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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
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|               |   |
|---------------|---|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**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. . . . .

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b> |
|----------------|---|

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TEXAS-NEW MEXICO POWER</u><br><br><u>414 SILVER AVE SW</u><br><u>ALBUQUERQUE, NM 87102</u> | <b>1c</b> Effective date of plan<br><u>01/01/1960</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>75-0204070</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>817-762-7582</u><br><br><b>2d</b> Business code (see instructions)<br><u>221100</u> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/25/2025 | REBECCA TEAGUE   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |   |
|--|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>TXNM ENERGY BENEFITS GOVERNANCE COMMITTEE<br><br>414 SILVER AVENUE SW<br>ALBUQUERQUE, NM 87102-2340 | <b>3b</b> Administrator's EIN<br>85-0352963<br><br><b>3c</b> Administrator's telephone number<br>505-241-2700 |
|--|---|

|  |                                   |
|--|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|--|-----------------------------------|

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 667 |
|---|----------|-----|

|  |              |     |
|--|--------------|-----|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |              |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....  | <b>6a(1)</b> | 128 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 114 |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b>    | 284 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 169 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b>    | 567 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   | <b>6e</b>    | 75  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>    | 642 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....   | <b>6g(1)</b> |     |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g(2)</b> |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <b>6h</b>    | 0   |

|  |          |  |
|--|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1C 1I 3H

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

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

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

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

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

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

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

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

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|   |  |  |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

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

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TEXAS-NEW MEXICO POWER</u>                                 | <b>D</b> Employer Identification Number (EIN)<br><u>75-0204070</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>41353215</u>           |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>45488537</u>           |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>355</u>                 | <u>27986159</u>           |
|          | <b>b</b> For terminated vested participants .....   | <u>195</u>                 | <u>9765278</u>            |
|          | <b>c</b> For active participants .....  | <u>128</u>                 | <u>6204546</u>            |
|          | <b>d</b> Total .....  | <u>678</u>                 | <u>43955983</u>           |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</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 ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>5.03 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>491000</u>             |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>491000</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.

|   |   |
|---|---|
| <b>SIGN HERE</b>  |   |
| Signature of actuary  | <u>06/17/2025</u><br>Date                                     |
| <u>BRIAN M ARNELL</u><br>Type or print name of actuary                        | <u>23-07764</u><br>Most recent enrollment number              |
| <u>WILLIS TOWERS WATSON US LLC</u><br>Firm name                               | <u>480-945-0013</u><br>Telephone number (including area code) |
| <u>1144 WEST WASHINGTON STREET<br/>TEMPE, AZ 85281</u><br>Address of the firm |   |

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  |                       | 4811797                |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   |                       | 1034919                |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   |                       | 3776878                |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>8.93</u> % .....   |                       | 337275                 |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       |                        |
|  | <b>b(1)</b> 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>5.16</u> % ..... |                       |                        |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       |                        |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       |                        |
|  | <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       |                        |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  |                       |                        |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 4114153                |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 93.89 %  |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 103.23 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.72 %  |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |  |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|--|
| (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 |              |  |
|   |                                |  |                       |                                |                              |              |  |
|   |                                |  |                       |                                |                              |              |  |
|   |                                |  |                       |                                |                              |              |  |
|   |                                |  |                       |                                |                              |              |  |
|   |                                |  |                       |                                |                              |              |  |
|   |                                |  |                       |                                |                              |              |  |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   |                              | <b>18(c)</b> |  |

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

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

|   |  |   |                                     |   |
|---|--|---|-------------------------------------|---|
| <b>21</b> Discount rate:                        |  |   |                                     |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>4.87 %                                    | 3rd segment:<br>5.59 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |  |   |                                     | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age ..... |  |   |                                     | <b>22</b> 64  |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |   |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                    |               |
|--|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....  | <b>31a</b>          | 491000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....  | 2687804             | 258981             |               |
| <b>b</b> Waiver amortization installment.....  |                     | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  | <b>34</b>           | 749981             |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   |                     | 749981             | 749981        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  | <b>36</b>           |                    |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  | <b>37</b>           |                    |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....  | <b>40</b>           |                    |               |

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN                    | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TEXAS-NEW MEXICO POWER | <b>D</b> Employer Identification Number (EIN)<br>75-0204070 |     |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

NORTHERN TRUST

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51                  | N/A   | 256263   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MILLIMAN

1301 FIFTH AVE STE 3800  
SEATTLE, WA 98101

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 65 13 50               | N/A   | 17275  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21 50                  | N/A   | 9717   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

RV KUHNS & ASSOCIATES

93-0910652

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50 65 13               | N/A   | 9408   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MORGAN STANLEY

1585 BROADWAY  
NEW YORK, NY 10036

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51                  | N/A   | 5818   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WILLIS TOWERS WATSON

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 50 11                  | N/A   | 5193   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

|  |                                  |
|--|----------------------------------|
| <b>a</b> Name: MOSS ADAMS, LLP   | <b>b</b> EIN: 91-0189318         |
| <b>c</b> Position: AUDITOR   |                                  |
| <b>d</b> Address: 6565 AMERICAS PARKWAY NE, STE 600<br>ALBUQUERQUE, NM 87110 | <b>e</b> Telephone: 505-878-7200 |

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN</u>                           | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TEXAS-NEW MEXICO POWER</u> | <b>D</b> Employer Identification Number (EIN)<br><u>75-0204070</u> |            |

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

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PNM RESOURCES INC. MASTER TRUST</u> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PNM RESOURCES, INC.</u>          |                               |   |
| <b>c</b> EIN-PN <u>23-6679470-001</u>   | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38225416</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN</b>                              | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TEXAS-NEW MEXICO POWER</b>           | <b>D</b> Employer Identification Number (EIN)<br><b>75-0204070</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| <b>Assets</b>  |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>         | 38225416        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 41353215              | 38225416        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 41353215              | 38225416        |

**Part II Income and Expense Statement**

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

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

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 970916    |
| (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) |            |           |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 970916    |

**Expenses**

|   |        |         |         |
|---|--------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 4521040 |         |
| (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)  |         | 4521040 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| <b>h</b> Interest expense .....   | 2h     |         |         |
| <b>i</b> Administrative expenses:   |        |         |         |
| (1) Salaries and allowances .....   | 2i(1)  |         |         |
| (2) Contract administrator fees .....   | 2i(2)  | 26683   |         |
| (3) Recordkeeping fees .....  | 2i(3)  |         |         |
| (4) IQPA audit fees .....   | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 258501  |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 13297   |         |
| (7) Actuarial fees .....  | 2i(7)  | 5193    |         |
| (8) Legal fees .....  | 2i(8)  | 2629    |         |
| (9) Valuation/appraisal fees .....  | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....  | 2i(10) |         |         |
| (11) Other expenses .....   | 2i(11) | 329634  |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |         | 635937  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 5156977 |

**Net Income and Reconciliation**

|   |       |  |          |
|---|-------|--|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -4186061 |
| <b>l</b> Transfers of assets:                                   |       |  |          |
| (1) To this plan .....  | 2l(1) |  | 1058262  |
| (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: **BAKER TILLY US**

(2) EIN: **30-1413443**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   |     | X  |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557786.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN</u>                    | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TEXAS-NEW MEXICO POWER</u> | <b>D</b> Employer Identification Number (EIN)<br><u>75-0204070</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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 |  |
|---|--|

**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): 25-1904625

**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 |  | 11 |
|---|--|----|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

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

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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: 8.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 72.0 %  
 High-Yield Debt: 1.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 5.0 % Other: 7.0 %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

Financial Statements and Report of Independent  
Auditors

**Texas-New Mexico Power Company  
Pension Plan**

December 31, 2024 and 2023

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## Report of Independent Auditors

The Plan Administrator of  
Texas-New Mexico Power Company Pension Plan

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Texas-New Mexico Power Company Pension 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year 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-New Mexico Power Company Pension 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 qualified institutions as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 6 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 Auditor's 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 (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Texas-New Mexico Power Company Pension 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 GAAP, 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-New Mexico Power Company Pension Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Texas-New Mexico Power Company Pension 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-New Mexico Power Company Pension 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 certification, 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 GAAP.

