

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>TEXAS HEART INSTITUTE RETIREMENT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TEXAS HEART INSTITUTE</u></p> <p><u>6770 BERTNER</u> <u>MC 3-117</u> <u>HOUSTON, TX 77030-2604</u></p> | <p>1c Effective date of plan <u>12/31/1993</u></p> <p>2b Employer Identification Number (EIN) <u>74-6053200</u></p> <p>2c Plan Sponsor's telephone number <u>832-355-4011</u></p> <p>2d Business code (see instructions) <u>622000</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/15/2025 | HOWARD SCHRAMM |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|--|--|-----|
| 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 | 180 |
| 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) | 61 |
| | 6a(2) | 58 |
| | 6b | 20 |
| | 6c | 92 |
| | 6d | 170 |
| | 6e | 4 |
| | 6f | 174 |
| | 6g(1) | |
| | 6g(2) | |
| h | | 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 1C 1I

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 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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> 2023 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

| | | |
|---|---|------------|
| A Name of plan <u>TEXAS HEART INSTITUTE RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TEXAS HEART INSTITUTE</u> | D Employer Identification Number (EIN) <u>74-6053200</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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>6445909</u> |
| | b Actuarial value | 2b | <u>6970036</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>23</u> | <u>1789529</u> |
| | b For terminated vested participants | <u>96</u> | <u>1803879</u> |
| | c For active participants | <u>61</u> | <u>2449630</u> |
| | d Total | <u>180</u> | <u>6043038</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | | |
| | 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>5.17 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>0</u> |
| | b Expected plan-related expenses | 6b | <u>36000</u> |
| | c Target normal cost | 6c | <u>36000</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>KEVIN BILLS</u> Type or print name of actuary <u>MERCER</u> Firm name <u>500 DALLAS STREET</u> <u>SUITE 1400</u> <u>HOUSTON, TX 77002</u> Address of the firm | <u>05/08/2025</u> Date <u>23-07029</u> Most recent enrollment number <u>713-276-2100</u> Telephone number (including area code) |
|---|--|

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) | 160157 | 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) | 160157 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>8.54</u> % | 13677 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 157799 |
| 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>5.33</u> % | | 8411 |
| 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 | | 166210 |
| 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) | 173834 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 112.30 % |
| 15 | Adjusted funding target attainment percentage | 15 | 115.18 % |
| 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 | 115.52 % |
| 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 | | |
| 03/06/2024 | 30000 | 0 | 10/03/2024 | 15000 | 0 | | |
| 04/26/2024 | 15000 | 0 | 11/01/2024 | 15000 | 0 | | |
| 05/01/2024 | 15000 | 0 | 12/02/2024 | 15000 | 0 | | |
| 07/01/2024 | 15000 | 0 | 02/13/2025 | 30000 | 0 | | |
| 08/01/2024 | 15000 | 0 | 03/04/2025 | 15000 | 0 | | |
| 09/03/2024 | 30000 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 210000 | 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 | 200524 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 5.00 % | 3rd segment: 5.74 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) 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 | 36000 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 36000 |

| | | |
|---|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
| a Net shortfall amortization installment | 0 | 0 |
| 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 | 0 |
| | 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 | 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 200524 |

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

| | | |
|---|------------|--------|
| a Total (excess, if any, of line 37 over line 36) | 38a | 200524 |
| 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

| | | |
|--|--|---|
| 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> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | | |
|---|--|------------|
| A Name of plan TEXAS HEART INSTITUTE RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS HEART INSTITUTE | D Employer Identification Number (EIN) 74-6053200 | |

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 CORP OF CONNECTICUT

06-6275604

(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, INC.

36-3608252

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

THE NORTHERN TRUST COMPANY

36-1561860

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

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

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

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

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

NORTHERN TRUST COMPANY

36-1561860

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 65 99 | NONE | 35084 | 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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

| | | |
|--|--|------------|
| A Name of plan <u>TEXAS HEART INSTITUTE RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEXAS HEART INSTITUTE</u> | D Employer Identification Number (EIN) <u>74-6053200</u> | |

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

| | | | | |
|--|---|---------------------------------------|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&P 500 INDEX FUND</u> | b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u> | c EIN-PN <u>45-6138589-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>956007</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE EAFE INDEX FUND</u> | b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u> | c EIN-PN <u>45-6138589-017</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>904012</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE EMERGING MARKET INDEX</u> | b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u> | c EIN-PN <u>45-6138589-040</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>411201</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&P 400 INDEX FUND</u> | b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u> | c EIN-PN <u>45-6138589-049</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>119812</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE QUAL SMALL CAP CORE</u> | b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u> | c EIN-PN <u>45-6138589-076</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>127712</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM COLLECT 1-10YR INTER CREDIT</u> | b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u> | c EIN-PN <u>45-6138589-054</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>923138</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE LONG-TERM CREDIT BOND</u> | b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u> | c EIN-PN <u>45-6138589-059</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>1696083</u> |

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE LONG-TERM GOV BOND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-057 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 655903 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE 1-10YR INTER GOV BOND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-055 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 692086 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE SHORT-TERM INVT FUND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-084 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 160836 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE LONG-TERM GOV BOND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-057 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 655903 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE 1-10YR INTER GOV BOND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-055 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 692086 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE SHORT-TERM INVT FUND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-084 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 160836 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE LONG-TERM GOV BOND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-057 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 655903 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE 1-10YR INTER GOV BOND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-055 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 692086 |
|---------------------------------------|-------------------------------|---|---------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE SHORT-TERM INVT FUND**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-6138589-084 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 160836 |
|---------------------------------------|-------------------------------|---|---------------|

