equities - Preferred Stock	72,051	60,658
	PUBLIC STORAGE - 4.700% SERIES K	Equities - Preferred Stock	72,402	61,963
	KIMCO REALTY CORPORATION - 5.250% CLASS M	Equities - Preferred Stock	75,314	57,556
	AMERICAN HOMES 4 RENT - 5.875% SERIES G	Equities - Preferred Stock	76,111	66,093
	MID-AMERICA APARTMENT COMMUNITIES - 8.500% SERIES I	Equities - Preferred Stock	76,184	64,114
	SL GREEN REALTY CORP - 6.500% SERIES I	Equities - Preferred Stock	80,168	69,290
	PUBLIC STORAGE - 5.600% SERIES H	Equities - Preferred Stock	81,793	64,637
	PEBBLEBROOK HOTEL TRUST	Equities - Preferred Stock	96,053	68,017
	VORNADO REALTY TRUST - 5.400% SERIES L	Equities - Preferred Stock	97,350	73,897
	PEBBLEBROOK HOTEL TRUST	Equities - Preferred Stock	102,250	71,780
	PUBLIC STORAGE - 4.625% SERIES L	Equities - Preferred Stock	108,327	78,701
	CHATHAM LODGING TRUST	Equities - Preferred Stock	108,625	86,031
	PUBLIC STORAGE - 4.000% SERIES P	Equities - Preferred Stock	112,124	72,102
	VORNADO REALTY TRUST - 5.250% SERIES M	Equities - Preferred Stock	112,326	84,091
	SAUL CENTERS INC - SERIES E	Equities - Preferred Stock	119,967	101,197
	DIGITAL REALTY TRUST - SERIES L	Equities - Preferred Stock	130,664	99,101
	DIAMONDROCK - 8.250% SERIES A	Equities - Preferred Stock	176,429	168,721
	VORNADO REALTY TRUST	Equities - Preferred Stock	183,262	139,320
	REGENCY CENTERS CORP - 5.875% SERIES B	Equities - Preferred Stock	187,589	174,963
	REGENCY CENTERS CORP - 6.250% SERIES A	Equities - Preferred Stock	246,499	236,726
	VORNADO REALTY TRUST - 5.375% SERIES N	Equities - Preferred Stock	269,412	177,070
			\$ 166,028,240	\$ 219,595,969

* Column (a) indicates each identified person/entity known to be a party-in-interest.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Single Transaction in Excess of 5%</i>						
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	\$ 13,500,000		\$ 13,500,000	\$ 13,500,000	\$ -
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND		\$ 11,750,000	\$ 11,750,000	\$ 11,750,000	\$ -

Categories (e) Lease rental and (f) Expense incurred with transaction do not apply to any of these transactions

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset (include interest rate and maturity in case of a loan)	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of Transactions by Issue in Excess of 5%</i>							
Northern Trust	NT COLLECTIVE RUSSELL 1000 INDEX FUND - LENDING	Total purchases	2	\$ 10,001,000	\$ 10,001,000	\$ 10,001,000	\$ -
Northern Trust	NT COLLECTIVE RUSSELL 1000 INDEX FUND - LENDING	Total sales	3	\$ 5,500,000	\$ 5,259,414	\$ 5,500,000	\$ 240,586
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	Total purchases	225	\$ 34,245,343	\$ 34,245,343	\$ 34,245,343	\$ -
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	Total sales	214	\$ 33,927,494	\$ 33,927,494	\$ 33,927,494	\$ -

Attachment to 2024 Form 5500
Schedule SB, line 22 – Weighted Average Retirement Age

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Age	Retirement Rate	Age Weight
55	5%	2.75
56	2%	1.06
57	2%	1.06
58	5%	2.65
59	3%	1.53
60	8%	4.04
61	8%	3.77
62	10%	4.41
63	12%	4.84
64	20%	7.21
65	25%	7.33
66	50%	11.16
67	100%	11.33
Average Weighted Retirement Age		63

Attachment to 2024 Form 5500
Schedule SB, line 32 – Schedule of Amortization Bases

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning July 1, 2024 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

	<u>Date Established</u>	<u>Amortization Amount</u>	<u>Years Remaining</u>	<u>Present Value Factor</u>	<u>Present Value</u>
a.	7/1/2022	\$1,123,821	13	9.744632	\$10,951,222
b.	7/1/2023	<u>477,631</u>	14	10.256275	<u>4,898,715</u>
c.	Total	1,601,452			15,849,937

