

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan THE METHODIST HOSPITALS, INC. RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 10/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE METHODIST HOSPITALS, INC. 600 GRANT STREET GARY, IN 46402
2b Employer Identification Number (EIN) 35-0868133
2c Plan Sponsor's telephone number 219-886-4000
2d Business code (see instructions) 622000

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
|   |  |      |
| <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                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 2169 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 394  |
|   | <b>6a(2)</b>                               | 42   |
|   | <b>6b</b>                                  | 1156 |
|   | <b>6c</b>                                  | 185  |
|   | <b>6d</b>                                  | 1383 |
|   | <b>6e</b>                                  | 99   |
|   | <b>6f</b>                                  | 1482 |
|   | <b>6g(1)</b>                               |      |
|   | <b>6g(2)</b>                               |      |
| <b>h</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 1I

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>THE METHODIST HOSPITALS, INC. RETIREMENT PLAN</b></p>                         | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>THE METHODIST HOSPITALS, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>35-0868133</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 71-0294708 | 86509         | ZH1765                                | 1   | 01/01/2024              | 12/31/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                  |
|----------------------------|--|------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                  |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 0                |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 74924105         |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                  |
| <b>a</b>                   | State the basis of premium rates ▶   |                  |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>        |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>        |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>        |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                  |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                  |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                  |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input checked="" type="checkbox"/> other ▶ <b>UNALLOCATED ANNUITY CONTRACT</b> |                  |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 238    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>     |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>     |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 2   |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b>     |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>     |
|                            | (6) Total additions .....  | <b>7c(6)</b> 2   |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 240    |
| <b>e</b>                   | Deductions:  |                  |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b>     |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 2   |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 238 |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b>     |
| (5) Total deductions ..... | <b>7e(5)</b> 240   |                  |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 0      |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <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>THE METHODIST HOSPITALS, INC. RETIREMENT 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>THE METHODIST HOSPITALS, INC.</u>                          | <b>D</b> Employer Identification Number (EIN)<br><u>35-0868133</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 |            |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <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>107888941</u>         |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  |                           | <u>114379296</u>         |
| <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 .....   | <u>1220</u>                | <u>60342491</u>           | <u>60342491</u>          |
| <b>b</b> For terminated vested participants .....   | <u>560</u>                 | <u>23493314</u>           | <u>23493314</u>          |
| <b>c</b> For active participants .....  | <u>394</u>                 | <u>16797349</u>           | <u>17605225</u>          |
| <b>d</b> Total .....  | <u>2174</u>                | <u>100633154</u>          | <u>101441030</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>5.13 %</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>250000</u>            |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  |                           | <u>250000</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><br><br>Signature of actuary<br><br><u>BRIANA C GARCIA</u><br>Type or print name of actuary<br><br><u>WILLIS TOWERS WATSON US LLC</u><br>Firm name<br><br><u>233 SOUTH WACKER DRIVE SUITE 1800</u><br><u>WILLIS TOWER, FLOOR 19</u><br><u>CHICAGO, IL 60606</u><br><br>Address of the firm | <u>10/07/2025</u><br>Date<br><br><u>23-07806</u><br>Most recent enrollment number<br><br><u>312-525-2500</u><br>Telephone number (including area code) |
|--|--|

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

| <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) .....  | 712613                | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 712613                | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>10.86</u> % .....  | 77390                 | 0                      |
| <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>5.07</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) .....   | 790003                | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 111.97 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 112.75 % |
| <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> | 109.50 % |
| <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</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                |                              |                       |                                |                              |              |   |
| (a) Date (MM-DD-YYYY)  | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              | <b>Totals ▶</b>       | <b>18(b)</b>                   | 0                            | <b>18(c)</b> | 0 |

|  |  |   |
|--|--|---|
| <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 type="checkbox"/> Yes <input checked="" 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 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  |  |   |

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

**21** Discount rate:

**a** Segment rates:

|                   |                   |                   |  |
|-------------------|-------------------|-------------------|--|
| 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
|-------------------|-------------------|-------------------|--|

**b** Applicable month (enter code) ..... **21b** 63

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

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

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

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

**a** Target normal cost (line 6c) ..... **31a** 250000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 250000

|   |                     |             |
|---|---------------------|-------------|
| <b>32</b> Amortization installments:                  | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</b> Waiver amortization installment.....         | 0                   | 0           |

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

|  |                   |                    |               |
|--|-------------------|--------------------|---------------|
|  | Carryover balance | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

|  |  |   |
|--|--|---|
| <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><b>THE METHODIST HOSPITALS, INC. RETIREMENT 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>THE METHODIST HOSPITALS, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>35-0868133</b> |            |

**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

**VOYA RETRMNT INSRNCE & ANNUITY CO.**

**71-0294708**

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

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

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

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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)

VOYA RETRMNT INSRNCE & ANNUITY CO.

71-0294708

| (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? |
|------------------------|---|--|--|--|---|--|
| 37 50                  | NONE KNOWN  | 1436665  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 1137  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BENEFIT TRUST COMPANY

43-1971558

| (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                     | NONE KNOWN  | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 66135   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

THE ANGELL PENSION GROUP INC

04-2530412

| (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? |
|------------------------|---|--|--|--|---|--|
| 99 50                  | NONE KNOWN  | 49925  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| BENEFIT TRUST COMPANY   | 21   | 66135                                     |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| VOYA INSTITUTIONAL TRUST<br><br>46-5416028                          | TRUSTEE  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| VOYA RETRMNT INSRNCE & ANNUITY CO.                                  | 64   | 1137                                      |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| VOYA RETRMNT INSRNCE & ANNUITY CO.<br><br>71-0294708                | RECORDKEEPING FEES   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><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> | <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>THE METHODIST HOSPITALS, INC. RETIREMENT 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>THE METHODIST HOSPITALS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>35-0868133</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) |
|---------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: IR&M LONG CORP COLLECTIVE FUND

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

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>37-6567224-005</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

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

**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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

|  |  |  |
|--|--|--|
| <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>THE METHODIST HOSPITALS, INC. RETIREMENT 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>THE METHODIST HOSPITALS, INC.</b>    | <b>D</b> Employer Identification Number (EIN)<br><b>35-0868133</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.

| Assets  | (a) Beginning of Year  | (b) End of Year |
|---|------------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b> 0            |                 |
| <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> 0         | 627567          |
| <b>c</b> General investments:   |                        |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b> 0         | 1544557         |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b> 0         | 5953751         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                        |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> 0      | 66798230        |
| <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> 37774551  | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>          |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>          |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>          |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b> 70114151 | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b> 238      | 0               |
| <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>    | 107888940             | 74924105        |
| <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>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 107888940             | 74924105        |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 14583      |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 1368029    |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 1118039    |           |
| <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> |            | 2500651   |
| <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> |            | 0         |
| <b>(3)</b> 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 .....                              | <b>2b(6)</b>  |            | -2059268  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | -3292042  |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 1406217   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | -1444442  |

**Expenses**

|   |               |          |          |
|---|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 30033803 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....   | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 30033803 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:   |               |          |          |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 1436665  |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....  | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....   | <b>2i(11)</b> | 49925    |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 1486590  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 31520393 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -32964835 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan .....  | <b>2l(1)</b> |  |           |
| (2) From this plan .....  | <b>2l(2)</b> |  |           |

**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: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

**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   |    | 1000000 |
| <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 0.

**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 544268.

|  |   |   |
|--|---|---|
| <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>THE METHODIST HOSPITALS, INC. RETIREMENT 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>THE METHODIST HOSPITALS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>35-0868133</u> |            |

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

**All references to distributions relate only to payments of benefits during the plan year.**

|  |          |            |
|--|----------|------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | <b>1</b> | <u>0</u>   |
| <b>2</b> 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):<br>EIN(s): <u>71-0294708</u> |          |            |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |          |            |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | <b>3</b> | <u>631</u> |

|                |   |
|----------------|---|
| <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 \_\_\_\_\_

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**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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 100.0 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

**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 \_\_\_\_\_.

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# The Methodist Hospitals, Inc. Retirement Plan

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**Financial Report**  
**December 31, 2024**

## **The Methodist Hospitals, Inc. Retirement Plan**

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## **Contents**

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|   |       |
|---|-------|
| <b>Independent Auditor's Report</b>                               | 1-3   |
| <b>Statement of Net Assets Available for Benefits</b>             | 4     |
| <b>Statement of Changes in Net Assets Available for Benefits</b>  | 5     |
| <b>Statement of Accumulated Plan Benefits</b>                     | 6     |
| <b>Statement of Changes in Accumulated Plan Benefits</b>          | 7     |
| <b>Notes to Financial Statements</b>                              | 8-13  |
| <b>Schedule of Assets Held at End of Year - Liquidation Basis</b> | 14-19 |
| <b>Schedule of Reportable Transactions - In Liquidation</b>       | 20-21 |

## Independent Auditor's Report

To the Plan Administrator  
The Methodist Hospitals, Inc. Retirement Plan

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

We have performed audits of the financial statements of The Methodist Hospitals, Inc. Retirement Plan (the "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). The financial statements comprise the statement of net assets available for benefits and related statement of changes in net assets available for benefits as of and for the years ended December 31, 2024 (in liquidation), 2023 (ongoing), and 2022 (ongoing) and the statement of accumulated plan benefits (ongoing) as of December 31, 2023 and 2022 and the related statement of changes in accumulated plan benefits (ongoing) for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Methodist Hospitals, Inc. Retirement Plan 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024, 2023, and 2022 and for the years then ended stating that the certified investment information, as described in Note 3 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 Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America .
- The information in the accompanying financial statements related to assets held by and certified to by 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 Audits of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

To the Plan Administrator  
The Methodist Hospitals, Inc. Retirement Plan

### ***Emphasis of Matter***

As discussed in Note 7 to the financial statements, the plan sponsor terminated the Plan effective March 31, 2024, and management determined that liquidation is imminent. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2023 from the going concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

### ***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.

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 that may become due to such participants.