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

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

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

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

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 | |
| A Name of plan TEXAS HEART INSTITUTE RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS HEART INSTITUTE | D Employer Identification Number (EIN) 74-6053200 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 75000 | 90000 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 223 | 723 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 5658872 | 6646790 |
| (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) | 712367 | 790465 |
| (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 | 6446462 | 7527978 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 6446462 | 7527978 |

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) | 210000 | |
| (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) | | 210000 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 36635 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 36635 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | 83 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | 1058851 |
| (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) | | 78098 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 1383667 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 267067 | |
| (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) | | 267067 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 35084 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 35084 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 302151 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1081516 |
| 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: **BLAZEK & VETTERLING**

(2) EIN: **76-0269860**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 1000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| 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 538918.

| | | |
|--|---|---|
| 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> 2023 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | | |
|---|--|------------|
| A Name of plan TEXAS HEART INSTITUTE RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS HEART INSTITUTE | D Employer Identification Number (EIN) 74-6053200 | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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 |
| 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): <u>36-3046063</u> | | |
| 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 | 6 |

| | |
|----------------|---|
| 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.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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 _____.

Texas Heart Institute Retirement Plan

Financial Statements and Supplemental Schedules
for the years ended September 30, 2024 and 2023
and Independent Auditors' Report

Texas Heart Institute Retirement Plan

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Independent Auditors' Report

To the Plan Administrator of
Texas Heart Institute Retirement Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Texas Heart Institute Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Texas Heart Institute Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of September 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Texas Heart Institute Retirement 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Texas Heart Institute Retirement 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Texas Heart Institute Retirement 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 Texas Heart Institute Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

The supplemental schedule of assets (held at end of year) as of September 30, 2024 and the supplemental schedule of reportable transactions for the year ended September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Blazek & Vetterling

May 16, 2025

Texas Heart Institute Retirement Plan

Statements of Net Assets Available for Benefits as of September 30, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| ASSETS: | | |
| Receivables: | | |
| Employer contribution receivable | \$ 90,000 | \$ 75,000 |
| Accrued interest and dividends <i>(Note 8)</i> | <u>723</u> | <u>223</u> |
| Total receivables | <u>90,723</u> | <u>75,223</u> |
| Investments <i>(Notes 6, 7, and 8)</i> : | | |
| Collective trust funds | 6,646,790 | 5,658,872 |
| Exchange-traded funds | 496,031 | 475,503 |
| Mutual funds | <u>294,434</u> | <u>236,864</u> |
| Total investments | <u>7,437,255</u> | <u>6,371,239</u> |
| TOTAL ASSETS | <u>7,527,978</u> | <u>6,446,462</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 7,527,978</u> | <u>\$ 6,446,462</u> |

See accompanying notes to financial statements.

Texas Heart Institute Retirement Plan

Statements of Changes in Net Assets Available for Benefits for the years ended
September 30, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| ADDITIONS: | | |
| Employer contributions | \$ 210,000 | \$ 165,000 |
| Interest and dividends <i>(Note 8)</i> | 40,418 | 41,437 |
| Net appreciation in fair value of investments <i>(Note 8)</i> | <u>1,133,249</u> | <u>501,373</u> |
| Total additions | <u>1,383,667</u> | <u>707,810</u> |
| DEDUCTIONS: | | |
| Benefits paid directly to participants | 267,067 | 1,171,593 |
| Administrative expenses | <u>35,084</u> | <u>35,459</u> |
| Total deductions | <u>302,151</u> | <u>1,207,052</u> |
| CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS | 1,081,516 | (499,242) |
| Net assets available for benefits, beginning of year | <u>6,446,462</u> | <u>6,945,704</u> |
| Net assets available for benefits, end of year | <u>\$ 7,527,978</u> | <u>\$ 6,446,462</u> |

See accompanying notes to financial statements.

Texas Heart Institute Retirement Plan

Notes to Financial Statements for the years ended September 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of Texas Heart Institute Retirement Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a noncontributory, cash balance defined benefit pension plan covering substantially all employees of Texas Heart Institute (THI) and its affiliated companies. The Plan is administered by a committee (the Pension Committee) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to September 30, 2015, employees, other than residents, fellows, leased employees and intensive care unit physicians, who were at least 21 years of age and had worked at least 1,000 hours with THI either in the first year of employment or within any given plan year, were eligible to participate in the Plan. The Plan was frozen effective September 30, 2015.

Funding policy – The funding policy of THI is to contribute amounts sufficient to satisfy the funding requirements of ERISA, as determined annually by an independent consulting actuary. The Plan has met the minimum funding requirements of ERISA for the 2024 and 2023 plan years.

Benefit payments – The Plan provides for scheduled pension payments to begin once a participant has terminated employment and meets certain eligibility requirements as defined in the Plan document. Each participant accrues a pension benefit under the Plan's cash balance benefit formula that is based on the amounts that are credited to the participant's account. For each year in which the participant completes at least 1,000 hours of service, an amount is credited to their account equal to the sum of (i) a specified percentage of their salary for such year based on the participant's years of service, plus (ii) an interest credit specified in the Plan document. Pension benefits calculated under the Plan's cash benefit formula may vary from the pension benefit calculated under the Plan's prior pension plan formula which was in effect as of September 30, 1998. Accordingly, participants who were 100% vested under the Plan on October 1, 1998, will receive a pension benefit equal to the greater of the benefit payable under the Plan's cash balance benefit formula or the Plan's prior pension formula. Participants married on the date their pension benefits commence shall be paid in the form of a qualified joint and 50% survivor annuity, unless the participant elects, with the consent of the participant's spouse, to receive one of the other forms of pension benefits available under the Plan. Thus, married participants who make such election, as well as unmarried participants, may elect to receive their pension benefits in the form of a single life annuity, various other types of joint and survivor annuities, a ten-year certain/life only annuity, a single life annuity coordinated with Social Security, or a single lump sum cash payment.