2. Shortfall Amortization for current plan year

a.	Applicable Funding Target				211,651,299
b.	Actuarial Value of Assets less Prefunding Balance				195,238,926
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?				No
d.	Funding Shortfall [(a) - (b), but not < \$0]				16,412,373
e.	Net Funding Shortfall [If (d) > \$0, (d) - (1c), otherwise n/a]				562,436
f.	Amortization factor				10.742213
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]				\$52,358

3. Total Shortfall Amortizations
[(1c) + (2g), but not < \$0]

1,653,810

**Attachment to 2024 Form 5500
Schedule SB, line 19 – Discounted Employer Contributions**

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

The employer contributions for the plan year ending June 30, 2025 were paid on the dates and in the amounts shown below. The plan year's Effective Interest Rate of 5.36% per year is used to discount contributions back to July 1, 2024. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 7/1/2024 without Penalty	Penalty Amount	Discounted Value as of 7/1/2024 with Penalty
October 15, 2024	\$1,635,178	\$1,610,570	\$0	\$1,610,570
January 15, 2025	1,627,000	1,581,564	0	1,581,564
April 15, 2025	1,627,000	1,561,333	0	1,561,333
July 15, 2025	<u>1,627,000</u>	<u>1,541,140</u>	<u>0</u>	<u>1,541,140</u>
Total	6,516,178	6,294,607	0	6,294,607

**Attachment to 2024 Form 5500
Schedule SB, line 26a – Schedule of Active Participant Data**

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

The number of active participants, summarized by attained age and years of credited service as of July 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-	-
40-44	1	3	-	-	-	-	-	-	-	-	-	4
45-49	-	10	4	1	-	1	2	-	-	-	-	18
50-54	-	6	6	-	2	-	3	-	-	-	-	17
55-59	-	6	4	1	2	13	12	5	4	-	-	47
60-64	-	3	4	3	2	8	14	9	4	3	-	50
65-69	-	2	-	-	-	3	3	1	5	-	-	14
70+	-	-	1	-	-	1	-	1	-	-	-	3
Total	1	30	19	5	6	26	34	16	13	3	-	153

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit: The Accrued Benefit for each Participant is determined under the Fractional Rule and is equal to that amount which is in the same proportion to the Participant's Normal Retirement Benefit as the Participant's Years of Accrual Service completed as of the date of determination bear to the total Years of Accrual Service the Participant would complete if he were to continue to participate until his Normal Retirement Date. **Participants eligible for employer match under 403(b) plan have frozen benefit accruals as of December 31, 2005.**

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, Actuarially Equivalent factors are based on a 7% interest rate and the 1984 Unisex Pensioners Mortality Table (set back 3 years for joint annuitants and beneficiaries).

Average Compensation: The average of Compensation in the five consecutive calendar years for which such average is the highest.

A Participant's Excess Average Monthly Compensation is that portion, if any, of his Average Monthly Compensation which is in excess of his monthly Covered Compensation.

Compensation: Total Compensation for services rendered to the Employers as a covered Employee, including any amounts which are treated as salary reduction contributions and used to purchase non-taxable benefits under IRC Section 125 or 401(k). Annual Compensation may not exceed the inflation-adjusted limit specified by the IRS.

Covered Compensation: A Participant's monthly Covered Compensation is equal to his monthly Average Social Security Wage Base. Average Social Security Wage Base means the average (without indexing) of the social security taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the Participant attains (or will attain) social security retirement age (as defined in Code Section 415(b)). In determining a Participant's Average Social Security Wage Base, the taxable wage base for the current and any subsequent Plan Year will be assumed to be equal to the taxable wage base in effect as of the first day of the Plan Year for which the determination is being made.

Entry Date: Entry Date means the date following completion of 1,000 or more Hours of Service in the twelve consecutive months following Employment Commencement Date. **The plan was closed to new participants effective December 31, 2005.**

Effective Date of Plan: June 1, 1972; the plan was last amended and restated effective July 1, 2013.

Final Average Compensation: The average annual amount of a Participant's Compensation paid during the highest five consecutive complete calendar years out of the last ten consecutive completed calendar years immediately preceding the Participant's Termination Date.

Normal Retirement Age: A Participant's Normal Retirement Age is 65.

Normal Retirement Date: A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Plan Sponsor: Texas Scottish Rite Hospital for Children is both the Plan Sponsor and the Plan Administrator.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Plan Year: The 12-month period beginning on July 1 and ending on June 30.

Social Security Wage Base: The amount of Compensation which is considered as wages for that year under Section 3121(a)(1) of the Code divided by twelve.

Years of Credited Service: A year of service (including a fraction thereof) is credited for each completed 12 months of elapsed time which need not to be consecutive.