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 GAAP.

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.

*Baker Tilly US, LLP*

Albuquerque, New Mexico  
September 19, 2025

**Texas-New Mexico Power Company Pension Plan**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|   | <b>December 31,</b>         |                             |
|---|-----------------------------|-----------------------------|
|   | <b>2024</b>                 | <b>2023</b>                 |
|   |                             |                             |
| <b>ASSETS</b>                                     |                             |                             |
| Plan interest in PNM Resources, Inc. Master Trust | <u>\$ 38,225,416</u>        | <u>\$ 41,353,215</u>        |
| Net assets available for benefits                 | <u><u>\$ 38,225,416</u></u> | <u><u>\$ 41,353,215</u></u> |

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

**Texas-New Mexico Power Company Pension Plan**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|  | <b>Year Ended December 31,</b> |                             |
|--|--------------------------------|-----------------------------|
|  | <b>2024</b>                    | <b>2023</b>                 |
| (Decrease) in net assets attributed to:                                |                                |                             |
| Plan interest in investment income of PNM Resources, Inc. Master Trust | <u>\$ 970,916</u>              | <u>\$ 3,591,838</u>         |
| Deductions from net assets attributed to:                              |                                |                             |
| Pension benefit payments   | 4,521,040                      | 5,041,704                   |
| Administrative expenses  | <u>635,937</u>                 | <u>639,056</u>              |
| Total deductions   | <u>5,156,977</u>               | <u>5,680,760</u>            |
| Net (decrease) in net assets available for benefits                    | (4,186,061)                    | (2,088,922)                 |
| Cash transfers from TXNM Energy, Inc.                                  | 1,058,262                      | —                           |
| Net assets available for benefits:                                     |                                |                             |
| Beginning of year  | <u>41,353,215</u>              | <u>43,442,137</u>           |
| End of year  | <u><u>\$ 38,225,416</u></u>    | <u><u>\$ 41,353,215</u></u> |

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

**Texas-New Mexico Power Company Pension Plan**

**STATEMENT OF ACCUMULATED PLAN BENEFITS**

|  | <b>December 31,<br/>2023</b> |
|--|------------------------------|
| Actuarial present value of accumulated plan benefits:      |                              |
| Vested benefits:   |                              |
| Participants currently receiving payments                  | \$ 26,186,471                |
| Other participants   | 14,924,338                   |
|  | <u>41,110,809</u>            |
| Nonvested benefits   | 111,431                      |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 41,222,240</u></u>  |

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

**Texas-New Mexico Power Company Pension Plan**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

|   | <b>Year Ended<br/>December 31,<br/>2023</b> |
|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 45,354,672</u>                        |
| Changes during the year attributed to:                                    |   |
| Decrease in the discount period   | 2,355,860                                   |
| Actuarial losses  | 93,281                                      |
| Changes in actuarial assumptions  | (1,539,869)                                 |
| Benefits paid   | <u>(5,041,704)</u>                          |
| Net (decrease)  | <u>(4,132,432)</u>                          |
| Actuarial present value of accumulated plan benefits end of year          | <u><u>\$ 41,222,240</u></u>                 |

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

**Texas-New Mexico Power Company Pension Plan**  
**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

**(1) Description of Plan**

**General**

The Texas-New Mexico Power Company Pension Plan (the "Plan") is a noncontributory defined benefit pension plan that, as of December 31, 2005, covered substantially all employees of TNP Enterprises, Inc. ("TNP"), a wholly owned subsidiary of TXNM Energy Inc. ("TXNM"), formerly PNM Resources, Inc. ("PNMR"), and TNP's wholly owned subsidiaries, primarily Texas-New Mexico Power Company ("TNMP" or the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Participants should refer to the Plan for a more complete description of the Plan's provisions.

Effective December 31, 2005, an amendment was enacted to freeze the Plan. Accordingly, only persons who were employees of TNP and its subsidiaries at December 31, 2005 or were retirees (and their beneficiaries) under the Plan at that date are eligible to participate in the Plan.

Overall responsibility for administering the Plan rests with the Benefits Governance Committee, which is appointed by TXNM's Chief Executive Officer ("CEO") who has been granted authority by the TXNM Board of Directors. The Plan's trustee is responsible for safeguarding and providing custodial control of the Plan's assets. The Bank of New York Mellon/BNY Mellon, N.A. was the Plan's trustee through June 2, 2024 and on June 3, 2024 The Northern Trust Company became the Plan's trustee (collectively the "Trustees"). Responsibility for investing the Plan's assets rests with the TXNM's Corporate Investment Committee, which is also appointed by the CEO.

On May 18, 2025, the Company, TroyParentCo LLC, a Delaware limited liability company ("Parent"), and Troy Merger Sub Inc., a New Mexico corporation and a direct subsidiary of Parent ("Merger Sub"), entered into an Agreement and Plan of Merger (the "Merger Agreement"), pursuant to which Merger Sub will merge with and into TXNM (the "Merger"), with TXNM surviving the Merger as a direct wholly-owned subsidiary of Parent. Parent and Merger Sub are affiliates of Blackstone Infrastructure Partners L.P. ("BIP"). The Merger is subject to certain regulatory approvals, including from the New Mexico Public Regulatory Commission. Additional details related to the Merger can be found in the Company's Current Report on Form 8-K filed on May 19, 2025. The Company is currently unable to determine the full extent of the impacts that the Merger will have on the Plan.

**Pension Benefits**

Participants are eligible for monthly benefit payments upon reaching age 65 or may elect to receive a reduced basic pension after reaching age 55 with at least 15 years of vesting service (as defined by the Plan). Monthly benefit payments are determined in accordance with the provisions of the Plan. Vested employees who were active employees on or after October 1, 1997 may take the cash value of their pension benefit in a lump sum at any time after termination of employment. The Company has the right to modify the benefits provided to the participants in the Plan, subject to the provisions set forth in ERISA.

**Death and Disability Benefits**

If an active employee dies or becomes disabled prior to commencing benefits under the Plan, in certain situations, a benefit equal to the participant's accrued benefit is paid to the participant's beneficiary. Such benefit is payable in the form of a ten year certain and life annuity unless the beneficiary elects one of the optional forms provided under the Plan.