Vesting – A participant becomes vested in the Plan upon the earlier of the date (i) the participant completes at least three years of service, (ii) the participant reaches their normal retirement age, or (iii) the participant terminates their employment because of disability or death. A participant's credited service is calculated from the date of the participant's commencement of employment through the earlier of either their normal retirement date or the date of their termination of employment.

A participant whose employment is terminated prior to qualifying for either a death, disability, retirement, or severance benefit under the terms and provisions of the Plan ceases to participate in the Plan and is entitled to no benefits under the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The Plan’s financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s management determines the Plan’s valuation policies utilizing information provided by its investment advisors and trustee. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Benefits paid directly to participants – Benefits paid directly to participants are recorded upon distribution.

Administrative expenses – The Plan’s expenses are paid either by the Plan or THI, as provided by the Plan document. Expenses that are paid directly by THI are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Estimates – Management must make estimates and assumptions to prepare financial statements in accordance with generally accepted accounting principles. These estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, the reported amounts of additions and deductions, and the actuarial present value of accumulated plan benefits. Actual results could vary from the estimates that were used.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which under the Plan’s provisions are attributable to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The actuarial present value of accumulated plan benefits information as of September 30, 2023 is as follows:

| | |
|--|---------------------|
| Vested benefits: | |
| Participants currently receiving payments | \$ 1,748,833 |
| Other participants | <u>4,184,433</u> |
| Total vested | 5,933,266 |
| Non-vested | <u>7,560</u> |
| Total actuarial present value of accumulated plan benefits | <u>\$ 5,940,826</u> |

Changes in the actuarial present value of accumulated plan benefits for the year ended September 30, 2023 are as follows:

| | |
|---|---------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | \$ 6,514,918 |
| Change in actuarial assumptions | 200,858 |
| Benefits accumulated and (gains) losses | 102,628 |
| Increase for interest due to decrease in discount period | 294,015 |
| Benefits paid | <u>(1,171,593)</u> |
| Actuarial present value of accumulated plan benefits, end of year | <u>\$ 5,940,826</u> |

The significant actuarial assumptions used in the valuations as of September 30, 2023 and 2022 are as follows:

Assumed rate of return used to discount accumulated plan benefits: 5.00% in 2023 and 2022.

Mortality: Pri-2012 no collar sex-distinct annuitant, non-annuitant and contingent survivor mortality tables, projected generationally with Scale MP-2021 in 2023 and 2022.

Retirement age: Ranging between 55-70 years of age in 2023 and 2022.

Cash balance interest accumulation rates: 3.96% for first year and 2.92% thereafter in 2023 and 3.10% for first year and 1.99% thereafter in 2022.

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Because of uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions could occur in the near term that would be material to the financial statements.

NOTE 4 – TAX STATUS

The Internal Revenue Service has determined and informed THI by a letter dated October 13, 2011, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the Code). Although the Plan has been amended since receiving the determination letter, the Plan

administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intention to do so, THI 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.

In the event the Plan terminates, the net assets will be allocated, as prescribed by ERISA and its related regulations, to generally provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire during the three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC), a U. S. Government agency, up to the applicable limitations.
3. All other vested benefits not insured by the PBGC.
4. All nonvested benefits.
5. THI when all liabilities under the Plan have been satisfied.

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, subject to a statutory ceiling, which is adjusted periodically based on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and also may depend on the level of benefits guaranteed by the PBGC.

NOTE 6 – FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a hierarchy that prioritizes inputs used to measure fair value. The three levels of the fair value hierarchy are as follows:

- *Level 1* – Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the reporting date.
- *Level 2* – Inputs are other than quoted prices included in Level 1, which are either directly observable or can be derived from or corroborated by observable market data at the reporting date.
- *Level 3* – Inputs are not observable and are based on the reporting entity's assumptions about the inputs market participants would use in pricing the asset or liability.

Assets measured at fair value at September 30, 2024 are as follows:

| | <u>LEVEL 1</u> | <u>LEVEL 2</u> | <u>LEVEL 3</u> | <u>TOTAL</u> |
|---|-------------------|----------------|----------------|---------------------|
| Exchange-traded funds | \$ 496,031 | | | \$ 496,031 |
| Mutual funds | <u>294,434</u> | | | <u>294,434</u> |
| Total assets measured in the fair value hierarchy | <u>\$ 790,465</u> | <u>\$ 0</u> | <u>\$ 0</u> | 790,465 |
| Investments measured at net asset value as practical expedient: | | | | |
| Collective trust funds (a) | | | | <u>6,646,790</u> |
| Investments at fair value | | | | <u>\$ 7,437,255</u> |

Assets measured at fair value at September 30, 2023 are as follows:

| | <u>LEVEL 1</u> | <u>LEVEL 2</u> | <u>LEVEL 3</u> | <u>TOTAL</u> |
|---|-------------------|----------------|----------------|---------------------|
| Exchange-traded funds | \$ 475,503 | | | \$ 475,503 |
| Mutual funds | <u>236,864</u> | | | <u>236,864</u> |
| Total assets measured in the fair value hierarchy | <u>\$ 712,367</u> | <u>\$ 0</u> | <u>\$ 0</u> | 712,367 |
| Investments measured at net asset value as practical expedient: | | | | |
| Collective trust funds (a) | | | | <u>5,658,872</u> |
| Investments at fair value | | | | <u>\$ 6,371,239</u> |

(a) Collective trust funds have no redemption restrictions; however, should the Plan initiate a full redemption of the collective trust funds, the investment advisor reserves the right to temporarily delay withdrawal from the funds. There were no unfunded commitments at September 30, 2024 and 2023.

Following is a description of the valuation methods used for assets measured at fair value. There have been no changes in the methods used at September 30, 2024 and 2023.