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Accordingly, the objective of the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

To the Plan Administrator  
The Methodist Hospitals, Inc. Retirement Plan

***Supplemental Schedules Required by ERISA***

The supplemental schedules of assets held (in liquidation) and reportable transactions (in liquidation) for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by 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).

*Plante & Moran, PLLC*

Grand Rapids, Michigan  
October 10, 2025

## The Methodist Hospitals, Inc. Retirement Plan

### Statement of Net Assets Available for Benefits

December 31, 2024, 2023, and 2022

|  | 2024<br>(In Liquidation) | 2023<br>(Ongoing)     | 2022<br>(Ongoing)     |
|--|--------------------------|-----------------------|-----------------------|
| <b>Assets</b>                            |                          |                       |                       |
| Investments at fair value:               |                          |                       |                       |
| Mutual funds                             | \$ -                     | \$ 70,114,151         | \$ 69,386,439         |
| Common/collective trust fund             | 1,451,647                | 37,774,551            | 34,051,658            |
| Unallocated contract                     | -                        | 238                   | 235                   |
| U.S. government securities               | 5,953,751                | -                     | -                     |
| Corporate debt securities                | 66,798,230               | -                     | -                     |
| Interest-bearing cash                    | 92,910                   | -                     | -                     |
| Total investments at fair value          | 74,296,538               | 107,888,940           | 103,438,332           |
| Accrued interest and dividends           | 627,567                  | -                     | -                     |
| <b>Net Assets Available for Benefits</b> | <b>\$ 74,924,105</b>     | <b>\$ 107,888,940</b> | <b>\$ 103,438,332</b> |

## The Methodist Hospitals, Inc. Retirement Plan

### Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024, 2023, and 2022

|   | 2024                        | 2023                         | 2022                         |
|---|-----------------------------|------------------------------|------------------------------|
|   | (In Liquidation)            | (Ongoing)                    | (Ongoing)                    |
| <b>Additions</b>  |                             |                              |                              |
| Net realized and unrealized (losses) gains on investments | \$ (1,491,384)              | \$ 10,767,199                | \$ (26,299,059)              |
| Other income  | 46,942                      | 52,353                       | 60,735                       |
| Total additions - Net                                     | (1,444,442)                 | 10,819,552                   | (26,238,324)                 |
| <b>Deductions</b>   |                             |                              |                              |
| Benefits paid directly to participants or beneficiaries   | 30,033,803                  | 6,190,193                    | 5,892,235                    |
| Administrative expenses                                   | 1,486,590                   | 178,751                      | 134,814                      |
| Total deductions  | 31,520,393                  | 6,368,944                    | 6,027,049                    |
| <b>Net (Decrease) Increase</b>                            | (32,964,835)                | 4,450,608                    | (32,265,373)                 |
| <b>Net Assets Available for Benefits</b>                  |                             |                              |                              |
| Beginning of year   | 107,888,940                 | 103,438,332                  | 135,703,705                  |
| End of year   | <u><u>\$ 74,924,105</u></u> | <u><u>\$ 107,888,940</u></u> | <u><u>\$ 103,438,332</u></u> |

## The Methodist Hospitals, Inc. Retirement Plan

### Statement of Accumulated Plan Benefits

|   | December 31, 2023 and 2022 |                       |
|---|----------------------------|-----------------------|
|   | 2023                       | 2022                  |
| <b>Actuarial Present Value of Accumulated Plan Benefits</b>       |                            |                       |
| Vested benefits:  |                            |                       |
| Participants currently receiving benefit payments                 | \$ 61,463,491              | \$ 57,847,100         |
| Other vested participants   | 41,782,362                 | 45,324,021            |
| Total vested benefits   | 103,245,853                | 103,171,121           |
| Nonvested benefits  | 832,883                    | 901,880               |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 104,078,736</b>      | <b>\$ 104,073,001</b> |

## The Methodist Hospitals, Inc. Retirement Plan

### Statement of Changes in Accumulated Plan Benefits

Years Ended December 31, 2023 and 2022

|   | <u>2023</u>                  | <u>2022</u>                  |
|---|------------------------------|------------------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits - Beginning of year</b> | \$ 104,073,001               | \$ 122,546,830               |
| Increase (decrease) during the year attributable to:                            |                              |                              |
| Actuarial gains (losses)  | 1,148,611                    | (1,286,459)                  |
| Interest due to the decrease in the discount period                             | 5,047,317                    | 4,485,027                    |
| Benefits paid   | (6,190,193)                  | (5,892,235)                  |
| Changes in actuarial assumptions  | <u>-</u>                     | <u>(15,780,162)</u>          |
| Net increase (decrease)   | <u>5,735</u>                 | <u>(18,473,829)</u>          |
| <b>Actuarial Present Value of Accumulated Plan Benefits - End of year</b>       | <b><u>\$ 104,078,736</u></b> | <b><u>\$ 104,073,001</u></b> |

December 31, 2024, 2023, and 2022

### Note 1 - Plan Description

The following description of The Methodist Hospitals, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan is a noncontributory defined benefit plan covering all full-time employees of The Methodist Hospitals, Inc. (the "Hospital") who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Currently, the Plan is frozen to new participants.

The Plan was terminated effective March 31, 2024. See Note 7 for additional information. The following is a description of the Plan prior to termination.

#### **Contributions**

All contributions to the Plan are made by the Hospital. The Hospital contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. No participant contributions are permitted. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2024, 2023, and 2022.

#### **Eligibility and Vesting**

Employees become participants in the Plan following the completion of the eligibility requirements, as described in the plan agreement, and are fully vested for normal retirement benefits after five years of service.

#### **Pension Benefits**

Employees with 5 or more years of service are entitled to annual pension benefits beginning at the participant's normal retirement age of 65. The annual retirement benefit shall be equal to the sum of 1.525 percent of average annual earnings up to covered compensation plus 2.15 percent of average annual earnings in excess of covered compensation times total years and completed months of plan participation, not to exceed 35 years. The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or life annuity.

If employees terminate before rendering 5 years of service, they forfeit the right to receive their accumulated plan benefits. Employees may elect to receive the value of their accumulated plan benefits under a method determined by the administrator, which includes a lump-sum distribution or purchase of a monthly annuity. For benefits accrued after December 31, 1990, the actuarial equivalent of the monthly benefit must be less than \$10,000 in order to be eligible for a lump-sum payment.

For nonunion participants, the accrued service benefit and covered compensation were frozen as of December 31, 2005. For union participants, the accrued service benefit and covered compensation were frozen as of August 31, 2006.

#### **Party-in-interest Transactions**

Certain plan assets are in investment funds managed by Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company (collectively, Voya) or its affiliates. Voya is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

**December 31, 2024, 2023, and 2022**

**Note 2 - Summary of Significant Accounting Policies**

***Basis of Accounting***

As discussed in Note 7 to the financial statements, the plan sponsor terminated the Plan effective March 31, 2024. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2023 from the going concern basis to the liquidation basis.

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. The fair value of the unallocated contract is based on contract value adjusted for certain contractual provisions. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits.

The common/collective trust fund is valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the fund's underlying assets. There are no redemption restrictions or unfunded commitments on these investments. The U.S. government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. The interest-bearing cash is valued at fair value based on their outstanding balances. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

***Benefit Payments***

Benefits are recorded when paid.

***Administrative Expenses***

Various administrative expenses of the Plan were paid directly by the Plan. The Hospital provides accounting and other administrative services to the Plan at no charge and also paid certain administrative expenses. These expenses were approximately \$25,000, \$147,000, and \$73,000 in 2024, 2023, and 2022, respectively.

***Risks and Uncertainties***

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

**December 31, 2024, 2023, and 2022**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including October 10, 2025, which is the date the financial statements were available to be issued. As described in Note 7, subsequent to the report date, the Plan purchased an annuity contract from Nationwide Life and Annuity Insurance Company.

**Note 3 - Certified Information**

Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company (collectively, the "Trustees") hold the Plan's investments and execute all investment transactions. The investment balances and related investment results included in the accompanying financial statements and supplemental schedule of assets held (in liquidation) and supplemental schedule of reportable transactions (in liquidation) are based solely on information certified by the Trustees.