Years of Vesting Service: A 12-month period in which the Employee has participated in the Plan or any prior plans. For each 12-month period in which the Participant is credited with less than 1,000 hours, no service is counted.

Plan Status

The Plan is closed to new participants and rehires. Participants that are eligible to receive an employer match in the 403(b) plan have frozen benefit accruals as of December 31, 2005.

Normal Retirement

Normal Retirement Date: The first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to the sum of:

- 1.6% of his Final Average Monthly Compensation, multiplied by his Years of Credited Service not to exceed 25 years; plus
- 0.65% of his Final Average Monthly Compensation, multiplied by his Years of Credited Service not to exceed 35 years; plus
- 0.65% of his Final Average Monthly Compensation in excess of his Covered Compensation, multiplied by his Years of Credited Service not to exceed 35 years.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 15 years of Vesting Service.

Early Retirement Benefit: The Accrued Benefit, determined as of the Participant's Early Retirement Date, multiplied by early retirement factors due to earlier commencement of payments.

Early Retirement Factor: 5% per year for each year that the commencement of payments precedes the earlier of (i) Normal Retirement Date and (ii) the date the Participant would have attained age 62 with at least 20 years of Credited Service.

Late Retirement

Late Retirement Date: The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Late Retirement Benefit: The greater of (i) the Accrued Benefit determined as of the Late Retirement Date or (ii) the Accrued Benefit determined as of the earlier of Normal Retirement Date and December 31, 2018 and actuarially increased to the Late Retirement Date.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Deferred Commencement Factor

Eligibility: Any participant who terminates employment prior to Normal Retirement Date and elects a Benefit Commencement Date after the first day or the month coincident with or next following the date of termination.

Deferred Commencement Factor: Benefits accrued prior to December 31, 2018 are actuarially increased from the date of termination to the Benefit Commencement Date.

Termination

In the event of the termination of a fully-vested Participant's employment for any reason other than death, disability, or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date determined as for Normal Retirement and reduced for early commencement as described under Early Retirement.

Special provisions apply to employees terminating employment at ages 50 to 55 with 15 or more years of vesting service.

Disability Retirement

Disability Retirement Eligibility: Payment of Disability Benefit from either the Hospital's LTD plan or from Social Security from the date of disability to the Participant's Normal Retirement Date.

Disability Retirement Benefit: An eligible Participant's Disability Retirement Benefit is equal to the Accrued Benefit as of the Participant's Disability Retirement Date. If the Participant's Disability Retirement Date is prior to the Participant's Early Retirement Date, the benefit will be actuarially adjusted to reflect early commencement. If the Participant is eligible for Early Retirement as of the Participant's Disability Retirement Date, the Disability Retirement Benefit will be equal to the Early Retirement Benefit.

Death of Disabled Participant Prior to Normal Retirement: Prior to Normal Retirement, the Disabled Participant's beneficiary is entitled to the death benefit that can be provided by the single-sum value of the Participant's Accrued Benefit as of the date of disability accumulated with interest to the date of death.

Preretirement Death

Preretirement Death Benefit Eligibility: Beneficiaries or surviving spouses of participants with an Accrued Benefit who die before commencement of payments.

Preretirement Death Benefit: The Participant's beneficiary will receive an income payable for ten years certain and life that can be provided by the greater of (a) or (b) below:

- a) The Actuarial Equivalent of the Accrued Benefit as of the Participant's date of death.
- b) The smaller of (i) or (ii) below:
 - i) The Final Average Monthly Compensation multiplied by 30.
 - ii) 100 times the monthly retirement income the participant would have received had he remained in the service of the Employer until his Normal Retirement Date and his last regular rate of compensation had continued unchanged.

Benefit Timing

Annuity payments are payable monthly at the beginning of the month.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Forms of Payment

Normal Form: Single Life Annuity

Optional Forms:

- Lump sum (if less than \$5,000)
- Joint & 50% contingent annuity
- Joint & 75% contingent annuity
- Joint & 100% contingent annuity
- Single life annuity with a 10-year certain period

Changes in Principal Plan Provisions Since Prior Valuation

None.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The interest rates reflect the extension of the pension funding stabilization percentages under the Infrastructure Investment and Jobs Act (IIJA).

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	4.99%	4.99%
Segment 2 (5–20 years)	5.29%	5.29%
Segment 3 (20+ years)	5.59%	5.29%
Effective Interest Rate	5.36%	5.27%

ERISA minimum funding: 24-month average segment rates, with no lookback period, adjusted to reflect the applicable segment rate stabilization corridor under IIJA.