**Plan Termination and Pension Benefit Guaranty Corporation**

Although it has not expressed any intention to do so, the Company 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 of a termination of the Plan, the benefits accrued by the affected participants and their beneficiaries up to the date of termination shall be non-forfeitable; however, actual payment of such benefits shall only be to the extent permitted from the Plan assets (or from Pension Benefit Guaranty Corporation ("PBGC") assets) in accordance with ERISA.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically. For Plan terminations occurring during 2025, the ceiling is \$7,432 per month or \$89,184 per year. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination

**Texas-New Mexico Power Company Pension Plan**  
**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

(whichever comes later). For younger annuitants, survivor of a Plan participant, or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

**(2) Summary of Significant Accounting Policies**

**Basis of Presentation**

The accompanying financial statements have been prepared using the accrual method of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Contributions and Funding**

The Company's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary and that comply with minimum ERISA and Internal Revenue Code ("IRC") guidelines. The Plan is in compliance with applicable ERISA minimum funding requirements for the years ended December 31, 2024 and 2023. The Company did not make any cash contributions to the Plan in 2024 or 2023. Based on current law and estimates of portfolio performance, the Company does not expect to make any cash contributions to the Plan in 2025-2029. This expectation was developed using current funding assumptions with a discount rate of 5.35%. Actual amounts to be funded in the future will be dependent on the actuarial assumptions at that time, including the appropriate discount rate. The Company may make additional contributions at its discretion. Participants are not permitted to make contributions.

Cash transfers, not considered contributions or distributions, may be necessary from time-to-time to ensure that the funded status of the Plan and Plan account balances are reconciled upon settlement. During the year, these transfers were necessary upon settlement of the custodial transfer of assets from BNY Mellon to Northern Trust.

**Vesting**

All participants in the Plan are vested in their accrued benefit.

**Investment Management and Valuation**

The Plan's long-term pension investment strategy, as it pertains to the PNM Resources, Inc. Master Trust ("Master Trust"), is to invest in assets whose interest rate sensitivity is correlated with the pension liability. The Company has chosen to implement a strategy known as Liability Driven Investing ("LDI") by increasing the liability matching investments as the funded status of the Plan improves. The Company's investment allocation targets consist of 35% equities, 15% alternative investments (both of which are considered return generating), and 50% liability matching securities that are primarily bonds and other fixed income investments. Equity investments are primarily in domestic securities that include large-, mid-, and small-capitalization companies. Fixed income investments are primarily corporate bonds of companies from diversified industries and government securities. Alternative investments include investments in hedge funds, real estate funds, and private equity funds. The hedge funds and private equity funds are structured as multi-manager, multi-strategy, fund of funds to achieve a diversified position in these asset classes. The hedge funds pursue various absolute return strategies such as relative value, long-short equity, and event driven. Private equity fund strategies include mezzanine financing, buy-outs, and venture capital. The real estate investments are commingled real estate portfolio that invest in a diversified portfolio of assets including commercial property and multi-family housing.

The Plan's interest in the PNM Resources, Inc. Master Trust ("Master Trust") is an agreement for defined benefit plans by and between TXNM and the Trustee. The Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust, plus actual contributions and allocated investment earnings, less actual distributions and allocated administrative expenses. Investments held in the Master Trust are stated at fair value. See Note 8.

The Plan determines the fair values of its investments based on the hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. There are three levels of inputs that may be used to measure fair value. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

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For investment securities, Level 2 fair values are provided by fund managers utilizing a pricing service. For Level 2 fair values, the pricing provider predominantly uses the market approach using bid side market values based upon a hierarchy of information for specific securities or securities with similar characteristics. Fair values of Level 2 investments in mutual funds are equal to net asset value ("NAV") as of year-end. Uncategorized investments include common/collective investment trusts, and alternative investments which are measured at NAV at the end of each reporting period. The private equity funds are not voluntarily redeemable. These investments are realized through periodic distributions occurring over a 10 to 15 years term after the initial investment. The real estate funds and hedge funds may be voluntarily redeemed but are subject to redemption provisions that may result in the funds not being redeemable in the near term. The private collective investment trust is a non-unitized fund that does not publish daily prices. The valuation of alternative investments requires significant judgment by the pricing provider due to the absence of quoted market values, changes in market conditions, and the long-term nature of the assets. The significant unobservable inputs include estimates of liquidation value, current operating performance, and future expectations of performance. Audited financial statements are received for each fund and reviewed by the Plan annually. Fair value for these collective investment trusts and alternative investments is measured using a practical expedient provided under GAAP that allows the NAV per share to be used as fair value for investments in certain entities that do not have readily determinable fair values and are considered to be investment companies. Investments valued using this practical expedient are not required to be presented within the GAAP fair value hierarchy.

**Income Recognition**

Purchases and sales of securities are recorded on a trade-date basis. The Plan's interest in investment income of PNM Resources, Inc. Master Trust includes both realized gains (losses) and unrealized appreciation (depreciation).

**Payment of Benefits**

Benefit payments are recorded when paid.

**Administrative Expenses**

Substantially all administrative expenses are paid by the Plan. These expenses include investment management, actuarial, custodial, and other Plan related expenses.

**Subsequent Events**

GAAP defines subsequent events as events or transactions that occur after the balance sheet date but before financial statements are issued or are available to be issued. Based on their nature, magnitude, and timing, certain subsequent events may be required to be reflected at the balance sheet date and/or required to be disclosed in the financial statements. The Plan has evaluated subsequent events through September 19, 2025.

**(3) Investments**

**Plan Interest in PNM Resources, Inc. Master Trust Units**

As of July 2005, all of the Plan's investments were placed in the Master Trust, which was established for the investment of assets of the Plan and the PNM Resources, Inc. Employees' Retirement Plan ("PNM Pension Plan"). The assets of the Master Trust are held by the Trustee. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 10%. The Plan's interest in the net assets of the Master Trust is included in the accompanying statements of net assets available for benefits. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans pursuant to the number of units of investment held by each plan. The Master Trust also includes "non-unitized accounts", which are used to support LDI and contain investments that are allocated entirely to either the Plan or the PNM Pension Plan.

**Texas-New Mexico Power Company Pension Plan**  
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**December 31, 2024 and 2023**

The Plan's interest in the Master Trust is as follows (unaudited, see Note 6):

|   | <b>December 31, 2024</b>     |  |
|---|------------------------------|--|
|   | <b>Master Trust Balances</b> | <b>Plan's Interest in Master Trust</b> |
| Master Trust investments at fair value:                   |                              |  |
| Cash and cash equivalents                                 | \$ 14,396,747                | \$ 2,589,154                           |
| Equity securities:  |                              |  |
| Corporate stocks, common                                  | 34,387,942                   | 777,828                                |
| Common/collective trusts                                  | 59,444,995                   | 1,737,499                              |
| Mutual funds and other                                    | 83,907,770                   | 6,273,531                              |
| Fixed income securities:                                  |                              |  |
| U.S. government   | 96,353,616                   | 13,169,128                             |
| Municipals  | 4,643,247                    | 631,651                                |
| Corporate debt and other                                  | 98,290,901                   | 13,371,150                             |
| Total investments categorized within fair value hierarchy | 391,425,218                  | 38,549,941                             |
| Uncategorized investments:                                |                              |  |
| Private equity funds                                      | 3,630,680                    | 274,586                                |
| Hedge funds   | 34,126,328                   | 2,580,952                              |
| Real estate funds   | 27,445,345                   | 2,075,673                              |
| Total investments at fair value                           | 456,627,571                  | 43,481,152                             |
| Receivables:  |                              |  |
| Amounts due from brokers for securities sold              | 4,695,790                    | 240,992                                |
| Accrued interest and dividends                            | 2,105,226                    | 281,813                                |
| Liabilities:  |                              |  |
| Amounts due to brokers for securities purchased           | (41,889,041)                 | (5,697,655)                            |
| Accrued expenses  | (3,514,726)                  | (80,886)                               |
| Master Trust net assets                                   | \$ 418,024,820               | \$ 38,225,416                          |