**Note 4 - Fair Value Measurements**

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

***Level 1***

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

***Level 2***

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

***Level 3***

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

December 31, 2024, 2023, and 2022

**Note 4 - Fair Value Measurements (Continued)**

The following tables present information about the Plan at December 31, 2024, 2023, and 2022:

| Assets Measured at Fair Value on a Recurring Basis at<br>December 31, 2024 |                                |               |               |         |
|--|--------------------------------|---------------|---------------|---------|
|  | Investments<br>(at Fair Value) | Level 1       | Level 2       | Level 3 |
| Corporate debt securities  | \$ 66,798,230                  | \$ -          | \$ 66,798,230 | \$ -    |
| U.S. government securities   | 5,953,751                      | -             | 5,953,751     | -       |
| Interest-bearing cash  | 92,910                         | 92,910        | -             | -       |
| Total  | 72,844,891                     | \$ 92,910     | \$ 72,751,981 | \$ -    |
| Investment measured at NAV -<br>Common/collective trust fund (1)           | 1,451,647                      |               |               |         |
| Total investments at fair<br>value   | \$ 74,296,538                  |               |               |         |
| Assets Measured at Fair Value on a Recurring Basis at<br>December 31, 2023 |                                |               |               |         |
|  | Investments<br>(at Fair Value) | Level 1       | Level 2       | Level 3 |
| Mutual funds   | \$ 70,114,151                  | \$ 70,114,151 | \$ -          | \$ -    |
| Unallocated contract   | 238                            | -             | 238           | -       |
| Total  | 70,114,389                     | \$ 70,114,151 | \$ 238        | \$ -    |
| Investment measured at NAV -<br>Common/collective trust fund               | 37,774,551                     |               |               |         |
| Total investments at fair<br>value   | \$ 107,888,940                 |               |               |         |
| Assets Measured at Fair Value on a Recurring Basis at<br>December 31, 2022 |                                |               |               |         |
|  | Investments<br>(at Fair Value) | Level 1       | Level 2       | Level 3 |
| Mutual funds   | \$ 69,386,439                  | \$ 69,386,439 | \$ -          | \$ -    |
| Unallocated contract   | 235                            | -             | 235           | -       |
| Total  | 69,386,674                     | \$ 69,386,439 | \$ 235        | \$ -    |
| Investment measured at NAV -<br>Common/collective trust fund               | 34,051,658                     |               |               |         |
| Total investments at fair<br>value   | \$ 103,438,332                 |               |               |         |

(1) This class represents investments in actively managed common collective trust funds that invest primarily in high quality, short-term securities and other instruments including, but not limited to, U.S. Treasury bills; notes and bonds; other obligations issued or guaranteed as to principal or interest by the U.S. government, its agencies, or its instrumentalities; corporate debt obligations; instruments of U.S. and foreign banks, including time deposits, certificates of deposit, and banker's acceptances of supranational and sovereign debt obligations; mortgage-backed and asset-backed securities; repurchase agreements; funding agreements; money market mutual funds; and other investment pools.

**December 31, 2024, 2023, and 2022**

**Note 5 - Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent 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 decrement, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The statement of accumulated plan benefits at December 31, 2023 and 2022 was based on an actuarial valuation as of January 1, 2024 and 2023 and for the years then ended. There were no significant changes or amendments for the one-day difference.

The more significant assumptions underlying the actuarial computations used in 2023, 2022, and 2021 are as follows:

As of December 31, 2023:

- (a) Actuarial unit credit cost method
- (b) Discount rate of 5.00 percent
- (c) Life expectancy of participants is based on the Pri-2012 mortality table, male and female, with MP-2021 mortality scale.
- (d) Normal retirement is age 65 with five years of service.

As of December 31, 2022:

- (a) Actuarial unit credit cost method
- (b) Discount rate of 5.00 percent
- (c) Life expectancy of participants is based on the Pri-2012 mortality table, male and female, with MP-2021 mortality scale.
- (d) Normal retirement is age 65 with five years of service.

As of December 31, 2021:

- (a) Actuarial unit credit cost method
- (b) Discount rate of 3.75 percent
- (c) Life expectancy of participants is based on the Pri-2012 mortality table, male and female, with MP-2021 mortality scale.
- (d) Normal retirement is age 65 with five years of service.

The impact of the termination of the Plan (see Note 7) has not been reflected in the accumulated plan benefits as of December 31, 2023 and 2022 or the changes in accumulated plan benefits for the years then ended.

For the year ended December 31, 2022, the decrease in the actuarial present value of accumulated plan benefits due to changes in actuarial assumptions is due to the change in actuarial assumption relating to the change in interest rates.

**December 31, 2024, 2023, and 2022**

**Note 6 - Tax Status**

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The investment committee and the board of directors of the plan sponsor determined to terminate the Plan effective March 31, 2024. On December 11, 2024, the Plan received notification from the IRS indicating that the termination of the Plan would not adversely affect the Plan's qualified tax status. As such, the Company began procedures to settle plan obligations.

**Note 7 - Plan Termination**

The plan sponsor terminated the Plan effective March 31, 2024. The Plan adopted the liquidation basis of accounting in fiscal year 2024. Under the liquidation basis of accounting, assets are recorded at the amount expected to be collected and liabilities are recorded at amounts expected to be paid during the course of liquidation.

As of the effective date of the termination, participants became 100 percent vested in plan benefits. Participants were granted the option of a lump-sum payment or an annuity calculated actuarially as of the date of termination granting benefits through an insurance company commensurate with the benefits the participant would have received at their normal retirement date had the Plan not terminated. Liquidation of assets through distributions to participants began during 2024, with full liquidation expected by December 31, 2025.

Effective February 4, 2025, the Plan purchased an annuity contract from Nationwide Life and Annuity Insurance Company (Nationwide). Under the agreement, Nationwide assumed the obligation to pay future pension benefits, starting on August 1, 2025, for all participants who had not elected to receive a lump sum as part of the plan termination. The purchase price of the annuity contract was approximately \$64.5 million.

# SCHEDULE SB ATTACHMENTS

## 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   | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 1   |
| 40-44        | 9   | 12  | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 22  |
| 45-49        | 9   | 26  | 17  | 2     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 54  |
| 50-54        | 4   | 26  | 27  | 22    | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 79  |
| 55-59        | 6   | 16  | 23  | 23    | 24    | 1     | 0     | 0     | 0     | 0         | 0     | 93  |
| 60-64        | 8   | 17  | 23  | 21    | 18    | 34    | 0     | 0     | 0     | 0         | 0     | 121 |
| 65-69        | 5   | 4   | 3   | 5     | 3     | 3     | 0     | 0     | 0     | 0         | 0     | 23  |
| 70 & over    | 0   | 0   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 1   |
| Total        | 41  | 102 | 95  | 73    | 45    | 38    | 0     | 0     | 0     | 0         | 0     | 394 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
 EIN / PN: 35-0868133/001  
 Plan Sponsor: The Methodist Hospitals, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Full Yield Curve as of 12/31/2023

#### Annual rates of increase

- Compensation Not applicable
- Future Social Security wage bases Not applicable

### Demographic and Other Assumptions

#### Inclusion date

Only non-union participants as of December 31, 2005 and union participants as of August 31, 2006 are included in the valuation.

#### New or rehired employees

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

#### Mortality

Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

#### Termination

Representative termination rates not due to disability, retirement or mortality:

| Rate leaving during the year |     |
|------------------------------|-----|
| Attained Age                 |     |
| <44                          | .06 |
| 44-49                        | .04 |
| 50-54                        | .03 |
| >55                          | .00 |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Disability**

Participants are assumed to become disabled according to 50% of the following rates:

| Rate becoming disabled during the year |       |         |
|--|-------|---------|
| Age                                    | Males | Females |
| 20                                     | .0003 | .0003   |
| 25                                     | .0003 | .0003   |
| 30                                     | .0004 | .0004   |
| 35                                     | .0005 | .0005   |
| 40                                     | .0007 | .0007   |
| 45                                     | .0010 | .0010   |
| 50                                     | .0018 | .0018   |
| 55                                     | .0036 | .0036   |
| 60                                     | .0090 | .0090   |

**Retirement**

The rates at which participants retire by age and gender are shown below:

| Rate retiring during the year |      |
|-------------------------------|------|
| Age                           |      |
| <55                           | .00  |
| 55                            | .05  |
| 56                            | .05  |
| 57                            | .05  |
| 58                            | .05  |
| 59                            | .05  |
| 60                            | .05  |
| 61                            | .05  |
| 62                            | .05  |
| 63                            | .10  |
| 64                            | .20  |
| 65                            | .50  |
| 66                            | .50  |
| 67                            | .40  |
| 68                            | .40  |
| 69                            | .40  |
| 70                            | 1.00 |
| >70                           | 1.00 |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
 EIN / PN: 35-0868133/001  
 Plan Sponsor: The Methodist Hospitals, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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|   |   |
|---|---|
| <b>Form of payment</b>  | <p>60% of participants with pre-1991 benefit are assumed to elect a lump sum. All other participants are assumed to elect a normal form. Lump sums are valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4). For plan accounting calculations, lump sums are valued using the mortality basis prescribed under IRC §417(e)(3) and the September 3-segment rates not reflecting the corridor.</p> <p>If the benefit form selected by a retiree was unknown, the Joint &amp; Survivor 50% option was assumed.</p> |
| <b>Percent married</b>  | <p>80% of all participants are assumed to be married.</p>   |
| <b>Spouse age</b>   | <p>Males are assumed to be two years older than their spouses.</p>  |
| <b>Plan compensation</b>  | <p>Not applicable.</p>  |
| <b>Plan-related expenses</b>  | <p>Plan-related expenses are assumed to be the amount of administrative expenses paid during the prior year, adjusted for the short plan year, plus an additional amount for plan termination administrative expenses paid from the trust, rounded to the nearest thousand. The amount included this year for plan-related expenses is \$250,000.</p>   |
| <b>Tax policy</b>   | <p>Not applicable.</p>  |
| <b>Future increases in maximum benefits and plan compensation limitations</b> | <p>Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.</p>   |
| <b>Timing of benefit payments</b>   | <p>Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.</p>   |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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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>Actuarial value of assets for determining minimum required contributions</b> | <p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, 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).</p> <p>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 smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| <b>Benefits not valued</b>  | None.   |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