Maximum Contribution: 24-month average segment rates, with no lookback period, but not adjusted to reflect segment rate stabilization.

FASB ASC Topic 960: 6.25% per year. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including assumed inflation.

Compensation Increases

3.50% per year, with increases assumed to occur at beginning of year. This assumption reflects an experience study completed in 2020.

Maximum Benefit and Annual Compensation Limitation Increases

None.

Administrative Expenses

Estimated administrative expenses paid from the Plan's Trust has been included in the Target Normal Cost.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, demographic assumptions are based on the actuary's judgment and continued review of experience. The latest experience study was completed in December 2020 based on data through July 1, 2020.

Mortality

ERISA minimum funding and Maximum Contribution: Statutory static tables for 2024 with separate rates for non-annuitants and annuitants.

FASB ASC Topic 960: SOA Pri-2012 Total Dataset Mortality with IRS 2024 adjusted Scale MP-2021.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Retirement

Annual rates of retirement are shown in the following table for active participants. These rates reflect an experience study completed in 2020.

Age	Rate
55	5%
56–57	2%
58	5%
59	3%
60–61	8%
62	10%
63	12%
64	20%
65	25%
66	50%
67	100%

Terminated vested participants are assumed to retire at normal retirement age.

Termination

Annual rates of termination are based on age. Sample rates are shown in the following table. These rates reflect an experience study completed in 2020.

Age	Rate
35	5%
40	5%
45	4%
50+	3%

Disability

1987 Commissioners Disability Report.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Retirement Plan for Employees of
Texas Scottish Rite Hospital for Children

EIN: 75-0818178
PN: 001

Form of Payment

For participants not in pay status: Single Life Annuity.

For participants in pay status: Actual forms of payment are included in the census data.

Marital Characteristics

For participants not in pay status: 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

All plan benefits are valued.

Special Data Adjustments

None.

Weighted Average Retirement Age

The weighted average retirement age for active participants is 63.

Changes in Actuarial Assumptions Since Prior Valuation

Interest rates for ERISA minimum funding: Effective July 1, 2024, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with no lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor under IJA. The interest rates were updated to comply with IRS requirements.

Interest rates for Maximum Deductible Contribution: Effective July 1, 2024, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

Mortality for ERISA minimum funding and Maximum Contribution: Effective July 1, 2024, the mortality assumption was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS requirements.

Mortality for FASB ASC Topic 960: Effective July 1, 2024, the mortality improvement scale was updated to reflect the most recent adjustment released by the Society of Actuaries.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan Retirement Plan for Employees of Texas Scottish Rite Hospital for Children	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Texas Scottish Rite Hospital for Children	D Employer Identification Number (EIN) 75-0818178	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	203,645,663
	b Actuarial value	2b	195,238,926
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	405	122,631,496
	b For terminated vested participants	115	20,136,613
	c For active participants	153	68,732,681
	d Total	673	211,500,790
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.36 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	4,037,939
	b Expected plan-related expenses	6b	600,000
	c Target normal cost	6c	4,637,939

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

SIGN HERE	Signature of actuary	<u>01/30/2026</u> Date
	<u>William Strange</u> Type or print name of actuary	<u>23-07903</u> Most recent enrollment number
	<u>Milliman</u> Firm name	<u>(214) 863-5500</u> Telephone number (including area code)
	<u>12790 Merit Dr Suite 800 Dallas TX 75251</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.66</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		16,359
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		851
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		17,210
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	92.24%
15	Adjusted funding target attainment percentage	15	92.24%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.10%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls						
18	Contributions made to the plan for the plan year by employer(s) and employees:						
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	10/15/2024	1,635,178					
	01/15/2025	1,627,000					
	04/15/2025	1,627,000					
	07/15/2025	1,627,000					
	Totals ▶			18(b)	6,516,178	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6,294,607
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	4,637,939
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16,412,373	1,653,810
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6,291,749
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	6,291,749
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6,294,607