**Texas-New Mexico Power Company Pension Plan**  
**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

|   | <b>December 31, 2023</b>         |  |
|---|----------------------------------|--|
|   | <b>Master Trust<br/>Balances</b> | <b>Plan's Interest<br/>in Master Trust</b> |
| Master Trust investments at fair value:                   |                                  |  |
| Cash and cash equivalents                                 | \$ 13,945,909                    | \$ 1,211,662                               |
| Equity securities:  |                                  |  |
| Corporate stocks, common                                  | 29,096,437                       | 1,318,069                                  |
| Corporate stocks, preferred                               | 741,397                          | 94,602                                     |
| Common/collective trusts                                  | 68,115,134                       | 3,085,616                                  |
| Mutual funds and other                                    | 91,165,813                       | 7,582,071                                  |
| Fixed income securities:                                  |                                  |  |
| U.S. government   | 84,610,973                       | 10,869,362                                 |
| International government                                  | 4,634,800                        | 591,401                                    |
| Municipals  | 5,070,996                        | 647,059                                    |
| Corporate debt and other                                  | 104,213,631                      | 13,297,659                                 |
| Total investments categorized within fair value hierarchy | <u>401,595,090</u>               | <u>38,697,501</u>                          |
| Uncategorized investments:                                |                                  |  |
| Private equity funds                                      | 5,313,700                        | 395,339                                    |
| Hedge funds   | 35,052,916                       | 2,607,937                                  |
| Real estate funds   | 29,925,070                       | 2,226,425                                  |
| Total investments at fair value                           | <u>471,886,776</u>               | <u>43,927,202</u>                          |
| Receivables:  |                                  |  |
| Amounts due from brokers for securities sold              | 2,227,705                        | 278,254                                    |
| Accrued interest and dividends                            | 2,038,231                        | 506,216                                    |
| Liabilities:  |                                  |  |
| Amounts due to brokers for securities purchased           | (27,448,141)                     | (3,337,783)                                |
| Accrued expenses  | (140,381)                        | (20,674)                                   |
| Master Trust net assets                                   | <u>\$ 448,564,190</u>            | <u>\$ 41,353,215</u>                       |

The Master Trust net assets consist of the following:

|   | <b>December 31, 2024</b>         |  | <b>December 31, 2023</b>         |  |
|---|----------------------------------|--|----------------------------------|--|
|   | <b>Master Trust<br/>Balances</b> | <b>Plan's Interest<br/>in Master Trust</b> | <b>Master Trust<br/>Balances</b> | <b>Plan's Interest<br/>in Master Trust</b> |
| Cash Master Trust units                   | \$ 5,459,489                     | \$ 1,592,883                               | \$ 4,665,376                     | \$ 606,544                                 |
| Alternative Investment Master Trust units | 73,504,639                       | 5,559,107                                  | 78,396,866                       | 5,835,170                                  |
| Equity Master Trust units                 | 132,519,628                      | 2,997,490                                  | 138,904,291                      | 6,297,869                                  |
| Fixed Income Master Trust units           | 163,165,421                      | 22,196,453                                 | 178,956,545                      | 22,837,542                                 |
| Non-unitized accounts                     | 43,375,643                       | 5,879,483                                  | 47,641,112                       | 5,776,090                                  |
|   | <u>\$ 418,024,820</u>            | <u>\$ 38,225,416</u>                       | <u>\$ 448,564,190</u>            | <u>\$ 41,353,215</u>                       |

The Plan was allocated the Master Trust's net investment income (loss) as follows:

|  | <b>Year Ended December 31, 2024</b> |  | <b>Year Ended December 31, 2023</b> |  |
|--|-------------------------------------|--|-------------------------------------|--|
|  | <b>Master Trust<br/>Balances</b>    | <b>Plan's Interest<br/>in Master Trust</b> | <b>Master Trust<br/>Balances</b>    | <b>Plan's Interest<br/>in Master Trust</b> |
| Interest, dividends, and other income                        | \$ 10,961,905                       | \$ 1,266,020                               | \$ 11,191,770                       | \$ 1,349,689                               |
| Net appreciation (depreciation) in fair value of investments | 7,120,255                           | (237,158)                                  | 36,396,414                          | 2,367,300                                  |
| Investment management expenses                               | (452,258)                           | (57,946)                                   | (1,271,259)                         | (125,151)                                  |
| Net investment income (loss)                                 | <u>\$ 17,629,902</u>                | <u>\$ 970,916</u>                          | <u>\$ 46,316,925</u>                | <u>\$ 3,591,838</u>                        |

**Texas-New Mexico Power Company Pension Plan**  
**NOTES TO FINANCIAL STATEMENTS**

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The Master Trust provides for investments that, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments 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.

**(4) Actuarial Present Value of Accumulated Plan Benefits**

The Plan's actuary, Willis Towers Watson and TXNM management believe the assumptions and methods are reasonable and offer the best estimate of anticipated experience under the Plan.

Accumulated plan benefits represent the estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to the following: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered up to the valuation date.

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

Significant actuarial assumptions used in the valuations of the actuarial present value of accumulated plan benefits as of December 31, 2023 and 2022 are as follows:

- Discount rate - 5.95% and 5.50%
- Mortality basis - Prescribed mortality under the IRC and the Pension Protection Act of 2006
- Retirement age - Probability of retirement for employees aged 55 to 70, based on years of service
- Salary progression - Final average compensation as of December 31, 2005

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

**(5) Tax Status**

The Internal Revenue Service ("IRS") issued a favorable determination letter dated March 8, 2021, which states that the Plan and the related trust are designed in accordance with applicable sections of the IRC. Therefore, the Plan's net investment income is exempt from income taxes. The Plan has been amended since the determination letter was requested. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

GAAP requires the Plan to evaluate tax positions and recognize tax assets (liabilities) for uncertain tax positions that more likely than not would not be sustained upon examination by the IRS. The Plan has no uncertain tax positions taken or expected to be taken as of December 31, 2024 and 2023. The Plan is subject to routine audits by taxing jurisdictions.

**(6) Certified Investment Information**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustees have certified that the information regarding the Plan's investments and investment income in the Master Trust included in the accompanying financial statements and notes is complete and accurate.

**(7) Related Party Transactions**

As discussed in Note 2, all of the Plan's investments are held in the Master Trust. Some of these investments include funds that are managed by the Trustees and, therefore, transactions of these funds qualify as party-in-interest transactions. Fees paid to the Trustees by the Plan for trustee services amounted to \$23,713 and \$11,043 for the years ended December 31, 2024 and 2023.

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**December 31, 2024 and 2023**

**(8) Fair Value Disclosures**

GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Fair value is based on current market quotes as available and is supplemented by modeling techniques and assumptions made by the Plan to the extent quoted market prices are not available.

Fair values of the investments held by the Master Trust are based on the fair value hierarchy established in GAAP, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. GAAP describes three levels of inputs that may be used to measure fair value. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs for the asset or liability. The Level 2 and Level 3 fair values are provided by the Trustee utilizing a pricing service. Level 2 investments include common/collective trusts and mutual funds, which are measured at NAV at year-end, as well as government securities, corporate bonds, municipal bonds, and foreign government bonds. For Level 2 fair values, the pricing provider predominately uses the market approach using bid side market value based upon a hierarchy of information for specific securities or securities with similar characteristics. There were no Level 3 investments at December 31, 2024 and 2023.