Participant data was supplied by The Methodist Hospitals, Inc. as of the census date. Information on assets and contributions was supplied by the plan trustee. 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. In consultation with The Methodist Hospitals, Inc., there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

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 Assumptions

|                                       |   |
|---------------------------------------|---|
| <b>Discount rate</b>                  | 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.  |
| <b>Expected return on plan assets</b> | We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.  |
| <b>Lump sum conversion rate</b>       | <p>For minimum contribution purposes, 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.</p> <p>The mortality for lump sum benefits is the required mortality under IRC §417(e) for lump sums paid during the plan year containing the valuation date.</p> |
| <b>Mortality</b>                      | Assumptions used for funding purposes are as prescribed by IRC §430(h).   |
| <b>Termination</b>                    | Termination rates were based on an experience study conducted in December 2022.   |
| <b>Retirement</b>                     | Retirement rates were based on an experience study conducted in December 2022.  |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Source of 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.

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- Interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated as required by guidance issued by IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$135,000 for the prior valuation to \$250,000 for the current valuation.

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | The Methodist Hospitals, Inc.                 |
| <b>EIN/PN</b>            | 35-0868133/001                                |
| <b>Plan Name</b>         | The Methodist Hospitals, Inc. Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2024                               |
| <b>Enrolled Actuary</b>  | Briana C. Garcia                              |
| <b>Enrollment Number</b> | 23-07806                                      |

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.

## The Methodist Hospitals, Inc. Retirement Plan

### Schedule of Reportable Transactions - In Liquidation

Form 5500, Schedule H, Line 4j  
 EIN 35-0868133, Plan No. 001  
 Year Ended December 31, 2024

| (a)<br>Identity of Party Involved   | (b)<br>Description of Asset      | (c)<br>Purchase Price | (d)<br>Selling Price | (g)<br>Cost of Asset | (h)<br>Current Value of<br>Asset on<br>Transaction<br>Date | (i)<br>Net Gain (Loss) |
|---|----------------------------------|-----------------------|----------------------|----------------------|--|------------------------|
| Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:  |                                  |                       |                      |                      |  |                        |
| Banc of America Chicago   | USA (GOVT) 4 15/02/34            | \$ -                  | \$ 11,033,991        | \$ 10,927,664        | \$ 11,033,991  | \$ 106,327             |
|   | USA (GOVT) 4.5 15/02/44          | 11,191,641            | -                    | 11,191,641           | 11,191,641   | -                      |
|   | USA (GOVT) 4.625 30/04/29        | -                     | 7,256,664            | 7,212,409            | 7,256,664  | 44,255                 |
|   | USA (GOVT) 4.625 30/04/31        | -                     | 6,849,938            | 6,793,652            | 6,849,938  | 56,286                 |
| Bank of Montreal CD   | USA (GOVT) 4.5 15/02/44          | -                     | 10,723,630           | 10,574,921           | 10,723,630   | 148,709                |
| Barclays Capital Chicago  | USA (GOVT) 4.75 15/11/53         | 10,747,601            | -                    | 10,747,601           | 10,747,601   | -                      |
| BMO Capital Markets   | USA (GOVT) 0 29/11/24            | -                     | 23,125,000           | 22,444,890           | 23,125,000   | 680,110                |
|   | USA (GOVT) 4.625 30/04/31        | 6,795,361             | -                    | 6,795,361            | 6,795,361  | -                      |
|   | USA (GOVT) 0 29/11/24            | 25,910,656            | -                    | 25,910,656           | 25,910,656   | -                      |
| Deutsche BK SECS Chicago  | USA (GOVT) 4 15/02/34            | 11,418,291            | -                    | 11,418,291           | 11,418,291   | -                      |
|   | USA (GOVT) 4.25 15/05/39 (S3 US) | 11,368,307            | -                    | 11,368,307           | 11,368,307   | -                      |
|   | USA (GOVT) 4.625 30/04/29        | 7,593,920             | -                    | 7,593,920            | 7,593,920  | -                      |
| Goldman Sachs & Co Chicago  | USA (GOVT) 4.25 15/05/39 (S3 US) | -                     | 10,790,919           | 10,651,963           | 10,790,919   | 138,956                |
| IR+M  | IR+M Long Corp Collect M         | -                     | 35,506,471           | 35,762,859           | 35,506,471   | (256,388)              |
| JPMorgan Chicago  | USA (GOVT) 4.75 15/11/53         | -                     | 10,225,440           | 10,075,366           | 10,225,440   | 150,074                |
| TCW   | TCW Core Fixed Income Fund I     | -                     | 7,696,454            | 7,568,622            | 7,696,454  | 127,832                |
| Vanguard  | Vangrd Lg-Trm Inv-Grd Fd Admn    | -                     | 44,459,407           | 54,265,526           | 44,459,407   | (9,806,119)            |
|   | Vangrd Dev Mkts Index Fd Adm     | -                     | 5,645,561            | 5,297,081            | 5,645,561  | 348,480                |
|   | Vangrd ToT St. Mkt Indx Fd Ins   | -                     | 6,494,926            | 3,830,580            | 6,494,926  | 2,664,346              |
| Voya  | Voya Gov Money Market Fund A     | 12,140,487            | -                    | 12,140,487           | 12,140,487   | -                      |
|   | Voya Gov Money Market Fund A     | -                     | 11,730,928           | 11,571,758           | 11,730,928   | 159,170                |
| Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets: |                                  |                       |                      |                      |  |                        |
| BMO Capital Markets   | USA (GOVT) 0 29/11/24:           |                       |                      |                      |  |                        |
|   | Purchases - 2                    | 28,632,400            | -                    | 28,632,400           | 28,632,400   | -                      |
|   | Sales - 9                        | -                     | 29,379,269           | 28,632,400           | 29,379,269   | 746,869                |

**The Methodist Hospitals, Inc. Retirement Plan**

**Schedule of Reportable Transactions - In Liquidation (Continued)**

**Form 5500, Schedule H, Line 4j  
 EIN 35-0868133, Plan No. 001  
 Year Ended December 31, 2024**

| (a)<br>Identity of Party Involved | (b)<br>Description of Asset       | (c)<br>Purchase Price | (d)<br>Selling Price | (g)<br>Cost of Asset | (h)<br>Current Value of<br>Asset on<br>Transaction<br>Date | (i)<br>Net Gain (Loss) |
|-----------------------------------|-----------------------------------|-----------------------|----------------------|----------------------|--|------------------------|
| Deutsche BK SECS Chicago          | USA (GOVT) 4.25 15/05/39 (S3 US): |                       |                      |                      |  |                        |
|                                   | Purchases - 2                     | \$ 12,161,642         | \$ -                 | \$ 12,161,642        | \$ 12,161,642  | \$ -                   |
|                                   | Sales - 1                         | -                     | 10,790,919           | 10,651,963           | 10,790,919   | 138,956                |
|                                   | USA (GOVT) 4.875 30/04/26:        |                       |                      |                      |  |                        |
|                                   | Purchases - 2                     | 5,696,732             | -                    | 5,696,732            | 5,696,732  | -                      |
|                                   | Sales - 2                         | -                     | 5,708,977            | 5,692,519            | 5,708,977  | 16,458                 |
| Deutsche BK SECS Chicago          | USA (GOVT) 4.625 30/04/29:        |                       |                      |                      |  |                        |
|                                   | Purchases -                       | 7,593,920             | -                    | 7,593,920            | 7,593,920  | -                      |
|                                   | Sales - 2                         | -                     | 7,644,724            | 7,592,010            | 7,644,724  | 52,714                 |
| Voya                              | Voya Gov Money Market Fund A:     |                       |                      |                      |  |                        |
|                                   | Purchases - 1                     | 12,140,487            | -                    | 12,140,487           | 12,140,487   | -                      |
|                                   | Sales - 2                         | -                     | 12,237,683           | 12,071,106           | 12,237,683   | 166,577                |

There were no Category (ii) or (iv) reportable transactions during the year.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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