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	2,858
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	Common Collective Trust	\$ 2,415,369	\$ 2,415,369
*	NT COLLECTIVE DEVELOPED INTERNATIONAL SMALL CAP INDEX FUND - NON LENDING	Common Collective Trust	5,623,146	10,045,618
*	NT COLLECTIVE EMERGING MARKETS SMALL CAP INDEX FUND - NON LENDING	Common Collective Trust	7,237,821	9,898,000
*	NT COLLECTIVE TREASURY INFLATION-PROTECTED SECURITIES INDEX FUND - NON LENDING	Common Collective Trust	9,761,497	10,624,512
*	NT COLLECTIVE HIGH YIELD FUND - NON LENDING	Common Collective Trust	14,999,819	17,251,857
*	ABERDEEN EMERGING MARKETS BOND FUND	Common Collective Trust	15,795,510	10,841,478
*	NT COLLECTIVE ALL COUNTRY WORLD EX-US INVESTABLE MARKET INDEX FUND - NON LENDING	Common Collective Trust	22,973,357	40,212,108
*	NT COLLECTIVE RUSSELL 1000 INDEX FUND - LENDING	Common Collective Trust	23,803,669	49,815,155
*	NT COLLECTIVE INTERMEDIATE GOVERNMENT CREDIT BOND INDEX FUND - LENDING	Common Collective Trust	31,117,019	33,500,612
	RADNET INC	Equities - Common Stock	1,321	1,366
	SUNSTONE HOTEL INVESTORS INC	Equities - Common Stock	51,612	43,478
	W P CAREY INC	Equities - Common Stock	74,073	76,727
	HEALTHCARE REALTY TRUST INC	Equities - Common Stock	76,932	77,318
	SILICON LABORATORIES INC	Equities - Common Stock	82,293	110,373
	XENIA HOTELS & RESORTS INC	Equities - Common Stock	85,493	73,622
	ACADIA REALTY TRUST	Equities - Common Stock	106,494	109,099
	REXFORD INDUSTRIAL REALTY INC	Equities - Common Stock	110,555	101,197
	HEALTH EQUITY INC	Equities - Common Stock	117,953	198,520
	HOULIHAN LOKEY INC	Equities - Common Stock	122,024	296,378
	MACERICH COMPANY	Equities - Common Stock	126,982	130,896
	API GROUP CORPORATION	Equities - Common Stock	139,119	194,858
	PRIMORIS SERVICES CORPORATION	Equities - Common Stock	140,583	323,217
	SOMNIGROUP INTERNATIONAL INC	Equities - Common Stock	150,612	318,746
	DIGITALOCEAN HOLDINGS INC	Equities - Common Stock	155,373	143,714
	SL GREEN REALTY CORPORATION	Equities - Common Stock	159,086	185,948
	NNN REIT INC	Equities - Common Stock	159,483	165,595
	MID-AMERICA APARTMENT COMMUNITIES INC	Equities - Common Stock	171,906	174,356
	COUSINS PROPERTIES INC	Equities - Common Stock	172,706	194,684
	BLACKBAUD INC	Equities - Common Stock	175,056	184,347
	FEDERAL SIGNAL CORPORATION	Equities - Common Stock	178,392	368,958
	ARMSTRONG WORLD INDUSTRIES INC	Equities - Common Stock	178,671	376,861
	NMI HOLDING INC	Equities - Common Stock	181,562	339,123
	DOUGLAS EMMETT INC	Equities - Common Stock	181,815	169,275
	SHAKE SHACK INC	Equities - Common Stock	183,170	369,216
	UDR INC	Equities - Common Stock	188,264	183,980
	CHEMED CORPORATION	Equities - Common Stock	189,672	262,942
	PLANET FITNESS INC	Equities - Common Stock	197,655	341,217
	KIMCO REALTY CORPORATION	Equities - Common Stock	204,444	211,041
	BANK OZK	Equities - Common Stock	208,277	355,350
	STONEX GROUP INC	Equities - Common Stock	222,244	453,877
	GRAND CANYON EDUCATION INC	Equities - Common Stock	226,802	404,460
	ESSEX PROPERTY TRUST INC	Equities - Common Stock	232,888	266,963
	INVITATION HOMES INC	Equities - Common Stock	234,196	229,174
	INSTALLED BUILDING PRODUCTS INC	Equities - Common Stock	243,249	336,838
	ESAB CORPORATION	Equities - Common Stock	244,585	281,725
	LAUREATE EDUCATION INC	Equities - Common Stock	247,437	485,766
	SPX TECHNOLOGIES INC	Equities - Common Stock	249,346	305,010
	BXP INC	Equities - Common Stock	250,860	261,176
	HAMILTON LANE INC	Equities - Common Stock	251,615	405,753
	FLOOR & DECOR HOLDINGS INC	Equities - Common Stock	258,476	249,073
	VICTORY CAPITAL HOLDINGS INC	Equities - Common Stock	264,449	474,469
	RLI CORPORATION	Equities - Common Stock	265,676	325,857
	TETRA TECH INC	Equities - Common Stock	274,286	307,746
	HOST HOTELS & RESORTS INC	Equities - Common Stock	276,812	246,820
	EXTRA SPACE STORAGE INC	Equities - Common Stock	277,487	290,457
	GLOBUS MEDICAL INC	Equities - Common Stock	281,836	313,691
	PAYLOCITY HOLDING CORPORATION	Equities - Common Stock	285,749	342,449
	ENSIGN GROUP INC	Equities - Common Stock	286,434	481,291
	CHARLES RIVER LABORATORIES INTERNATIONAL INC	Equities - Common Stock	290,015	306,950
	SBA COMMUNICATIONS CORPORATION	Equities - Common Stock	290,823	298,247
	FTI CONSULTING INC	Equities - Common Stock	291,951	283,271
	YETI HOLDINGS INC	Equities - Common Stock	295,413	244,028
	PRIVA HEALTH GROUP INC	Equities - Common Stock	295,827	280,508
	KILROY REALTY CORPORATION	Equities - Common Stock	296,789	293,419
	SUN COMMUNITIES INC	Equities - Common Stock	303,574	305,473