- *Exchange-traded funds* are valued at the closing price reported on the active market on which the individual securities are traded.
- *Mutual funds* are valued at the daily closing price as reported by the fund.
- *Collective trust funds* are valued at the net asset value (NAV) of the shares held by the Plan. The NAV 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 liabilities.

These valuation methods may produce a fair value 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, the use of different methods or assumptions could result in a different fair value measurement at the reporting date.

NOTE 7 – INVESTMENTS

At September 30, 2024 and 2023, the majority of the assets of the Plan were invested in funds offered by The Northern Trust Company. These transactions qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

Individual investments that represent 10% or more of the Plan's net assets at September 30, 2024 are as follows:

| | |
|---|-------------|
| NT Collective Long-Term Credit Bond Index Fund – Lending | \$1,696,083 |
| NT Collective S&P 500 Index Fund – Lending | \$956,007 |
| NTGI-QM Collective Daily 1-10 Year Intermediate Credit Bond Index Fund – Lending | \$923,138 |
| NT Collective EAFE Index Fund – Lending | \$904,012 |

Individual investments that represent 10% or more of the Plan's net assets at September 30, 2023 are as follows:

| | |
|---|-------------|
| NT Collective Long-Term Credit Bond Index Fund – Lending | \$1,429,707 |
| NT Collective S&P 500 Index Fund – Lending | \$701,225 |
| NTGI-QM Collective Daily 1-10 Year Intermediate Credit Bond Index Fund – Lending | \$828,285 |
| NT Collective Quality Large Cap Core EAFE Fund – Lending | \$928,880 |

Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

NOTE 8 – INFORMATION CERTIFIED BY TRUSTEE

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to accrued interest and dividends and investments held at September 30, 2024 and 2023, and interest and dividends and net appreciation in fair value of investments for the years ended September 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company, a qualified institution.

NOTE 9 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through May 16, 2025, which is the date that the financial statements were available for issuance. As a result of this evaluation, no events were identified that are required to be disclosed or would have a material impact on reported net assets available for benefits or changes in net assets available for benefits.

Schedule SB, line 26 — Schedule of Active Participant Data

| Attained age | Years of vesting service | | | | | | | | | | Total |
|--------------|--------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up | |
| Under 25 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 25-29 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 30-34 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 35-39 | | | 2 | 2 | 1 | | | | | | 5 |
| | | | | | | | | | | | |
| 40-44 | | | | 1 | 2 | 1 | | | | | 4 |
| | | | | | | | | | | | |
| 45-49 | | | 2 | 4 | 2 | 1 | 1 | | | | 10 |
| | | | | | | | | | | | |
| 50-54 | | | 3 | 3 | 5 | 4 | | 2 | | | 17 |
| | | | | | | | | | | | |
| 55-59 | | | | 4 | 5 | | | | | | 9 |
| | | | | | | | | | | | |
| 60-64 | | | | 2 | 4 | 2 | | | 1 | | 9 |
| | | | | | | | | | | | |
| 65-69 | | | | 1 | 1 | | | 2 | 2 | | 6 |
| | | | | | | | | | | | |
| 70 & up | | | | | 1 | | | | | | 1 |
| | | | | | | | | | | | |
| Total | | | 7 | 17 | 21 | 8 | 1 | 4 | 3 | | 61 |
| | | | | | | | | | | | |

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions**

| Discount rate sponsor elections | | |
|--|---|---------------|
| • Segment rates or full yield curve | Segment | |
| • Look-back months | 4 | |
| | Stabilized | Nonstabilized |
| • First 5 years | 4.75% | 3.03% |
| • Next 15 years | 5.00% | 4.11% |
| • Over 20 years | 5.74% | 4.27% |
| Mortality sponsor elections | | |
| • Healthy and disabled participants | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2021. | |
| 417(e) lump sums | Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality. | |
| Cash balance plans | | |
| • Interest accumulation rate | 3.96% for initial year 2.92% long-term rate for future years | |
| • Whipsaw calculations | No | |
| • Annuity conversion | | |
| – Mortality table | Current year IRC Section 417(e) unisex mortality | |
| – Interest rate basis | Funding segment rates | |
| Other economic assumptions | | |
| • Salary increases | Not applicable | |
| • Social Security taxable wage base increase | Not applicable | |
| • Inflation | Not applicable | |
| • Expected investment return | 4.25% for 2021; 5.75% for 2022; 5.50% for 2023 | |
| • Expenses | \$36,000 added to current year normal cost | |

Rationale for significant economic assumptions

- Discount rates – These are IRS prescribed rates. The plan sponsor elected this methodology from alternative IRS prescribed options.
- Cash balance interest accumulation rate – The rate in the initial year is equal to the actual interest accumulation rate for the current plan year as defined by the plan. The long-term interest crediting rate is equal to 24-month average of the monthly average 30-year US Treasury rate as of the June 1 preceding the beginning of the plan year.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Expected investment return – The expected rate of return on plan assets is equal to the midpoint (rounded to the nearest 25 basis points) of Mercer’s Portfolio Return Calculator, using capital market assumptions as of the valuation date published in Mercer Investment Consulting’s *Capital Markets Outlook* for the plan’s current target asset mix. The expected investment return is net of an adjustment of 12 basis points for investment expenses assumed to be paid from plan assets.
- Expenses – Expenses for the upcoming year are assumed to equal to actual administrative expenses for the prior plan year, rounded up to the nearest \$1,000.