▶ **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>THE METHODIST HOSPITALS, INC. RETIREMENT 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>THE METHODIST HOSPITALS, INC.   | <b>D</b> Employer Identification Number (EIN)<br>35-0868133 |
| <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   |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>   |                            |                           |                          |
| 2 Assets:  |                            |                           |                          |
| a Market value .....   | <b>2a</b>                  | 107,888,941               |                          |
| b Actuarial value .....  | <b>2b</b>                  | 114,379,296               |                          |
| 3 Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....  | 1,220                      | 60,342,491                | 60,342,491               |
| b For terminated vested participants .....   | 560                        | 23,493,314                | 23,493,314               |
| c For active participants.....   | 394                        | 16,797,349                | 17,605,225               |
| d Total.....   | 2,174                      | 100,633,154               | 101,441,030              |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>  |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</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>                  |                           |                          |
| 5 Effective interest rate .....  | <b>5</b>                   | 5.13%                     |                          |
| 6 Target normal cost   |                            |                           |                          |
| a Present value of current plan year accruals .....  | <b>6a</b>                  | 0                         |                          |
| b Expected plan-related expenses .....   | <b>6b</b>                  | 250,000                   |                          |
| c Target normal cost .....   | <b>6c</b>                  | 250,000                   |                          |

**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.

|                      |  |  |
|----------------------|--|--|
| <b>SIGN<br/>HERE</b> | Briana C Garcia <u>BG</u><br>Signature of actuary  | <u>10/1/2025</u><br>Date                               |
|                      | Briana C Garcia<br>Type or print name of actuary   | 2307806<br>Most recent enrollment number               |
|                      | Willis Towers Watson US LLC<br>Firm name   | 312-525-2500<br>Telephone number (including area code) |
|                      | 233 South Wacker Drive Suite 1800<br>Willis Tower, Floor 19<br>Chicago IL 60606<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) .....   | 712,613               | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....  | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....  | 712,613               | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>10.86%</u> .....  | 77,390                | 0                      |
| <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>5.07%</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) .....  | 790,003               | 0                      |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 111.97% |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 112.75% |
| <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> | 109.50% |
| <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>          | 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:

|   |            |   |
|---|------------|---|
| <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 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

**21** Discount rate:

|   |                   |                   |                   |  |
|---|-------------------|-------------------|-------------------|--|
| <b>a</b> Segment rates:                     | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code)..... |                   |                   |                   | <b>21b</b>   |

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

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

|   |           |   |
|---|-----------|---|
| <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**

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

|  |            |         |
|--|------------|---------|
| <b>a</b> Target normal cost (line 6c).....                                 | <b>31a</b> | 250,000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 250,000 |

|   |                     |             |
|---|---------------------|-------------|
| <b>32</b> Amortization installments:                  | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</b> Waiver amortization installment .....        | 0                   | 0           |

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

|  |                   |                    |               |
|--|-------------------|--------------------|---------------|
|  | Carryover balance | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** 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 |

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

# SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x                               | $q_x^r$ | $l_x$     | ${}_{x-55}P_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|---------------------------------|---------|-----------|----------------------------------|------------------------|----------------------------|
| 55                              | 0.05    | 1,000,000 | 1.000000                         | 0.050000               | 2.750000                   |
| 56                              | 0.05    | 950,000   | 0.950000                         | 0.047500               | 2.660000                   |
| 57                              | 0.05    | 902,500   | 0.902500                         | 0.045125               | 2.572125                   |
| 58                              | 0.05    | 857,375   | 0.857375                         | 0.042869               | 2.486388                   |
| 59                              | 0.05    | 814,506   | 0.814506                         | 0.040725               | 2.402793                   |
| 60                              | 0.05    | 773,781   | 0.773781                         | 0.038689               | 2.321343                   |
| 61                              | 0.05    | 735,092   | 0.735092                         | 0.036755               | 2.242030                   |
| 62                              | 0.05    | 698,337   | 0.698337                         | 0.034917               | 2.164846                   |
| 63                              | 0.10    | 663,420   | 0.663420                         | 0.066342               | 4.179549                   |
| 64                              | 0.20    | 597,078   | 0.597078                         | 0.119416               | 7.642603                   |
| 65                              | 0.50    | 477,663   | 0.477663                         | 0.238831               | 15.524038                  |
| 66                              | 0.50    | 238,831   | 0.238831                         | 0.119416               | 7.881435                   |
| 67                              | 0.40    | 119,416   | 0.119416                         | 0.047766               | 3.200340                   |
| 68                              | 0.40    | 71,649    | 0.071649                         | 0.028660               | 1.948864                   |
| 69                              | 0.40    | 42,990    | 0.042990                         | 0.017196               | 1.186514                   |
| 70                              | 1.00    | 25,794    | 0.025794                         | 0.025794               | 1.805565                   |
| Average age at retirement       |         |           |                                  |                        | 62.968433                  |
| Rounded for Schedule SB item 22 |         |           |                                  |                        | 63                         |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
 EIN / PN: 35-0868133/001  
 Plan Sponsor: The Methodist Hospitals, Inc.  
 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      | 290,322             | 385,444                        | 5,904,015   | 6,579,781 |
| 2025      | 524,368             | 549,333                        | 5,765,535   | 6,839,236 |
| 2026      | 680,283             | 709,769                        | 5,616,386   | 7,006,438 |
| 2027      | 801,693             | 894,972                        | 5,448,291   | 7,144,956 |
| 2028      | 918,792             | 1,131,924                      | 5,271,377   | 7,322,093 |
| 2029      | 1,029,699           | 1,358,334                      | 5,093,664   | 7,481,697 |
| 2030      | 1,125,410           | 1,509,523                      | 4,907,121   | 7,542,054 |
| 2031      | 1,198,793           | 1,616,972                      | 4,712,813   | 7,528,578 |
| 2032      | 1,260,014           | 1,730,296                      | 4,507,355   | 7,497,665 |
| 2033      | 1,306,873           | 1,809,893                      | 4,291,726   | 7,408,492 |
| 2034      | 1,340,376           | 1,866,133                      | 4,076,112   | 7,282,621 |
| 2035      | 1,369,784           | 1,907,275                      | 3,862,239   | 7,139,298 |
| 2036      | 1,392,260           | 1,941,425                      | 3,645,155   | 6,978,840 |
| 2037      | 1,407,730           | 1,966,613                      | 3,425,780   | 6,800,123 |
| 2038      | 1,416,734           | 1,976,905                      | 3,205,053   | 6,598,692 |
| 2039      | 1,413,360           | 1,975,518                      | 2,983,929   | 6,372,807 |
| 2040      | 1,403,902           | 1,954,011                      | 2,763,375   | 6,121,288 |
| 2041      | 1,390,015           | 1,925,164                      | 2,544,380   | 5,859,559 |
| 2042      | 1,371,989           | 1,888,176                      | 2,327,988   | 5,588,153 |
| 2043      | 1,347,019           | 1,846,134                      | 2,115,317   | 5,308,470 |
| 2044      | 1,313,165           | 1,797,228                      | 1,907,580   | 5,017,973 |
| 2045      | 1,272,202           | 1,738,298                      | 1,706,096   | 4,716,596 |
| 2046      | 1,224,698           | 1,670,762                      | 1,512,267   | 4,407,727 |
| 2047      | 1,173,626           | 1,599,202                      | 1,327,530   | 4,100,358 |
| 2048      | 1,118,953           | 1,523,416                      | 1,153,308   | 3,795,677 |
| 2049      | 1,060,024           | 1,442,136                      | 990,935   | 3,493,095 |
| 2050      | 998,385             | 1,358,085                      | 841,539   | 3,198,009 |
| 2051      | 934,720             | 1,271,692                      | 705,947   | 2,912,359 |
| 2052      | 869,715             | 1,183,520                      | 584,652   | 2,637,887 |
| 2053      | 804,025             | 1,094,264                      | 477,778   | 2,376,067 |
| 2054      | 738,300             | 1,004,758                      | 385,077   | 2,128,135 |
| 2055      | 673,301             | 915,924                        | 305,965   | 1,895,190 |
| 2056      | 609,742             | 828,710                        | 239,569   | 1,678,021 |
| 2057      | 548,301             | 744,057                        | 184,789   | 1,477,147 |
| 2058      | 489,586             | 662,828                        | 140,386   | 1,292,800 |
| 2059      | 434,097             | 585,778                        | 105,041   | 1,124,916 |
| 2060      | 382,226             | 513,524                        | 77,420  | 973,170   |
| 2061      | 334,245             | 446,529                        | 56,236  | 837,010   |
| 2062      | 290,311             | 385,100                        | 40,289  | 715,700   |
| 2063      | 250,468             | 329,388                        | 28,506  | 608,362   |
| 2064      | 214,657             | 279,401                        | 19,957  | 514,015   |
| 2065      | 182,733             | 235,020                        | 13,863  | 431,616   |
| 2066      | 154,491             | 196,023                        | 9,588   | 360,102   |
| 2067      | 129,691             | 162,100                        | 6,634   | 298,425   |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
 EIN / PN: 35-0868133/001  
 Plan Sponsor: The Methodist Hospitals, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total   |
|-----------|---------------------|--------------------------------|---|---------|
| 2068      | 108,067             | 132,877                        | 4,617   | 245,561 |
| 2069      | 89,345              | 107,945                        | 3,250   | 200,540 |
| 2070      | 73,251              | 86,878                         | 2,326   | 162,455 |
| 2071      | 59,517              | 69,247                         | 1,698   | 130,462 |
| 2072      | 47,890              | 54,635                         | 1,266   | 103,791 |
| 2073      | 38,133              | 42,649                         | 960   | 81,742  |

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The original effective date of the plan was October 1, 1982. The plan was restated as of January 1, 2014. The plan was most recently amended on February 12, 2024 to terminate the pension plan effective March 31, 2024.