Alternative investments include private equity funds, hedge funds, and real estate funds. The private equity funds are not voluntarily redeemable. These investments are realized through periodic distributions occurring over a 10 to 15 year term after the initial investment. The real estate funds and the hedge funds may be voluntarily redeemed, but are subject to redemption provisions that may result in the funds not being able to be redeemed in the near term. Audited financial statements are received for each fund and reviewed by TXNM annually. Fair value for alternative investments was measured using a practical expedient provided under GAAP that allows the net asset value per share to be used as fair value for investments in certain entities that do not have readily determinable fair values and are considered to be investment companies. Investments valued using this practical expedient are not required to be presented within the GAAP fair value hierarchy.

Master Trust investments measured at fair value consisted of the following types of instruments, classified according to the GAAP fair value hierarchy:

|   | <b>Total</b>   | <b>Level 1</b> | <b>Level 2</b> |
|---|----------------|----------------|----------------|
| <b><u>December 31, 2024</u></b>                           |                |                |                |
| Master Trust investments at fair value:                   |                |                |                |
| Cash and cash equivalents                                 | \$ 14,396,747  | \$ 14,396,747  | \$ —           |
| Equity securities:  |                |                |                |
| Corporate stocks, common                                  | 34,387,942     | 34,387,942     | —              |
| Corporate stocks, preferred                               | —              | —              | —              |
| Common/collective trusts                                  | 59,444,995     | —              | 59,444,995     |
| Mutual funds and other                                    | 83,907,770     | 45,328,086     | 38,579,684     |
| Fixed income securities:                                  |                |                |                |
| U.S. government   | 96,353,616     | 59,655,246     | 36,698,370     |
| International government                                  | —              | —              | —              |
| Municipals  | 4,643,247      | —              | 4,643,247      |
| Corporate debt and other                                  | 98,290,901     | —              | 98,290,901     |
| Total investments categorized within fair value hierarchy | 391,425,218    | \$ 153,768,021 | \$ 237,657,197 |
| Uncategorized alternative investments:                    |                |                |                |
| Private equity funds <sup>(1)</sup>                       | 3,630,680      |                |                |
| Hedge funds <sup>(2)</sup>                                | 34,126,328     |                |                |
| Real estate funds <sup>(3)</sup>                          | 27,445,345     |                |                |
| Total Master Trust investments at fair value              | \$ 456,627,571 |                |                |

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**December 31, 2024 and 2023**

| <b>December 31, 2023</b>                                    | <b>Total</b>          | <b>Level 1</b>        | <b>Level 2</b>        |
|---|-----------------------|-----------------------|-----------------------|
| Master Trust investments at fair value:                     |                       |                       |                       |
| Cash and cash equivalents                                   | \$ 13,945,909         | \$ 13,945,909         | \$ —                  |
| Equity securities:  |                       |                       |                       |
| Corporate stocks, common                                    | 29,096,437            | 29,096,437            | —                     |
| Corporate stocks, preferred                                 | 741,397               | 741,397               | —                     |
| Common/collective trusts                                    | 68,115,134            | —                     | 68,115,134            |
| Mutual funds and other                                      | 91,165,813            | 49,218,554            | 41,947,259            |
| Fixed income securities:                                    |                       |                       |                       |
| U.S. government   | 84,610,973            | 78,809,653            | 5,801,320             |
| International government                                    | 4,634,800             | —                     | 4,634,800             |
| Municipals  | 5,070,996             | —                     | 5,070,996             |
| Corporate debt and other                                    | 104,213,631           | —                     | 104,213,631           |
| Total investments categorized within fair value hierarchy   | 401,595,090           | <u>\$ 171,811,950</u> | <u>\$ 229,783,140</u> |
| Uncategorized alternative investments:                      |                       |                       |                       |
| Private equity funds <sup>(1)</sup>                         | 5,313,700             |                       |                       |
| Hedge funds <sup>(2)</sup>                                  | 32,052,916            |                       |                       |
| Real estate funds <sup>(3)</sup>                            | 29,925,070            |                       |                       |
| Total Master Trust investments at fair value <sup>(4)</sup> | <u>\$ 468,886,776</u> |                       |                       |

<sup>(1)</sup> The Master Trust's private equity funds cannot be voluntarily redeemed by the Master Trust but will be realized through periodic distributions occurring over the next 6 to 8 years. The Master Trust had unfunded commitments of \$1.5 million to these investments at December 31, 2024, which the Plan estimates will be met through rebalancing of the Master Trust's existing investments.

<sup>(2)</sup> The Master Trust holds two hedge fund investments with approximately equal value. Both funds can be voluntarily redeemed with prior written notice at the end of a calendar quarter. Under one fund, redemptions require a minimum of 70 days notice prior to the end of the calendar quarter. Under the second fund, redemptions require a minimum of 95 days notice for up to 50% of the Master Trust's share of the fund. Amounts greater than 50% require a minimum of 370 days notice prior to end of the calendar quarter. The Master Trust had no unfunded commitments to these investments at December 31, 2024.

<sup>(3)</sup> The Master Trust's real estate investments can be redeemed once per quarter with 60 days notice prior to the end of the calendar quarter. The Master Trust had no unfunded commitments to these investments at December 31, 2024.

<sup>(4)</sup> The Master Trust and the former Trustee, BNY Mellon, N.A., had a Securities Lending and Authorization Agreement which permitted the Trustee to loan securities owned by the Master Trust. The Trustee was responsible for negotiating the terms of each loan, for collecting and maintaining required collateral amounts, and, when deemed appropriate by the Trustee, for reinvesting such collateral on behalf of the Master Trust. The terms of each securities lending transaction was structured to qualify as a loan, rather than a sale of securities, under GAAP. The fair value of securities loaned, cash collateral received, securities purchased with such cash collateral, and securities received as collateral was \$1.7 million, \$1.3 million, \$1.3 million, and \$0.5 million at December 31, 2023. The collateral received and the investments made with such collateral were netted against the obligation to return the collateral in the above table.

**(9) Reconciliation of Financial Statements to Form 5500**

There are no differences between the financial statement amounts and the amounts on the Form 5500 for net assets available for benefits as of December 31, 2024 and 2023 or changes in net assets available for benefits for the year ended December 31, 2024.

**(10) Risks and Uncertainties**

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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2016.

**Covered employees** All employees of the Employer who are scheduled to work at least 1,000 hours per year participate upon employment, with the last day of participation being December 31, 2005.

### Definitions

**Vesting service** A year of vesting service credit shall be given for each 365-day period beginning with first day of employment.

**Pension service** Benefit service ended December 31, 2005.

**Average earnings** The average compensation is frozen as of December 31, 2005.

**Normal retirement date (NRD)** First day of the month coincident with or next following the later of the attainment of age 65 or the third anniversary of plan participation.

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## Monthly pension benefit

The greatest of:

1. The monthly pension that is provided by the Account Balance as of the participant's commencement date.
2. The Accrued Benefit as of October 1, 1997, payable monthly for life; or
3. For Grandfathered participants, an annual benefit payable monthly for life calculated using the Accrued Benefit formula, with pay and service through December 31, 2005.

A Grandfathered Participant is a participant who, as of January 1, 1998, had either (1) at least ten years of vesting service and had attained age 50 or (2) had attained age 55.

### Accrued Benefit:

- a. 1.30% of the participant's Monthly Average Compensation multiplied by years of benefit service, plus
- b. 0.40% of the excess, if any, of the participant's Monthly Average Compensation over one-half of the Social Security wage base in the year of retirement multiplied by the lesser of 35 or years of benefit service.