| Demographic assumptions | | |
|--|---|----------------------------|
| • Withdrawal | See table of sample rates. | |
| • Disability incidence | None assumed. | |
| • Retirement age | Attained age | Percentage |
| | Under 55 | 0% |
| | 55 | 6% |
| | 56 | 5% |
| | 57 – 58 | 4% |
| | 59 | 7% |
| | 60 – 61 | 10% |
| | 62 – 64 | 15% |
| | 65 – 69 | 20% |
| | 70 and above | 100% |
| • Benefit commencement age for | | |
| – Future vested deferred | Immediate | |
| – Current vested deferred | Immediate in first year and age 65 thereafter | |
| • Spouse assumptions | Male participants | Female participants |
| – Percentage married | 100% | 100% |
| – Spouse age difference | 3 years younger | 3 years older |
| Form of payment | Lump sum | Single life |
| • Active retirements | 100% | Not applicable |
| • Future vested deferred | 100% | Not applicable |
| • Future disabilities | Not applicable | Not applicable |
| • Future deaths | 100% | Not applicable |
| • Current vested deferred | | |
| – Non-grandfathered | 100% | Not applicable |
| – Grandfathered with cash balance greater than annuity converted to lump sum | 100% | Not applicable |
| – All other grandfathered | Not applicable | 100% |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

| Attained age | Withdrawal rates | |
|--------------|-------------------|----------------|
| | 0 – 2 yrs service | 3+ yrs service |
| 20 | 27.5% | 15.0% |
| 25 | 25.0% | 12.5% |
| 30 | 22.5% | 10.0% |
| 35 | 20.0% | 9.0% |
| 40 | 17.5% | 8.0% |
| 45 | 15.0% | 7.0% |
| 50 | 15.0% | 7.0% |
| 55 | 15.0% | 5.0% |
| 60 | N/A | N/A |
| 65 | N/A | N/A |

Rationale for significant demographic assumptions

- Mortality – Prescribed by the IRS and based on the plan sponsor’s election.
- Withdrawal – Termination rates were developed based on an experience study undertaken in 2011 using data from 2005 – 2010. The plan sponsor believes that this period will be representative of anticipated future experience.
- Retirement age – The retirement rates were developed based on an experience study undertaken in 2011 using data from 2005 – 2010 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Benefit commencement age – Due to the cash balance feature and considering past experience, it is assumed that participants will take a lump sum immediately upon termination. If the benefit is not commenced immediately, it is assumed it will commence at the normal retirement date.
- Form of payment – 100% of participants are assumed to elect a lump sum of their cash balance account (and grandfathered benefits, if applicable), based on experience that shows that few participants elect the actuarially equivalent annuity options.

Actuarial methods**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Texas Heart Institute Retirement Plan

Employer Identification Number 74-6053200

Plan Number 001

Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended September 30, 2024

| <u>Identity of Party Involved</u> | <u>Description of Asset</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain</u> |
|--|---|-----------------------|----------------------|----------------------|---|-----------------|
| <u>Category (i) Single transactions in excess of 5% of Plan assets:</u> | | | | | | |
| Northern Trust Investments, Inc. | NT Collective Quality EAFE Fund – Lending Purchase | \$970,000 | | \$970,000 | \$970,000 | |
| Northern Trust Investments, Inc. | NT Collective Quality Large Cap Core EAFE Fund – Lending Sale | | \$1,037,023 | \$726,095 | \$1,037,023 | \$310,928 |
| <u>Category (iii) Series of transactions in excess of 5% of Plan assets:</u> | | | | | | |
| Northern Trust Investments, Inc. | NT Collective Quality EAFE Fund – Lending Purchase | \$970,000 | | \$970,000 | \$970,000 | |
| | Sales | | \$150,000 | \$148,569 | \$150,000 | \$1,431 |
| Northern Trust Investments, Inc. | NT Collective Short-Term Investment Fund Purchases | \$370,186 | | \$370,186 | \$370,186 | |
| | Sales | | \$250,400 | \$250,400 | \$250,400 | |

| | | |
|--|--|---|
| SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | 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. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

| | | |
|---|---|-----|
| A Name of plan TEXAS HEART INSTITUTE RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEXAS HEART INSTITUTE | D Employer Identification Number (EIN) 74-6053200 | |
| 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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| Part I Basic Information | | | |
|--------------------------|--|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u> | | |
| 2 | Assets: | | |
| | a Market value..... | 2a | 6,445,909 |
| | b Actuarial value..... | 2b | 6,970,036 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment..... | 23 | 1,789,529 |
| | b For terminated vested participants..... | 96 | 1,803,879 |
| | c For active participants..... | 61 | 2,449,630 |
| | d Total..... | 180 | 6,043,038 |
| 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 | 5.17% |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals..... | 6a | 0 |
| | b Expected plan-related expenses..... | 6b | 36,000 |
| | c Target normal cost..... | 6c | 36,000 |

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

| | | |
|------------------|---|---|
| SIGN HERE | <u>KB</u> Signature of actuary | <u>05/08/2025</u> Date |
| | <u>KEVIN BILLS</u> Type or print name of actuary | <u>2307029</u> Most recent enrollment number |
| | <u>MERCER</u> Firm name | <u>713-276-2100</u> Telephone number (including area code) |
| | <u>500 DALLAS STREET</u> <u>SUITE 1400</u> <u>HOUSTON TX 77002</u> Address of the firm | |

| 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)..... | 160,157 | 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)..... | 160,157 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>8.54%</u> | 13,677 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year)..... | | 157,799 |
| | 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>5.33%</u> | | 8,411 |
| | 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..... | | 166,210 |
| | 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)..... | 173,834 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|---|-----------|---------|
| 14 | Funding target attainment percentage..... | 14 | 112.30% |
| 15 | Adjusted funding target attainment percentage..... | 15 | 115.18% |
| 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 | 115.52% |
| 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 |
| 03/06/2024 | 30,000 | 0 | | | |
| 04/26/2024 | 15,000 | 0 | | | |
| 05/01/2024 | 15,000 | 0 | | | |
| 07/01/2024 | 15,000 | 0 | | | |
| 08/01/2024 | 15,000 | 0 | | | |
| 09/03/2024 | 30,000 | 0 | | | |
| 10/03/2024 | 15,000 | 0 | | | |
| 11/01/2024 | 15,000 | 0 | | | |
| 12/02/2024 | 15,000 | 0 | | | |
| 02/13/2025 | 30,000 | 0 | | | |
| 03/04/2025 | 15,000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | 210,000 | 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 | 200,524 |

| | | |
|-----------|--|---|
| 20 | Quarterly contributions and liquidity shortfalls: | |
| | a Did the plan have a "funding shortfall" for the prior year?..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... | <input 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 |
| | | | |