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	AGREE REALTY CORPORATION	Equities - Common Stock	\$ 305,474	\$ 299,181
	ORMAT TECHNOLOGIES INC	Equities - Common Stock	315,183	373,570
	WELLTOWER INC	Equities - Common Stock	316,135	507,770
	CHART INDUSTRIES INC	Equities - Common Stock	316,751	293,242
	GROCERY OUTLET HOLDING CORPORATION	Equities - Common Stock	324,025	162,218
	AMERICAN HOMES 4 RENT	Equities - Common Stock	339,462	355,001
	WILLSCOT HOLDINGS CORPORATION	Equities - Common Stock	347,246	274,192
	THE PENNANT GROUP INC	Equities - Common Stock	350,026	348,618
	DOUBLEVERIFY HOLDINGS INC	Equities - Common Stock	350,070	228,517
	AVALONBAY COMMUNITIES INC	Equities - Common Stock	371,398	379,935
	MAXIMUS INC	Equities - Common Stock	378,652	374,517
	CCC INTELLIGENT SOLUTIONS HOLDINGS INC	Equities - Common Stock	390,197	346,824
	VICI PROPERTIES INC	Equities - Common Stock	397,893	416,791
	EURONET WORLDWIDE INC	Equities - Common Stock	409,172	436,340
	IRIDIUM COMMUNICATIONS INC	Equities - Common Stock	413,511	364,242
	EQUITY RESIDENTIAL	Equities - Common Stock	415,455	424,377
	KITE REALTY GROUP TRUST	Equities - Common Stock	423,790	440,497
	FIRST INDUSTRIAL REALTY TRUST INC	Equities - Common Stock	446,761	417,672
	PUBLIC STORAGE	Equities - Common Stock	452,872	452,747
	REALTY INCOME CORPORATION	Equities - Common Stock	468,855	499,767
	ALEXANDRIA REAL ESTATE EQUITIES INC	Equities - Common Stock	473,034	351,384
	FIVE9 INC	Equities - Common Stock	479,590	310,955
	FEDERAL REALTY INVESTMENT TRUST	Equities - Common Stock	508,341	448,448
	HEALTHPEAK PROPERTIES INC	Equities - Common Stock	513,061	438,731
	CUBESMART	Equities - Common Stock	525,835	504,178
	SIMON PROPERTY GROUP, LP	Equities - Common Stock	534,716	635,324
	CAMDEN PROPERTY TRUST	Equities - Common Stock	547,336	599,285
	VENTAS INC	Equities - Common Stock	737,720	926,789
	EQUINIX INC	Equities - Common Stock	823,145	850,357
	DIGITAL REALTY TRUST	Equities - Common Stock	841,453	1,042,842
	PROLOGIS INCCOM	Equities - Common Stock	1,353,843	1,229,694
	EXTRA SPACE STORAGE - 4.000% DUE 06-15-2029	Corporate Bonds	24,298	25,498
	BOSTON PROPERTIES - 2.900% DUE 03-15-2030	Corporate Bonds	26,543	27,563
	SENIOR HOUSING PROPERTIES TRUST - 4.750% DUE 02-15-2028	Corporate Bonds	27,780	27,766
	BRIXMOR OPERATING PARTNERSHIP - 4.125% DUE 05-15-2029	Corporate Bonds	38,363	40,315
	HEALTHPEAK PROPERTIES INC - 2.875% DUE 01-15-2031	Corporate Bonds	42,094	44,683
	SENIOR HOUSING PROPERTIES TRUST - 4.750% DUE 02-15-2028	Corporate Bonds	47,722	50,303
	BRANDYWINE OPERATING PARTNERSHIP - 7.550% DUE 03-15-2028	Corporate Bonds	48,168	51,464
	AMERICAN HOMES 4 RENT - 4.250% DUE 02-15-2028	Corporate Bonds	50,702	50,693
	EXTRA SPACE STORAGE - 2.550% DUE 06-01-2031	Corporate Bonds	54,537	55,699
	W P CAREY INC - 2.400% DUE 02-01-2031	Corporate Bonds	55,807	59,791
	BRANDYWINE OPERATING PARTNERSHIP - 8.875% DUE 04-12-2029	Corporate Bonds	62,540	63,877
	EXTRA SPACE STORAGE - 2.400% DUE 10-15-2031	Corporate Bonds	62,560	66,033
	BRANDYWINE OPERATING - 3.950% DUE 11-15-2027	Corporate Bonds	70,328	64,247
	VENTAS REALTY LIMITED PARTNERSHIP - 4.000% DUE 03-01-2028	Corporate Bonds	87,991	93,126
	AMERICAN HOMES 4 RENT - 2.375% DUE 07-15-2031	Corporate Bonds	88,051	96,655
	HIGHWOODS REALTY LTD - 3.050% DUE 02-15-2030	Corporate Bonds	93,187	92,228
	KIMCO REALTY CORPORATION - 4.850% DUE 03-01-2035	Corporate Bonds	97,573	94,960
	FIRST INDUSTRIAL LP - 5.250% DUE 01-15-2031	Corporate Bonds	105,576	107,250
	HIGHWOODS REALTY LTD - 4.200% DUE 04-15-2029	Corporate Bonds	107,755	107,946
	VENTAS REALTY LIMITED PARTNERSHIP - 5.625% DUE 07-01-2034	Corporate Bonds	119,504	116,662
	PIEDMONT OPERATING PARTNERSHIP - 9.250% DUE 07-20-2028	Corporate Bonds	135,966	148,141
	VORNADO REALTY LP - 2.150% DUE 06-01-2026	Corporate Bonds	138,525	149,591
	BOSTON PROPERTIES LP - 6.750% DUE 12-01-2027	Corporate Bonds	161,264	168,015
	INVITATION HOMES OPERATING PARTNERSHIP - 2.700% DUE 01-15-2034	Corporate Bonds	164,491	161,164
	DIGITAL REALTY TRUST - 5.550% DUE 01-15-2028	Corporate Bonds	184,790	185,645
	HEALTHCARE REALTY - 2.000% DUE 03-15-2031	Corporate Bonds	213,771	224,322
	DIGITAL REALTY TRUST - 3.600% DUE 07-01-2029	Corporate Bonds	227,832	248,141
	VICI PROPERTIES INC - 5.125% DUE 05-15-2032	Corporate Bonds	234,074	231,146
	RETAIL PROPERTIES OF AMERICA INC - 4.750% DUE 09-15-2030	Corporate Bonds	390,004	392,286
	UMH PROPERTIES INC - 6.375% SERIES D	Equities - Preferred Stock	5,834	5,121
	PUBLIC STORAGE - 3.875% SERIES N	Equities - Preferred Stock	5,836	3,596
	PUBLIC STORAGE - 3.900% SERIES O	Equities - Preferred Stock	6,361	4,931
	DIGITALBRIDGE GROUP INC - 7.125% SERIES J	Equities - Preferred Stock	8,986	7,405
	DIGITAL REALTY TRUST - 5.850% SERIES K	Equities - Preferred Stock	9,405	8,033
	EPR PROPERTIES - 5.750% SERIES G	Equities - Preferred Stock	9,607	7,711