### Account Balance:

Cash balance account consisting of the following:

- a. Opening balance as of October 1, 1997 developed based on the Accrued Benefit as of that date converted to a single sum value using 6.5% interest and 1983 Group Annuity Mortality
- b. Pay credits equal to 6% of compensation credited at the end of each calendar quarter through December 31, 2005
- c. Interest credited on a quarterly basis based on the yield on the 1-Year Treasury Constant Maturities for the first full month preceding the calendar quarter (not to exceed the yield on 30-year Treasury Constant Maturities then in effect).

## Monthly preretirement death benefit

Beneficiary may elect to receive the Account Balance or the annuity the account balance can provide.

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## Eligibility for Benefits

|                                    |   |
|------------------------------------|---|
| <b>Normal retirement</b>           | Retirement on NRD.  |
| <b>Early retirement</b>            | Age 55 with 15 years of service.  |
| <b>Postponed retirement</b>        | Retirement after NRD.   |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing three years of vesting service. |
| <b>Disability</b>                  | Same as Vested termination benefit.   |
| <b>Preretirement death benefit</b> | Benefit payable to spouse if participant dies with vested accrued benefit.                              |

## Benefits Paid Upon the Following Events

|                             |  |
|-----------------------------|--|
| <b>Normal retirement</b>    | Monthly pension benefit determined as of NRD.  |
| <b>Early retirement</b>     | For participants due benefits based upon the annuity formula, the portion of the benefit based upon Average Monthly Compensation (3a above) is reduced 4.5% per year from age 62, the portion of the benefit based upon the Social Security wage base (3b above) is reduced 5% per year from age 65. Lump sums payable from the plan based upon the annuity formula, however, are based upon the deferred value of the annuity payable at Normal Retirement Age. |
| <b>Postponed retirement</b> | A participant may continue to be employed after his Normal Retirement Date. If so, he will receive at actual retirement the benefit calculated as of his delayed retirement date based on service and salary to such date. In no event will this benefit be less than the benefit payable at the Normal Retirement Date and actuarially increased to the late retirement date.   |
| <b>Vested termination</b>   | Same as Early retirement. For participants terminated prior to October 1, 1997, a 5% reduction from age 65 applied to both portions of the Accrued Benefit.  |
| <b>Disablement</b>          | Eligible for either the severance benefit or the monthly pension benefit as applicable.  |

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**Preretirement death** Monthly preretirement death benefit payable on behalf of an active employee is reduced consistent with early retirement benefit.

## Other Plan Provisions

**Forms of payment** Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity with 10 years certain, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms of payment are a lump sum payment equivalent to the Account Balance, but not less than the actuarial value of the accrued benefit, life annuity with 5, 15 or 20 years certain, a 10, 15 or 20-year certain only, or, for married participants, a joint and survivor annuity (75% and 100%) or a life annuity.

Actuarial equivalence is based on a 7.50% interest rate and the 1971 Group Annuity Mortality Table projected by Scale D to 1975, using a unisex rate that is 50% male and 50% female.

Lump sum payments and the conversion of account balances to annuities are calculated in accordance with IRC Section 417(e).

**Pension Increases** None.

**Plan participants' contributions** None.

**Maximum on benefits and pay** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

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

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

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |     |
|--------------|---|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|-----|
|              | Under 1   | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |     |
| Under 25     | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 25-29        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 30-34        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 0   |
| 35-39        | 0   | 0   | 0   | 0     | 1     | 0     | 0     | 0     | 0     | 0         | 0     | 1   |
| 40-44        | 0   | 0   | 0   | 0     | 5     | 5     | 0     | 0     | 0     | 0         | 0     | 10  |
| 45-49        | 0   | 0   | 0   | 0     | 7     | 6     | 2     | 0     | 0     | 0         | 0     | 15  |
| 50-54        | 0   | 0   | 0   | 0     | 2     | 7     | 6     | 1     | 0     | 0         | 0     | 16  |
| 55-59        | 0   | 0   | 0   | 0     | 3     | 1     | 4     | 9     | 7     | 4         | 4     | 28  |
| 60-64        | 0   | 0   | 0   | 0     | 3     | 4     | 4     | 6     | 16    | 14        | 4     | 47  |
| 65-69        | 0   | 0   | 0   | 0     | 0     | 0     | 2     | 1     | 2     | 2         | 2     | 7   |
| 70 & over    | 0   | 0   | 0   | 0     | 1     | 0     | 0     | 2     | 0     | 1         | 1     | 4   |
| Total        | 0   | 0   | 0   | 0     | 22    | 23    | 18    | 19    | 25    | 21        | 21    | 128 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis

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

#### Interest rates

|                           | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| • First segment rate      | 4.75%                    | 3.62%                        |
| • Second segment rate     | 4.87%                    | 4.46%                        |
| • Third segment rate      | 5.59%                    | 4.52%                        |
| • Effective interest rate | 5.03%                    | 4.39%                        |

#### Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A
- Cash balance crediting rate 4.21%

#### Plan-related expenses

The amount included this year for plan related expenses is \$491,000. This is the 3-year average of plan-related expenses net of PBGC Variable Rate Premium (VRP), plus the PBGC VRP for this year, rounded to the nearest \$1,000.

#### Expected Return on Assets

5.95%

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

Rates not reflecting stabilization are used to determine the PBGC FTAP and the PBGC 4010 FS.

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## Demographic Assumptions

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

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

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

**Termination** 3% at all ages.

**Disability** The rates at which participants become disabled by age and gender are shown below:

| Percentage becoming disabled during the year |       |         |
|--|-------|---------|
| Attained Age                                 | Males | Females |
| 25   | 0.10% | 0.09%   |
| 40   | 0.15% | 0.20%   |
| 55   | 0.58% | 0.99%   |
| 65 and over                                  | 0.00% | 0.00%   |

**Retirement** Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

| Percentage retiring during the year |           |
|-------------------------------------|-----------|
| Attained Age                        | Decrement |
| 55-57                               | 4.00%     |
| 58-59                               | 7.00%     |
| 60-61                               | 10.00%    |
| 62                                  | 30.00%    |
| 63-64                               | 15.00%    |
| 65-69                               | 30.00%    |
| 70 and over                         | 100.00%   |

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**Benefit commencement date** Lump sum payments are assumed to be paid upon termination, death, disability or retirement. Annuity payments are assumed to be paid immediately if retirement eligible at termination or at age 65 if not retirement eligible at termination. Deferred vested benefits are assumed to be paid at age 65 (or current age if later).

**Form of payment** 50% of terminating actives are now assumed to receive an immediate lump sum and 50% are assumed to elect an annuity payable immediately if retirement eligible or at age 65 if not retirement eligible at termination. For annuity payments, single participants receive a 10-year certain and life annuity and married participants receive a 50% joint and survivor annuity.

**Percent married** For purposes of valuing the pre-retirement surviving spouse's benefit and for determining form of payment, 85% of eligible participants are assumed to be married.

**Spouse age** Male spouses are assumed to be three years older than female spouses.

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

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## Methods

|                                  |  |
|----------------------------------|--|
| <b>Valuation date</b>            | First day of plan year   |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.   |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.  |
| <b>Decrement timing</b>          | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.   |
| <b>Actuarial value of assets</b> | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's |

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smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Benefits not valued**

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

## **Sources of Data and Other Information**

The plan sponsor through its third-party administrator, furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## **Assumptions Rationale - Significant Economic Assumptions**

### **Discount rate**

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

### **Cash balance interest crediting rate**

The plan credits interest to cash balance accounts using the 12-month Treasury Bills rate on the first trading day of the prior quarter. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.