#### Eligibility

Each eligible employee becomes a participant on the first day of any month following attainment of age 21 and the completion of one full year either in his or her first twelve months of employment or in any calendar year after his or her date of employment.

The participation was frozen at December 31, 2005 and August 31, 2006 for non-union and union participants, respectively.

### Definitions

#### Plan year

The twelve-month period ending December 31.

#### Participation date

The participation was frozen at December 31, 2005 and August 31, 2006 for non-union and union participants, respectively.

#### Vesting service

Determined by aggregating periods of elapsed service.

#### Benefit service

Determined by the number of complete months of plan participation. For non-union participants, service is frozen as of December 31, 2005. For union participants, service is frozen as of August 31, 2006.

#### Average monthly earnings

A participant's Average Monthly Earnings is equal to the sum of annual earnings for all years and completed months of plan participation divided by the years and completed months of plan participation. If the total years and months of plan participation exceed 35 years, the highest 35 years of annual earnings divided by 35 will be used.

For non-union participants, average monthly earnings are frozen as of December 31, 2005.

For union participants, average monthly earnings are frozen as of August 31, 2006.

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Covered compensation** Covered Compensation is the average of the taxable wage basis in effect for each calendar year during the 35-year period with the last day of the calendar in which a participant attains (or will attain) Social Security retirement age. Each participant's covered compensation is frozen as of the benefit freeze date.

**Normal retirement date (NRD)** The first day of the month on or next following the attainment of age 65, and completion of five years of plan participation.

**Accrued benefit** The sum of 1.525% of Average Annual Earnings up to Covered Compensation plus 2.15% of Average Annual Earnings in excess of Covered Compensation times participation service up to 35 years.

For non-union participants, the accrued benefit is frozen as of December 31, 2005.

For union participants, the accrued benefit is frozen as of August 31, 2006.

## Eligibility for Benefits

**Normal retirement** Attainment of NRD.

**Early retirement** A participant may retire any time after he or she attains age 55, provided he or she has at least 5 years of Vesting Service at such time.

**Postponed retirement** Retirement past normal retirement date.

**Vested termination** If a participant terminates employment prior to normal retirement but after completing at least 5 years of Vesting Service, he or she will be entitled to a vested deferred benefit.

**Disability** Permanent and total disability prior to NRD.

**Pre-retirement death benefit** Completion of five years of Vesting Service.

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Benefits Paid Upon the Following Events

|   |   |
|---|---|
| <b>Normal retirement</b>                        | The Accrued Benefit determined as of NRD.   |
| <b>Early retirement</b>                         | The Early Retirement Benefit is equal to the gross Accrued Benefit reduced by .5% for each month his or her early retirement age precedes age 65.   |
| <b>Postponed retirement</b>                     | <p>If a participant continue to remain in active employment past normal retirement, the participant is entitled to the greater of (a) or (b):</p> <ul style="list-style-type: none"><li>(a) the participant's accrued benefit determined as of his or her late retirement date, or</li><li>(b) the participant's accrued benefit determined as of his or her normal retirement date actuarially increased (based on Plan's actuarial equivalence definition) to his or her late retirement date.</li></ul>  |
| <b>Vested termination</b>                       | If a participant terminates employment prior to normal retirement but after completing at least 5 years of Vesting Service, he or she will be entitled to a vested deferred benefit payable at his or her Normal Retirement Age equal to the Accrued Benefit. If the participant has completed 5 years of Vesting Service, he or she may elect to receive a reduced benefit after attaining age 55 (subject to the same reduction described above for early retirement).  |
| <b>Pre-retirement surviving spouse benefits</b> | If a married participant's death occurs after vesting, the surviving spouse is entitled to a survivor annuity payable for life in an annual amount equal to one half of the amount which would have been payable as a Joint and Survivor annuity had the participant terminated on the date of death. If the participant dies prior to attaining age 55, commencement of the benefit will be deferred to the date he or she would have attained age 55 had he or she survived and will be calculated as if death had occurred on such date. This benefit also applies to vested terminated participants who have not yet begun to receive retirement income payments. |

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

### Forms of payment

- Normal form of payment  
If the participant does not have an eligible spouse on the date his or her pension is to commence, payments under the plan are made monthly commencing on the participant's retirement date and ending with the payment on the first day of the month in which his or her death occurs. If the participant does have an eligible spouse on the date his or her pension is to commence, the pension shall be paid in the form of a Joint and 50% Survivor Pension unless an optional form is elected.
- Optional forms of payment  
A participant may elect, in lieu of the normal form of payment described above, 50% Contingent Retirement Income Option, 75% Contingent Retirement Income Option, 10-Year Certain and Life Option, or Lump-Sum Option (for benefits accrued prior to January 1, 1991 or the actuarial equivalent lump sum of the monthly benefit amount which must be less than \$10,000 in order to be eligible for lump sum payment).

## Changes in Benefits Valued Since Prior Year

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

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024

**The Methodist Hospitals, Inc. Retirement Plan**  
**Schedule of Assets Held at End of Year**  
**Form 5500, Schedule H, Line 4i**  
**EIN 35-0868133, Plan No. 001**  
**December 31, 2024**

| <b>(a, b, and c) Description of Investment</b> | <b>(d) Cost</b>  | <b>(e) Current Value</b> |
|--|------------------|--------------------------|
| <b>U.S. Government Securities:</b>             |                  |                          |
| T 4 3/8 15/05/34                               | 806,347          | 788,000                  |
| USA (GOVT) 0 15/05/34                          | 633,460          | 641,367                  |
| USA (GOVT) 0 15/05/38                          | 568,799          | 571,570                  |
| USA (GOVT) 4 15/02/34                          | 389,934          | 392,703                  |
| USA (GOVT) 4.25 15/05/39 (S3 US)               | 1,273,731        | 1,243,886                |
| USA (GOVT) 4.25 30/06/29                       | 290,205          | 288,391                  |
| USA (GOVT) 4.5 15/02/44                        | 506,297          | 506,481                  |
| USA (GOVT) 4.625 15/05/44                      | 15,058           | 14,559                   |
| USA (GOVT) 4.625 15/05/54                      | 1,129,739        | 1,070,781                |
| USA (GOVT) 4.75 15/11/53                       | 440,672          | 436,012                  |
| <b>Total U.S. Government Securities</b>        | <b>6,054,243</b> | <b>5,953,751</b>         |
| <b>Corporate Bonds:</b>                        |                  |                          |
| ABBOTT LABS 4.9 30/11/46                       | 141,054          | 139,866                  |
| ABBOTT LABS 6 01/04/39                         | 215,548          | 214,883                  |
| ABBVIE INC 4.05 21/11/39 WI                    | 414,571          | 410,254                  |
| ABBVIE INC 4.5 14/05/35 (S1 DE)                | 206,085          | 205,711                  |
| ADOBE INC 4.8 04/04/29                         | 279,339          | 281,155                  |
| ADOBE INC 4.95 04/04/34                        | 178,292          | 178,437                  |
| AEP TRANSMISSION 5.15 01/04/34                 | 283,220          | 285,565                  |
| AEP TRANSMISSION 5.4 15/03/53                  | 248,422          | 247,756                  |
| AERCAP IRELAND 3.4 29/10/33                    | 141,200          | 144,790                  |
| AERCAP IRELAND 3.85 29/10/41                   | 355,286          | 359,853                  |
| AGREE LP 5.625 15/06/34                        | 394,952          | 401,130                  |
| AIR PROD & CHEM 4.75 08/02/31                  | 245,745          | 248,076                  |
| AIR PROD & CHEM 4.8 03/03/33                   | 282,538          | 284,564                  |
| ALEXANDRIA REAL 1.875 01/02/33                 | 209,423          | 215,614                  |
| ALEXANDRIA REAL 5.15 15/04/53                  | 280,541          | 284,840                  |
| AMAZON.COM INC 3.875 22/08/37 WI               | 210,490          | 212,118                  |
| AMAZON.COM INC 4.05 22/08/47 WI                | 350,973          | 344,633                  |
| AMEREN ILLINOIS 5.9 01/12/52                   | 381,973          | 378,867                  |
| AMERICAN EXPRESS 5.043 01/05/34                | 456,629          | 461,187                  |
| AMERICAN HONDA F 4.9 13/03/29                  | 347,130          | 348,712                  |
| AMERICAN TOWER CORP 3.8 15/8/2029 (S1 DE)      | 276,873          | 283,861                  |
| AMERICAN WATER 2.3 01/06/31                    | 280,276          | 287,116                  |
| AMERICAN WATER 5.45 01/03/54                   | 212,381          | 210,913                  |
| ANHEUSER BUSCH 4.9 01/02/46                    | 210,616          | 209,259                  |
| ANHEUSER BUSCH 5.45 23/01/39 (S2)              | 420,328          | 420,762                  |
| AON CORP/AON GLO 2.6 02/12/31 (S1)             | 240,219          | 245,777                  |