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	REXFORD INDUSTRIAL REALTY INC - SERIES C	Equities - Preferred Stock	\$ 9,983	\$ 7,833
	CTO REALTY GROWTH INC	Equities - Preferred Stock	11,500	9,260
	PUBLIC STORAGE - 5.150% SERIES F	Equities - Preferred Stock	12,518	11,187
	AMERICAN HOMES 4 RENT - 6.250% SERIES H	Equities - Preferred Stock	14,406	12,296
	PUBLIC STORAGE	Equities - Preferred Stock	16,009	13,544
	DIGITAL REALTY TRUST - SERIES J	Equities - Preferred Stock	16,997	14,321
	SAUL CENTERS INC - SERIES D	Equities - Preferred Stock	17,316	15,084
	PUBLIC STORAGE	Equities - Preferred Stock	26,153	17,618
	SUNSTONE HOTEL INVESTORS INC - 5.700% SERIES I	Equities - Preferred Stock	33,575	24,884
	PEBBLEBROOK HOTEL TRUST - 6.300% SERIES F	Equities - Preferred Stock	34,920	26,325
	PUBLIC STORAGE - 4.875% SERIES I	Equities - Preferred Stock	35,308	26,768
	PUBLIC STORAGE - 4.125% SERIES M	Equities - Preferred Stock	37,222	24,373
	PUBLIC STORAGE - 4.700% SERIES J	Equities - Preferred Stock	42,964	35,366
	ARMADA HOFFLER - SERIES A	Equities - Preferred Stock	53,995	46,548
	REXFORD INDUSTRIAL REALTY INC - 5.875% SERIES B	Equities - Preferred Stock	64,041	56,928
	NATIONAL STORAGE - 6.000% SERIES A	Equities - Preferred Stock	72,051	60,658
	PUBLIC STORAGE - 4.700% SERIES K	Equities - Preferred Stock	72,402	61,963
	KIMCO REALTY CORPORATION - 5.250% CLASS M	Equities - Preferred Stock	75,314	57,556
	AMERICAN HOMES 4 RENT - 5.875% SERIES G	Equities - Preferred Stock	76,111	66,093
	MID-AMERICA APARTMENT COMMUNITIES - 8.500% SERIES I	Equities - Preferred Stock	76,184	64,114
	SL GREEN REALTY CORP - 6.500% SERIES I	Equities - Preferred Stock	80,168	69,290
	PUBLIC STORAGE - 5.600% SERIES H	Equities - Preferred Stock	81,793	64,637
	PEBBLEBROOK HOTEL TRUST	Equities - Preferred Stock	96,053	68,017
	VORNADO REALTY TRUST - 5.400% SERIES L	Equities - Preferred Stock	97,350	73,897
	PEBBLEBROOK HOTEL TRUST	Equities - Preferred Stock	102,250	71,780
	PUBLIC STORAGE - 4.625% SERIES L	Equities - Preferred Stock	108,327	78,701
	CHATHAM LODGING TRUST	Equities - Preferred Stock	108,625	86,031
	PUBLIC STORAGE - 4.000% SERIES P	Equities - Preferred Stock	112,124	72,102
	VORNADO REALTY TRUST - 5.250% SERIES M	Equities - Preferred Stock	112,326	84,091
	SAUL CENTERS INC - SERIES E	Equities - Preferred Stock	119,967	101,197
	DIGITAL REALTY TRUST - SERIES L	Equities - Preferred Stock	130,664	99,101
	DIAMONDROCK - 8.250% SERIES A	Equities - Preferred Stock	176,429	168,721
	VORNADO REALTY TRUST	Equities - Preferred Stock	183,262	139,320
	REGENCY CENTERS CORP - 5.875% SERIES B	Equities - Preferred Stock	187,589	174,963
	REGENCY CENTERS CORP - 6.250% SERIES A	Equities - Preferred Stock	246,499	236,726
	VORNADO REALTY TRUST - 5.375% SERIES N	Equities - Preferred Stock	269,412	177,070
			\$ 166,028,240	\$ 219,595,969