### **Lump sum conversion rate for traditional benefits**

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

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fact that the plan's lump sum conversion rate uses IRC §417(e) assumptions.

### **Plan-related expenses**

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

### **Annuity conversion rate for hybrid plans**

As required by IRC §430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.

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# SCHEDULE SB ATTACHMENTS

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## Assumptions Rationale - Significant Demographic Assumptions

|   |   |
|---|---|
| <b>Healthy Mortality</b>                                | Assumptions used for funding purposes are as prescribed by IRC §430(h).   |
| <b>Disabled Mortality</b>                               | Assumptions used for funding purposes are as prescribed by IRC §430(h).   |
| <b>Termination</b>                                      | The assumed termination rates were based on actual termination experience by the plan over the period 2013-2017, with the consideration for future conditions that might be expected to produce different results in the future.  |
| <b>Disability</b>                                       | Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.  |
| <b>Retirement</b>                                       | The assumed retirement rates were based on actual retirement experience by the plan over the period 2013-2017, with the consideration for future conditions that might be expected to produce different results in the future.  |
| <b>Benefit commencement date for deferred benefits:</b> |   |
| • Preretirement death benefit                           | Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available. |
| • Deferred vested benefit                               | Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but most participants are assumed to commence at Normal Retirement Age.  |

Plan Name: Texas-New Mexico Power Company Pension Plan  
EIN / PN: 75-0204070/001  
Plan Sponsor: Texas-New Mexico Power Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Form of payment

The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2013-2017.

The percentage of retiring participants assumed to take joint and survivor annuities is based on the marriage assumption.

## Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

## Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

## Prescribed Methods

### Funding methods

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

Plan Name: Texas-New Mexico Power Company Pension Plan  
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# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

|  |  |
|--|--|
| <b>Change in assumptions since prior valuation</b> | <p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was updated to reflect recent changes in regulations regarding mortality assumptions.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$726,000 for the prior valuation to \$491,000 for the current valuation to account for expected expenses to be paid from the trust during the plan year.</p> <p>The cash balance interest crediting rate was changed from 4.24% to 4.21%.</p> |
| <b>Change in methods since prior valuation</b>     | None.  |

Plan Name: Texas-New Mexico Power Company Pension Plan  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Model Descriptions and Disclosures (in accordance with ASOP No. 56)

### Quantify

Quantify is the WTW centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

### Quantify FR

Quantify Financial Reporting (FR) is intended to calculate funding results, accounting results and produce the associated client reports under selected accounting standards. The calculations and reports are based on various user specified inputs including liability results and asset values.

Quantify FR develops valuation results for various accounting and funding purposes using standard actuarial techniques.

Plan Name: Texas-New Mexico Power Company Pension Plan  
EIN / PN: 75-0204070/001  
Plan Sponsor: Texas-New Mexico Power Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Published Demographic Tables**

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise

Plan Name: Texas-New Mexico Power Company Pension Plan  
EIN / PN: 75-0204070/001  
Plan Sponsor: Texas-New Mexico Power Company  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2024       | (548,889)      | 15.00000                              | (548,889)           | (49,938)             |
| 2. Shortfall | 01/01/2023       | 3,373,193      | 14.00000                              | 3,236,693           | 308,919              |
| Total        |                  |                |                                       | 2,687,804           | 258,981              |

Plan Name: Texas-New Mexico Power Company Pension Plan  
EIN / PN: 75-0204070/001  
Plan Sponsor: Texas-New Mexico Power Company  
Valuation Date: January 1, 2024

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The cash balance interest crediting rate was changed from 4.24% to 4.21%.

Plan Name: Texas-New Mexico Power Company Pension Plan  
EIN / PN: 75-0204070/001  
Plan Sponsor: Texas-New Mexico Power Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | Texas-New Mexico Power Company              |
| <b>EIN/PN</b>            | 75-0204070/001                              |
| <b>Plan Name</b>         | Texas-New Mexico Power Company Pension Plan |
| <b>Valuation Date</b>    | January 1, 2024                             |
| <b>Enrolled Actuary</b>  | Brian M. Arnell                             |
| <b>Enrollment Number</b> | 23-07764                                    |

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

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

# **SCHEDULE SB ATTACHMENTS**

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed

Plan Name: Texas-New Mexico Power Company Pension Plan  
EIN / PN: 75-0204070/001  
Plan Sponsor: Texas-New Mexico Power Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|---|------------|
| 2024      | 342,615             | 205,805                        | 39,295,771  | 39,844,191 |
| 2025      | 834,408             | 413,151                        | 38,447,489  | 39,695,048 |
| 2026      | 1,079,283           | 414,739                        | 37,536,228  | 39,030,250 |
| 2027      | 1,267,083           | 418,009                        | 36,562,305  | 38,247,397 |
| 2028      | 1,414,676           | 423,105                        | 35,529,664  | 37,367,445 |
| 2029      | 1,509,500           | 423,465                        | 34,436,365  | 36,369,330 |
| 2030      | 1,567,793           | 420,816                        | 33,280,542  | 35,269,151 |
| 2031      | 1,588,226           | 417,668                        | 32,064,384  | 34,070,278 |
| 2032      | 1,591,835           | 413,281                        | 30,788,965  | 32,794,081 |
| 2033      | 1,583,949           | 406,758                        | 29,457,348  | 31,448,055 |
| 2034      | 1,564,286           | 399,948                        | 28,076,526  | 30,040,760 |
| 2035      | 1,538,101           | 392,297                        | 26,647,403  | 28,577,801 |
| 2036      | 1,505,463           | 383,808                        | 25,175,379  | 27,064,650 |
| 2037      | 1,467,436           | 374,336                        | 23,667,227  | 25,508,999 |
| 2038      | 1,424,632           | 363,623                        | 22,131,219  | 23,919,474 |
| 2039      | 1,378,041           | 352,020                        | 20,577,216  | 22,307,277 |
| 2040      | 1,327,804           | 339,497                        | 19,016,527  | 20,683,828 |
| 2041      | 1,274,109           | 326,034                        | 17,461,562  | 19,061,705 |
| 2042      | 1,217,207           | 311,633                        | 15,925,360  | 17,454,200 |
| 2043      | 1,157,095           | 296,319                        | 14,421,027  | 15,874,441 |
| 2044      | 1,094,044           | 280,139                        | 12,961,398  | 14,335,581 |
| 2045      | 1,028,432           | 263,181                        | 11,558,552  | 12,850,165 |
| 2046      | 960,612             | 245,574                        | 10,223,425  | 11,429,611 |
| 2047      | 891,050             | 227,481                        | 8,965,577   | 10,084,108 |
| 2048      | 820,311             | 209,098                        | 7,792,935   | 8,822,344  |
| 2049      | 749,053             | 190,643                        | 6,711,600   | 7,651,296  |
| 2050      | 678,029             | 172,348                        | 5,725,655   | 6,576,032  |
| 2051      | 608,050             | 154,434                        | 4,837,151   | 5,599,635  |
| 2052      | 539,967             | 137,117                        | 4,046,094   | 4,723,178  |
| 2053      | 474,609             | 120,596                        | 3,350,491   | 3,945,696  |
| 2054      | 412,741             | 105,043                        | 2,746,544   | 3,264,328  |
| 2055      | 355,027             | 90,601                         | 2,228,913   | 2,674,541  |
| 2056      | 301,983             | 77,374                         | 1,791,027   | 2,170,384  |
| 2057      | 253,961             | 65,425                         | 1,425,451   | 1,744,837  |
| 2058      | 211,146             | 54,775                         | 1,124,245   | 1,390,166  |
| 2059      | 173,550             | 45,413                         | 879,315   | 1,098,278  |
| 2060      | 141,028             | 37,291                         | 682,734   | 861,053    |
| 2061      | 113,312             | 30,336                         | 526,954   | 670,602    |