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

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 5.00 % | 3rd segment: 5.74 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age..... **22** 63

23 Mortality table(s) (see instructions) 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 | 36,000 |
| b Excess assets, if applicable, but not greater than line 31a..... | 31b | 36,000 |

32 Amortization installments:

| | Outstanding Balance | Installment |
|--|---------------------|-------------|
| a Net shortfall amortization installment..... | 0 | 0 |
| 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** 0

| | 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** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 200,524

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

| | | |
|--|------------|---------|
| a Total (excess, if any, of line 37 over line 36) | 38a | 200,524 |
| 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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

| (A) Retirement age | (B) Retirement percent | (C) Lx | (D) Number of employees expected to retire (B) x (C) | (E) (A) x (D) |
|-----------------------|---------------------------|-----------|--|------------------|
| 55 | 6.0% | 10,000 | 600.00 | 33,000 |
| 56 | 5.0% | 9,400 | 470.00 | 26,320 |
| 57 | 4.0% | 8,930 | 357.20 | 20,360 |
| 58 | 4.0% | 8,573 | 342.91 | 19,889 |
| 59 | 7.0% | 8,230 | 576.09 | 33,989 |
| 60 | 10.0% | 7,654 | 765.38 | 45,923 |
| 61 | 10.0% | 6,888 | 688.84 | 42,019 |
| 62 | 15.0% | 6,200 | 929.94 | 57,656 |
| 63 | 15.0% | 5,270 | 790.45 | 49,798 |
| 64 | 15.0% | 4,479 | 671.88 | 43,000 |
| 65 | 20.0% | 3,807 | 761.46 | 49,495 |
| 66 | 20.0% | 3,046 | 609.17 | 40,205 |
| 67 | 20.0% | 2,437 | 487.34 | 32,652 |
| 68 | 20.0% | 1,949 | 389.87 | 26,511 |
| 69 | 20.0% | 1,559 | 311.90 | 21,521 |
| 70 | 100.0% | 1,248 | 1,247.58 | 87,331 |
| Total | | | 10,000.00 | 629,670 |
| Average | | | | 62.97 |

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

| | |
|------------------------------|---|
| Effective date and plan year | Original plan: May 1, 1962 Restated plan: October 1, 2010 and through Amendment #5 Plan year: The twelve month period ending September 30 |
|------------------------------|---|

| | |
|--------------------|--|
| Status of the plan | Benefits to all participants were frozen effective September 30, 2015. |
|--------------------|--|

Definitions

| | |
|--------------------------|--|
| • Covered employees | All employees other than residents, fellows, leased employees, and ICU Physicians |
| • Participation | Covered employees are eligible to participate under the plan on the first October 1 or April 1 coincident with or next following the later of attaining age 21 and first anniversary of hire. If an employee does not complete 1,000 hours of service during first 12 months following employment but meets age requirement, participation will begin on the October 1 or April 1 coincident with or next following the Plan Year during which 1,000 hours are completed. Employees hired before September 30, 2015 and after April 1, 2014 are eligible to participate as of their hire date. No employees hired on or after October 1, 2015 will be eligible to participate. |
| • Employee contributions | Contributions by Employees, including rollover contributions from plans or individual retirement accounts, shall not be permitted. |

Cash balance benefit

| | |
|---|--|
| • Applicable interest rates | The effective annual interest rate on 30-year Treasury securities for the third month prior to the first day of the applicable Plan Year. In no event shall the interest rate used be less than 1.5% for any Plan Year. |
| • Vesting service | One year of service is granted for each plan year beginning on or after October 1, 1989 in which the participant has 1,000 or more hours of service. Prior to October 1, 1989, service was granted under the terms of the plan then in effect. |
| • Service for salary credit determination | One year of service is granted for each plan year in which the participant worked at least 1,000 hours. |
| • Cash balance account | A bookkeeping account corresponding to each member, reflecting the amount of the employer’s obligation to the member at any given time. |
| • Initial account balance | The actuarial equivalent of the accrued benefit as of October 1, 1998. Only participants as of October 1, 1998 have an initial account balance. |

| | |
|------------------------|---|
| • Contribution credits | A participant's cash balance account will be credited each plan year with an annual contribution credit equal to a percentage of the participant's pensionable earnings. Such percentage to be determined from the table below: |
|------------------------|---|

| Years of salary credit service | Percentage |
|--------------------------------|------------|
| 0 to 4 | 3.5% |
| 5 to 9 | 4.0% |
| 10 to 14 | 4.5% |
| 15 to 19 | 5.0% |
| 20 to 24 | 5.5% |
| 25 or more | 6.0% |

No contribution credits were credited after September 30, 2015.