**The Methodist Hospitals, Inc. Retirement Plan**  
**Schedule of Assets Held at End of Year**  
**Form 5500, Schedule H, Line 4i**  
**EIN 35-0868133, Plan No. 001**  
**December 31, 2024**

| <b>(a, b, and c) Description of Investment</b> | <b>(d) Cost</b> | <b>(e) Current Value</b> |
|--|-----------------|--------------------------|
| <b>Corporate Bonds (Continued):</b>            |                 |                          |
| APPLE INC 3.45 09/02/45                        | 387,335         | 382,293                  |
| ARCH CAPITAL GRP 5.144 01/11/43                | 524,866         | 512,719                  |
| ARTHUR J GALLAGH 6.75 15/02/54                 | 241,316         | 243,467                  |
| ASTRAZENECA FIN 5 26/02/34                     | 207,436         | 207,472                  |
| ASTRAZENECA PLC 3 28/05/51                     | 275,885         | 268,263                  |
| AT&T INC 3.5 01/06/41                          | 310,440         | 313,850                  |
| AT&T INC 4.35 03/01/2029 (S1 DE)               | 241,188         | 244,382                  |
| AVALONBAY COMMUN 5.3 07/12/33                  | 346,101         | 350,309                  |
| BAE SYSTEMS PLC 5.5 26/03/54 144A              | 419,839         | 419,485                  |
| BANK OF AMER CRP 2.884 22/10/30 MTN            | 211,330         | 216,890                  |
| BANK OF AMER CRP 4.078 23/04/40 MTN            | 496,102         | 500,612                  |
| BANK OF NY MELLO 4.975 14/03/30                | 276,898         | 279,676                  |
| BAT CAPITAL CORP 4.39 15/08/37 (S2)            | 210,018         | 215,808                  |
| BAT CAPITAL CORP 4.54 15/08/47 (S1 GB)         | 246,749         | 253,353                  |
| BECTON DICKINSON 5.11 08/02/34                 | 204,910         | 206,813                  |
| BERKSHIRE HATHAW 1.65 15/05/31 WI              | 212,301         | 219,341                  |
| BERKSHIRE HATHWY 4.5 11/02/43                  | 353,081         | 350,262                  |
| BIMBO BAKERIES 6.05 15/01/29 144A              | 379,916         | 377,666                  |
| BP CAP MKTS AMER 3.001 17/03/52                | 426,769         | 411,933                  |
| BRIXMOR OPERATIN 3.85 01/02/25                 | 275,926         | 279,631                  |
| BROADCOM INC 2.45 15/02/31 144A                | 349,373         | 362,245                  |
| BURLINGTON NORTH 4.55 01/09/44 (S2 US)         | 351,276         | 348,365                  |
| BURLINGTON NORTH 5.2 15/04/54                  | 171,716         | 169,722                  |
| CARGILL INC 2.125 10/11/31 144A                | 210,454         | 214,532                  |
| CATERPILLAR FINL 4.85 27/02/29                 | 348,611         | 351,795                  |
| CENTERPOINT HOUS 2.35 01/04/31 AE              | 209,180         | 212,994                  |
| CENTERPOINT HOUS 3.35 01/04/51 AF              | 180,388         | 178,171                  |
| CHARLES SCHWAB 5.875 24/08/26                  | 384,796         | 386,652                  |
| CHARTER COMM OPT 4.908 23/07/25 WI             | 277,438         | 279,616                  |
| CHEVRON CORP 3.326 17/11/25                    | 555,853         | 564,813                  |
| CHUBB INA HLDGS 5 15/03/34                     | 452,332         | 454,196                  |
| CIGNA GROUP 3.2 15/03/40                       | 324,701         | 296,573                  |
| CIGNA GROUP/THE 5.25 15/02/34                  | 205,605         | 205,882                  |
| CISCO SYSTEMS 4.85 26/02/29                    | 389,084         | 392,472                  |
| CITIBANK NA 5.57 30/04/34 BKNT                 | 455,535         | 454,997                  |
| COCA COLA CO/THE 2.5 01/06/40 (S2 US)          | 251,993         | 251,821                  |
| COLGATE PALM CO 4.6 01/03/33                   | 244,708         | 246,224                  |
| COMCAST CORP 3.75 04/01/2040                   | 524,622         | 522,985                  |
| COMCAST CORP 4.8 15/05/33                      | 135,341         | 135,992                  |
| CONN LIGHT & PWR 4.65 01/01/29                 | 343,823         | 348,314                  |

**The Methodist Hospitals, Inc. Retirement Plan**  
**Schedule of Assets Held at End of Year**  
**Form 5500, Schedule H, Line 4i**  
**EIN 35-0868133, Plan No. 001**  
**December 31, 2024**

| <b>(a, b, and c) Description of Investment</b> | <b>(d) Cost</b> | <b>(e) Current Value</b> |
|--|-----------------|--------------------------|
| <b>Corporate Bonds (Continued):</b>            |                 |                          |
| CONSUMERS ENERGY 4.625 15/05/33                | 410,009         | 414,497                  |
| COOPERATIEVE RAB 1.339 24/06/26 144A           | 390,906         | 402,932                  |
| CREDIT SUISSE 1.305 02/02/27 144A              | 286,935         | 288,296                  |
| CSX CORP 4.5 01/08/54 (S2 US)                  | 347,996         | 342,587                  |
| CUBESMART LP 4.375 15/2/2029                   | 380,712         | 388,360                  |
| CVS HEALTH CORP 4.78 25/03/38                  | 212,822         | 207,566                  |
| CVS HEALTH CORP 5.125 20/07/45                 | 210,497         | 201,964                  |
| DIAMONDBACK ENER 3.125 24/03/31                | 315,220         | 318,454                  |
| DOLLAR TREE 4 15/05/25                         | 412,919         | 418,144                  |
| DR PEPPER SNAPPLE GROUP 4.5 11/15/2045         | 313,941         | 308,883                  |
| DUKE ENERGY CAR 5.4 15/01/54                   | 239,990         | 240,041                  |
| DUKE ENERGY FLA 2.4 15/12/31                   | 206,743         | 210,654                  |
| DUKE UNIVERSITY 2.832 10/01/2055 2020          | 282,678         | 273,275                  |
| EATON CORP 4.15 15/03/33                       | 316,924         | 319,190                  |
| ECOLAB INC 2.125 15/08/50                      | 315,672         | 305,149                  |
| ELECTRONIC ARTS 1.85 15/02/31                  | 354,794         | 365,304                  |
| ELEVANCE HEALTH 5.125 15/02/53                 | 312,691         | 300,947                  |
| ELI LILLY & CO 5 09/02/54                      | 417,679         | 404,578                  |
| ENTERGY LA LLC 3.05 01/06/31                   | 207,026         | 213,716                  |
| ENTERGY LOUISIANA LLC 5.35 15/03/34            | 207,323         | 210,019                  |
| ENTERPRISE PRODU 5.1 15/02/45                  | 593,318         | 588,740                  |
| EUROPEAN INVT BK 2.75 15/08/25                 | 417,831         | 425,526                  |
| EXTRA SPACE STOR 3.9 01/04/29                  | 382,948         | 391,562                  |
| EXXON MOBIL CORP 3.043 01/03/26                | 280,358         | 285,413                  |
| EXXON MOBIL CORP 4.227 19/03/40 (S2 US)        | 282,918         | 280,353                  |
| FLORIDA POWER & 5.3 01/04/53                   | 387,228         | 381,417                  |
| GA GLOBAL FNDING 3.85 11/04/25 144A            | 461,507         | 468,494                  |
| GE CAPITAL INTL 3.373 15/11/25                 | 281,451         | 285,888                  |
| GENERAL DYNAMICS 4.25 01/04/40                 | 456,050         | 453,993                  |
| GENERAL MOTORS 6.25 02/10/43                   | 346,927         | 347,007                  |
| GILEAD SCIENCES 2.6 01/10/40                   | 280,116         | 283,743                  |
| GILEAD SCIENCES 4.75 01/03/46                  | 318,942         | 317,163                  |
| GOLDMAN SACHS GP 2.383 21/07/32 DMTN           | 210,935         | 216,759                  |
| GOLDMAN SACHS GP 4.411 23/04/39                | 316,634         | 316,159                  |
| GSK CONSUMER 3.125 24/03/25                    | 391,204         | 398,284                  |
| HOME DEPOT INC 1.875 15/09/31 (US)             | 177,223         | 181,520                  |
| HOME DEPOT INC 3.3 15/4/2040 (S1 DE)           | 209,345         | 210,262                  |
| HOME DEPOT INC 4.25 01/04/46                   | 209,210         | 207,662                  |
| HONEYWELL INTL 1.75 01/09/31                   | 353,580         | 360,349                  |
| INGERSOLL RAND 5.7 14/08/33                    | 284,054         | 286,056                  |