* Column (a) indicates each identified person/entity known to be a party-in-interest.

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Single Transaction in Excess of 5%</i>						
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	\$ 13,500,000		\$ 13,500,000	\$ 13,500,000	\$ -
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND		\$ 11,750,000	\$ 11,750,000	\$ 11,750,000	\$ -

Categories (e) Lease rental and (f) Expense incurred with transaction do not apply to any of these transactions

Retirement Plan for Employees of Texas Scottish Rite Hospital for Children
Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended June 30, 2025
EIN: 75-0818178
Plan #: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset (include interest rate and maturity in case of a loan)	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of Transactions by Issue in Excess of 5%</i>							
Northern Trust	NT COLLECTIVE RUSSELL 1000 INDEX FUND - LENDING	Total purchases	2	\$ 10,001,000	\$ 10,001,000	\$ 10,001,000	\$ -
Northern Trust	NT COLLECTIVE RUSSELL 1000 INDEX FUND - LENDING	Total sales	3	\$ 5,500,000	\$ 5,259,414	\$ 5,500,000	\$ 240,586
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	Total purchases	225	\$ 34,245,343	\$ 34,245,343	\$ 34,245,343	\$ -
Northern Trust	NT COLLECTIVE GOVERNMENT SHORT TERM INVESTMENT FUND	Total sales	214	\$ 33,927,494	\$ 33,927,494	\$ 33,927,494	\$ -