Schedule SB, Part V — Summary of Plan Provisions

| | |
|----------------------------------|---|
| • Interest credits | A participant's cash balance account will be credited on the last day of each plan year with an interest credit equal to the Applicable interest rate. |
| • Pensionable earnings | Total pay, including overtime premium, weekend and shift differential, call pay, etc. |
| • Accrued benefit | <p>The life annuity benefit payable to the member on his Normal Retirement Date, which can be provided by the actuarial equivalent of the Cash balance account. The accrued benefit of a member who elects to defer includes future interest credits through Normal Retirement Date.</p> <p>Grandfathered participants receive at a minimum the benefit described in the "Grandfathered benefit" section.</p> |
| Grandfathered benefit | |
| • Eligibility | A participant who was actively employed and had at least five years Vesting Credit on October 1, 1998, and who has not severed employment since that date. |
| • Benefit | <p>The minimum benefit for grandfathered participants is equal to the sum of Part A and Part B:</p> <p>Part A The greater of (i) and (ii):</p> <p style="padding-left: 40px;">(i.) The grandfathered minimum accrued benefit described below as of September 30, 2012</p> <p style="padding-left: 40px;">(ii.) The benefit payable under the cash balance provisions earned through September 30, 2012, including future interest credits</p> <p>Part B Benefits under the cash balance formula accrued after September 30, 2012.</p> |
| • Credited grandfathered service | <p>Prior to May 1, 1982, one year of service is granted for Full Time participants working at least 2,000 hours in each plan year. Part Time participants were granted $\frac{3}{4}$ of a year of service.</p> <p>After April 30, 1982, one year of service is granted for each plan year in which the participant has 2,000 or more hours of service; $\frac{3}{4}$ of a year of service if the participant had less than 2,000 but more than 1,500 hours of service; and $\frac{1}{2}$ of a year of service if the participant had less than 1,500 but more than 1,000 hours of service.</p> <p>After October 1, 1989, but before October 1, 2012, one year of service is granted for each plan year in which the participant has 1,000 or more hours of service.</p> <p>A member shall receive service credits through September 30, 1989 based on the greater of (a) or (b):</p> <p>(a) i. Vesting service as of May 1, 1988, plus</p> <p style="padding-left: 40px;">ii. $\frac{1}{12}$ of one year of service for each month from May 1, 1988 to September 30, 1988, during which the member had completed one (1) hour of service, plus</p> <p style="padding-left: 40px;">iii. Vesting service for the year October 1, 1988 to September 30, 1989 (where 1 year of Vesting service was earned if the member had 1,000 hours of service.)</p> <p>(b) Credited service as of September 30, 1989 based on the Plan in effect on September 30, 1989.</p> <p>For the initial or terminal year of employment, a member shall receive a fractional service credit based on the above schedule and the actual number of months worked.</p> <p>Credited grandfathered service was frozen as of September 30, 2012.</p> |

Schedule SB, Part V — Summary of Plan Provisions

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|---|--|
| • Vesting grandfathered service | One year of service is granted for each plan year in which the participant has 1,000 or more hours of service. In the case of the shortened plan year (May 1, 1988 – September 30, 1988), one year's Vesting service is granted if the participant worked at least one hour during this period. |
| • Plan compensation | Total pay, including overtime premium, shift differential, call pay, etc. No compensation earned after September 30, 2012 was reflected in the grandfathered benefit. |
| • Monthly plan compensation | The monthly average of the highest five consecutive years of plan compensation. This was frozen as of September 30, 2012. |
| • Final average earnings | The monthly average of the last three consecutive years of plan compensation, where each year's compensation is not to exceed the Social Security Taxable Wage Base for that year. This was frozen as of September 30, 2012. |
| • Covered Compensation | The average (without indexing) of the Social Security Wage Base in effect for each calendar year during the thirty-five (35) year period ending with the calendar year in which the member attains Social Security Retirement Age. |
| • Grandfathered minimum accrued benefit | These provisions are based on the plan in effect on September 30, 1998. The benefit is the greater of (a) and (b): (a) 1.6% of Monthly plan compensation times Credited grandfathered service up to 30 years, less 0.5% of Final average compensation not in excess of Covered compensation times Credited grandfathered service up to 30 years (b) 2.0% of Monthly plan compensation at October 1, 1989 times Credited grandfathered service prior to October 1, 1989 up to 25 years, less 0.5% of Final average compensation not in excess of Covered compensation times Credited grandfathered service prior to October 1, 1989 up to 25 years plus the formula in (a) above, using only Credited grandfathered service after September 30, 1989, with total service not to exceed 30 years. This was frozen as of September 30, 2012. |

Normal retirement

| | |
|---------------|--|
| • Eligibility | Later of age 65 or completion of 5 years of plan participation |
| • Benefit | The accrued benefit |

Early retirement – Grandfathered benefit

| | |
|---------------|--|
| • Eligibility | Attainment of age 55 and 10 years of vesting service |
| • Benefit | The greater of (a) and (b): (a) The actuarial equivalent of the Part A(ii) cash balance account (b) The greater of the Part A(i) benefit reduced by 4% for each of the first 10 years by which early retirement precedes normal retirement, and reduced actuarially thereafter; and the actuarial equivalent of the Part A(ii) benefit plus the actuarial equivalent of the grandfathered Part B benefit. |

Schedule SB, Part V — Summary of Plan Provisions

| Late retirement | |
|--|---|
| • Eligibility | Separation from service after normal retirement |
| • Benefit | The greater of (a) and (b): (a) the grandfathered Part A benefit calculated using Credited grandfathered service, Monthly plan compensation, Final average compensation, and Covered compensation as of the late retirement date (frozen as of September 30, 2012), plus the grandfathered Part B benefit as of the late retirement date. (b) the income provided by the single-sum value of the grandfathered Part A(i) benefit payable as of the normal retirement date if employment had terminated, accumulated with interest to actual retirement, plus the grandfathered Part B benefit as of the late retirement date. |
| Deferred vested – Grandfathered benefit | |
| • Eligibility | Completion of three years of vesting service. |
| • Benefit | The accrued benefit, actuarially reduced from Normal Retirement Date. |
| Disability | |
| • Eligibility | Total and permanent disability |
| • Benefit | The accrued benefit as of the date of disability, commencing on the normal retirement date. A participant may elect early payment of the benefit, in which case the benefit is reduced actuarially. For Grandfathered participants who elect to receive early payment of benefits, and if the Part A(i) benefit applies, the frozen Part A(i) benefit will be reduced by 4% for the first 10 years that commencement precedes normal retirement, and actuarially thereafter. |
| Pre-retirement death | |
| • Eligibility | Completion of three years of vesting service. |
| • Benefit before normal retirement | The participant's beneficiary will receive an income payable for life that can be provided by the actuarially equivalent value of the Accrued Benefit. For Grandfathered participants, the participant's beneficiary will receive no less than an income payable for life that can be provided by the present value of the Grandfathered benefit. |
| • Benefit after normal retirement | If death occurs after normal retirement but prior to actual retirement, the participant's beneficiary will receive a benefit equal in value to the Grandfathered Late Retirement Benefit described above that the participant would have received had he retired as of his date of death. |
| Form of benefits | |
| • Automatic form for unmarried participants | Single life annuity |
| • Automatic form for married participants | 50% joint and survivor annuity |
| • Optional forms | - Lump sum - Life with 120 monthly payments guaranteed - Joint and contingent annuity, with continuation to a spouse between 50% and 100% of the participant's benefit. |