Plan Name: PNM Resources, Inc. Employees' Retirement Plan  
EIN / PN: 85-0468296/001  
Plan Sponsor: PNM Resources, Inc.  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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|      |        |        |         |         |
|------|--------|--------|---------|---------|
| 2062 | 90,034 | 24,454 | 405,036 | 519,524 |
| 2063 | 70,761 | 19,540 | 310,746 | 401,047 |
| 2064 | 55,024 | 15,480 | 238,616 | 309,120 |
| 2065 | 42,344 | 12,165 | 183,984 | 238,493 |
| 2066 | 32,260 | 9,484  | 142,938 | 184,682 |
| 2067 | 24,340 | 7,338  | 112,281 | 143,959 |
| 2068 | 18,193 | 5,635  | 89,470  | 113,298 |
| 2069 | 13,476 | 4,294  | 72,516  | 90,286  |
| 2070 | 9,895  | 3,248  | 59,883  | 73,026  |
| 2071 | 7,204  | 2,437  | 50,408  | 60,049  |
| 2072 | 5,201  | 1,813  | 43,222  | 50,236  |
| 2073 | 3,723  | 1,338  | 37,687  | 42,748  |

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Plan Name: PNM Resources, Inc. Employees' Retirement Plan  
EIN / PN: 85-0468296/001  
Plan Sponsor: PNM Resources, Inc.  
Valuation Date: January 1, 2024

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

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

|   |   |
|---|---|
| <b>A</b> Name of plan<br>TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TEXAS-NEW MEXICO POWER COMPANY                                | <b>D</b> Employer Identification Number (EIN)<br>75-0204070   |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

| Part I Basic Information  |  |                           |                          |
|---|--|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date:  | Month <u>01</u> Day <u>01</u> Year <u>2024</u> |                           |                          |
| <b>2</b> Assets:  |  |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                                      |                           | 41,353,215               |
| <b>b</b> Actuarial value .....  | <b>2b</b>                                      |                           | 45,488,537               |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants                     | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | 355  | 27,986,159                | 27,986,159               |
| <b>b</b> For terminated vested participants .....   | 195  | 9,765,278                 | 9,765,278                |
| <b>c</b> For active participants .....  | 128  | 6,204,546                 | 6,310,751                |
| <b>d</b> Total .....  | 678  | 43,955,983                | 44,062,188               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b): <input type="checkbox"/>   |  |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                                      |                           |                          |
| <b>b</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 ..... | <b>4b</b>                                      |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                                       |                           | 5.03%                    |
| <b>6</b> Target normal cost   |  |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                                      |                           | 0                        |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                                      |                           | 491,000                  |
| <b>c</b> Target normal cost .....   | <b>6c</b>                                      |                           | 491,000                  |

**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.

|  |   |  |                           |  |                      |  |  |  |  |  |  |  |  |   |  |  |
|--|---|--|---------------------------|--|----------------------|--|--|--|--|--|--|--|--|---|--|--|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center; vertical-align: middle;"><b>SIGN HERE</b></td> <td style="width:35%; border-bottom: 1px solid black;">           Brian M. Arnell  </td> <td style="width:50%; text-align: center; vertical-align: middle;"> <b>06/17/2025</b><br/>Date         </td> </tr> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">           Signature of actuary         </td> <td style="text-align: center; vertical-align: middle;">           2307764<br/>Most recent enrollment number         </td> </tr> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">           Brian M. Arnell<br/>Type or print name of actuary         </td> <td style="text-align: center; vertical-align: middle;">           480-945-0013<br/>Telephone number (including area code)         </td> </tr> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">           Willis Towers Watson US LLC<br/>Firm name         </td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">           1144 West Washington Street<br/>Floor 1<br/>Tempe AZ 85288<br/>Address of the firm         </td> <td></td> </tr> </table> | <b>SIGN HERE</b>  | Brian M. Arnell  | <b>06/17/2025</b><br>Date |  | Signature of actuary | 2307764<br>Most recent enrollment number |  | Brian M. Arnell<br>Type or print name of actuary | 480-945-0013<br>Telephone number (including area code) |  | Willis Towers Watson US LLC<br>Firm name |  |  | 1144 West Washington Street<br>Floor 1<br>Tempe AZ 85288<br>Address of the firm |  |  |
| <b>SIGN HERE</b>   | Brian M. Arnell   | <b>06/17/2025</b><br>Date                              |                           |  |                      |  |  |  |  |  |  |  |  |   |  |  |
|  | Signature of actuary  | 2307764<br>Most recent enrollment number               |                           |  |                      |  |  |  |  |  |  |  |  |   |  |  |
|  | Brian M. Arnell<br>Type or print name of actuary                                | 480-945-0013<br>Telephone number (including area code) |                           |  |                      |  |  |  |  |  |  |  |  |   |  |  |
|  | Willis Towers Watson US LLC<br>Firm name  |  |                           |  |                      |  |  |  |  |  |  |  |  |   |  |  |
|  | 1144 West Washington Street<br>Floor 1<br>Tempe AZ 85288<br>Address of the firm |  |                           |  |                      |  |  |  |  |  |  |  |  |   |  |  |

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |   | (a) Carryover balance | (b) Prefunding balance |
|--|---|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....   | 0                     | 4,811,797              |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....  | 0                     | 1,034,919              |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....  | 0                     | 3,776,878              |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>8.93%</u> .....   | 0                     | 337,275                |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:  |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year) .....   |                       | 0                      |
|  | <b>b(1)</b> 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>5.16%</u> ..... |                       | 0                      |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....  |                       | 0                      |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....   |                       | 0                      |
|  | <b>d</b> Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....   | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....  | 0                     | 4,114,153              |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 93.89%  |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 103.23% |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.72%  |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    | 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 .....                    | <b>19a</b> | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

|   |  |   |                                     |   |
|---|--|---|-------------------------------------|---|
| <b>21</b> Discount rate:                        |  |   |                                     |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>4.87 %                                    | 3rd segment:<br>5.59 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |  |   |                                     | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age ..... |  |   |                                     | <b>22</b> 64  |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |   |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                   |                    |
|--|---------------------|-------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                   |                    |
| <b>a</b> Target normal cost (line 6c).....   | <b>31a</b>          | 491,000           |                    |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 0                 |                    |
| <b>32</b> Amortization installments:   | Outstanding Balance |                   | Installment        |
| <b>a</b> Net shortfall amortization installment .....  | 2,687,804           |                   | 258,981            |
| <b>b</b> Waiver amortization installment .....   | 0                   |                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           |                   |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   | <b>34</b>           | 749,981           |                    |
|  |                     | Carryover balance | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   |                     | 0                 | 749,981            |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   | <b>36</b>           | 0                 |                    |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   | <b>37</b>           | 0                 |                    |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                   |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b>          | 0                 |                    |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  | <b>38b</b>          | 0                 |                    |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....   | <b>39</b>           | 0                 |                    |
| <b>40</b> Unpaid minimum required contributions for all years .....  | <b>40</b>           | 0                 |                    |

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

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