Schedule SB, Part V — Summary of Plan Provisions

| | |
|--|--|
| | <ul style="list-style-type: none"> - Joint and survivor annuity, with continuation to a non-spouse beneficiary which is no more than 49% of the total actuarial value of the accrued benefit. - Joint and last survivor annuity, with 66% continuation to a spouse - Social Security Level Income <p>The only distribution options available to a participant for payments commencing prior to the early retirement date are a joint and 50% contingent annuity, a lump sum payment, or a single life annuity (if not married.)</p> |
| <ul style="list-style-type: none"> • Optional form conversion factors | <p>For optional forms of payment, excluding lump sum payments of the Grandfathered Part A(i) benefit:</p> <ul style="list-style-type: none"> - Interest: 30-year treasury rate for the third month prior to the first day of the plan year in which commencement occurs - Mortality: the table specified by the Pension Protection Act for 417(e)(3) forms of payment. <p>Conversion factors for lump sum payments of the Grandfathered Part A(i) benefit:</p> <ul style="list-style-type: none"> - Interest: Pension Protection Act specified yield curve segment rates for the first month of the last quarter prior to the current quarter <p>Mortality: the table specified by the Pension Protection Act for 417(e)(3) forms of payment.</p> |
| Miscellaneous | |
| <ul style="list-style-type: none"> • Maximum benefits | <p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023, the limit is \$265,000.</p> |

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as amended and restated October 1, 2010 through Amendment #5, are included in this valuation:

- **Most recent plan amendments included:** Amendment #5
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Schedule SB, Part V — Summary of Plan Provisions

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* Not applicable.
 - *Plan amendments:* See above.
 - *Prohibited payments:* None.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2022 to 2023.

Texas Heart Institute Retirement Plan

Employer Identification Number 74-6053200
Plan Number 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of September 30, 2024

| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment | Cost | Current Value |
|---|--|---------------------|---------------------|
| <u>Collective trust funds:</u> | | | |
| * The Northern Trust Company | NT Collective Long-Term Credit Bond Index Fund – Lending | \$ 1,429,708 | \$ 1,696,083 |
| * The Northern Trust Company | NT Collective S&P 500 Index Fund – Lending | 701,225 | 956,007 |
| * The Northern Trust Company | NTGI-QM Collective Daily 1-10 Year Intermediate Credit Bond Index Fund – Lending | 828,285 | 923,138 |
| * The Northern Trust Company | NT Collective EAFE Index Fund – Lending | 821,431 | 904,012 |
| * The Northern Trust Company | NT Collective 1-10 Year Intermediate Government Bond Index Fund – Lending | 638,787 | 692,086 |
| * The Northern Trust Company | NT Collective Long-Term Government Bond Index Fund – Lending | 567,818 | 655,903 |
| * The Northern Trust Company | NT Collective Emerging Markets Index Fund – Lending | 328,603 | 411,201 |
| * The Northern Trust Company | NT Collective Short-Term Investment Fund | 160,836 | 160,836 |
| * The Northern Trust Company | NT Collective Quality Small Cap Core U. S. Fund – Lending | 100,061 | 127,712 |
| * The Northern Trust Company | NT Collective S&P 400 Index Fund – Lending | <u>94,455</u> | <u>119,812</u> |
| Total collective trust funds | | <u>5,671,209</u> | <u>6,646,790</u> |
| <u>Exchange-traded funds:</u> | | | |
| * FlexShares Trust Funds | FlexShares Morningstar Global Upstream Natural Resources Index Fund | 204,626 | 208,725 |
| * FlexShares Trust Funds | FlexShares High Yield Value-Scored Bond Index Fund | 177,091 | 185,576 |
| BlackRock Funds | iShares Broad USD High Yield Corporate Bond ETF | <u>93,786</u> | <u>101,730</u> |
| Total exchange-traded funds | | <u>475,503</u> | <u>496,031</u> |
| <u>Mutual funds:</u> | | | |
| * Northern Funds | Northern Global Real Estate Index Fund | 129,313 | 163,529 |
| * Northern Funds | Northern Multi-Manager Global Listed Infrastructure Fund | <u>107,551</u> | <u>130,905</u> |
| Total mutual funds | | <u>236,864</u> | <u>294,434</u> |
| Total | | <u>\$ 6,383,576</u> | <u>\$ 7,437,255</u> |

*Party-in-interest

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest discounts and mortality rates were updated from 2022 to 2023 in accordance with PPA.
- The expense component of normal cost decreased from \$42,000 to \$36,000 to reflect our expectations for the current plan year.
- The cash balance interest accumulation rates changed from 3.10% for the first year and 1.99% thereafter to 3.96% for the first year and 2.92% thereafter.
- The expected asset return changed from 5.75% per year to 5.50% per year to reflect our current long-term expectations.