**The Methodist Hospitals, Inc. Retirement Plan**  
**Schedule of Assets Held at End of Year**  
**Form 5500, Schedule H, Line 4i**  
**EIN 35-0868133, Plan No. 001**  
**December 31, 2024**

| <b>(a, b, and c) Description of Investment</b> | <b>(d) Cost</b> | <b>(e) Current Value</b> |
|--|-----------------|--------------------------|
| <b>Corporate Bonds (Continued):</b>            |                 |                          |
| INT BK RECON&DEV 1.625 03/11/31                | 285,355         | 289,851                  |
| INTERAMER DEV BK 4.125 15/02/29                | 284,403         | 286,543                  |
| JOHNSON & JOHNSON 2.1 1/9/2040                 | 212,211         | 212,625                  |
| JOHNSON&JOHNSON 5.95 15/08/37 (S1 DE)          | 205,677         | 204,290                  |
| JPMORGAN CHASE 5.581 22/04/30                  | 211,875         | 213,891                  |
| JPMORGAN CHASE 5.6 15/07/41                    | 486,677         | 484,259                  |
| KAISER FOUN HOSP 2.81 01/06/41 2021            | 242,933         | 240,710                  |
| KENVUE INC 5.05 22/03/53                       | 207,101         | 203,949                  |
| KIMCO REALTY 2.8 01/10/26                      | 349,646         | 358,149                  |
| KINDER MORGAN 5.55 01/06/45 (S1)               | 410,287         | 410,970                  |
| KITE REALTY GRP 5.5 01/03/34                   | 281,315         | 287,964                  |
| KLA CORP 4.7 01/02/34                          | 279,850         | 281,250                  |
| KRAFT HEINZ FOOD 3 01/06/26                    | 277,640         | 283,028                  |
| LOCKHEED MARTIN 4.07 15/12/42                  | 589,393         | 582,354                  |
| LOWE'S COS INC 5.15 01/07/33                   | 346,178         | 347,803                  |
| LYB INT FINANCE III 1.25 01/10/25              | 320,083         | 330,912                  |
| MARSH & MCLENNAN 5.875 01/08/33                | 313,527         | 313,450                  |
| MASS ELECTRIC CO 5.867 26/02/54 144A           | 384,509         | 388,631                  |
| MASS INSTIT TECH 2.989 01/07/50 F              | 346,345         | 336,830                  |
| MASTERCARD INC 4.85 09/03/33                   | 277,276         | 277,502                  |
| MCDONALD'S CORP 4.875 09/12/45 MTN             | 449,235         | 448,356                  |
| MEDTRONIC INC 4.625 15/03/45 (S2 US)           | 451,730         | 444,895                  |
| MERCK & CO INC 3.4 07/03/29 (S2 US)            | 206,331         | 209,193                  |
| MERCK & CO INC 4.9 17/05/44                    | 242,809         | 239,889                  |
| META PLATFORMS 4.45 15/08/52                   | 348,131         | 344,897                  |
| META PLATFORMS 4.55 15/08/31                   | 221,439         | 216,289                  |
| MICROSOFT CORP 2.921 17/03/52                  | 384,357         | 377,796                  |
| MID AMER APT LP 5 15/03/34                     | 308,208         | 311,831                  |
| MIDAMER ENER HLD 6.125 01/04/36                | 207,752         | 210,327                  |
| MORGAN STANLEY 3.217 22/04/42                  | 525,592         | 525,308                  |
| MORGAN STANLEY 5.831 19/04/35                  | 142,162         | 142,611                  |
| MPLX LP 4.5 15/04/38 (S2 US)                   | 348,036         | 348,850                  |
| NARRAGANSETT EL 5.35 01/05/34 144A             | 245,605         | 248,457                  |
| NATIONAL RETAIL 3 15/04/52                     | 278,978         | 273,742                  |
| NESTLE HOLDINGS 3.9 24/09/38 144A              | 284,318         | 284,362                  |
| NEW YORK LIFE GL 5.45 18/09/26 144A            | 311,451         | 314,593                  |
| NIKE INC 3.25 03/27/2040 (S1 DE)               | 461,008         | 455,025                  |
| NISOURCE INC 2.95 1/9/2029                     | 312,522         | 320,104                  |
| NOVARTIS CAPITAL 4.4 06/05/44 (S1)             | 390,680         | 385,020                  |
| NUTRIEN LTD 4 15/12/26                         | 309,706         | 315,592                  |

**The Methodist Hospitals, Inc. Retirement Plan**  
**Schedule of Assets Held at End of Year**  
**Form 5500, Schedule H, Line 4i**  
**EIN 35-0868133, Plan No. 001**  
**December 31, 2024**

| <b>(a, b, and c) Description of Investment</b> | <b>(d) Cost</b> | <b>(e) Current Value</b> |
|--|-----------------|--------------------------|
| <b>Corporate Bonds (Continued):</b>            |                 |                          |
| NVIDIA CORP 3.5 1/4/2040                       | 460,253         | 463,445                  |
| ONCOR ELECTRIC D 4.95 15/09/52                 | 379,428         | 375,090                  |
| ORACLE CORP 3.6 1/4/2040                       | 214,222         | 218,526                  |
| ORACLE CORP 4 15/07/46 (S1)                    | 242,685         | 246,123                  |
| O'REILLY AUTOMOT 3.9 01/06/29                  | 311,533         | 316,139                  |
| PECO ENERGY CO 4.375 15/08/52                  | 456,792         | 455,122                  |
| PEPSICO SINGAP 4.7 16/02/34                    | 454,871         | 454,363                  |
| PFIZER INC 7.2 15/03/39 (S1)                   | 211,360         | 210,200                  |
| PFIZER INVSTMNT 5.11 19/05/43 (S1 DE)          | 275,187         | 272,195                  |
| PHILIP MORRIS IN 4.875 13/02/26                | 318,192         | 320,930                  |
| PHILLIPS 66 3.85 09/04/25                      | 314,899         | 319,093                  |
| PNC FINANCIAL 5.676 22/01/35                   | 238,855         | 242,457                  |
| PRES & FELLOWS 4.609 15/02/35 0.               | 349,697         | 349,737                  |
| PROLOGIS LP 3.25 01/10/26                      | 420,732         | 430,618                  |
| PUBLIC SERVICE 5.2 01/03/34                    | 486,149         | 487,838                  |
| PUBLIC STORAGE 3.385 05/01/2029                | 278,319         | 283,135                  |
| PUBLIC STORAGE 5.35 01/08/53                   | 210,747         | 209,555                  |
| QUALCOMM INC 5.4 20/05/33                      | 277,282         | 278,341                  |
| REALTY INCOME 3.875 15/04/25 (S1 DE)           | 463,068         | 468,856                  |
| REGENCY CENTERS 5.25 15/01/34                  | 552,718         | 562,210                  |
| ROCHE HLDGS INC 5.218 08/03/54 144A            | 311,184         | 305,828                  |
| ROCKFEL FNDATION 2.492 01/10/50 2020           | 281,497         | 279,102                  |
| ROGERS COMM INC 4.55 15/03/52 WI               | 283,444         | 279,123                  |
| ROSS STORES INC 0.875 15/04/26                 | 321,958         | 333,321                  |
| ROYAL BK CANADA 2.3 03/11/31 GMTN              | 346,936         | 335,381                  |
| S&P GLOBAL INC 2.9 01/03/32 WI                 | 283,190         | 287,613                  |
| SALESFORCE.COM INC 2.9 15/7/2051               | 206,243         | 203,998                  |
| SAN DIEGO G & E 5.55 15/04/54                  | 389,172         | 388,187                  |
| SHELL FINANCE US INC 2.375 07/11/29            | 210,658         | 215,194                  |
| SHELL INTL FIN 6.375 15/12/38(S1)              | 274,848         | 272,027                  |
| SIEMENS FINAN 1.2 11/03/26 144A                | 354,578         | 365,417                  |
| SIMON PROP GP LP 4.25 01/10/44                 | 355,815         | 362,453                  |
| SIMON PROP GP LP 5.85 08/03/53                 | 247,508         | 251,730                  |
| SOUTHERN CAL ED 2.5 01/06/31 G                 | 207,528         | 213,830                  |
| ST JOSEPH HLTH 2.746 01/10/26                  | 319,165         | 328,121                  |
| SUN COMMUNITIES 2.7 15/07/31                   | 212,794         | 218,532                  |
| SYSCO CORP 3.3 15/07/26                        | 278,125         | 284,026                  |
| T MOBILE USA INC 4.375 15/04/40                | 459,160         | 458,538                  |
| TARGET CORP 4.8 15/01/53 (S1)                  | 209,668         | 205,247                  |
| TEXAS INSTRUMENT 2.25 04/09/29                 | 210,835         | 215,428                  |

**The Methodist Hospitals, Inc. Retirement Plan  
Schedule of Assets Held at End of Year  
Form 5500, Schedule H, Line 4i  
EIN 35-0868133, Plan No. 001  
December 31, 2024**

| <b>(a, b, and c) Description of Investment</b> | <b>(d) Cost</b>   | <b>(e) Current Value</b> |
|--|-------------------|--------------------------|
| <b>Corporate Bonds (Continued):</b>            |                   |                          |
| THERMO FISHER 2.6 01/10/29 (S2 US)             | 248,318           | 254,565                  |
| THERMO FISHER 2.8 15/10/41                     | 212,358           | 211,139                  |
| TOYOTA MTR CRED 3.95 30/06/25                  | 345,065           | 348,695                  |
| TOYOTA MTR CRED 4.6 10/10/31 MTN               | 135,097           | 131,302                  |
| TRUIST FINANCIAL 5.435 24/01/30 MTN            | 277,729           | 281,994                  |
| UBS GROUP 3.179 11/02/43 144A                  | 527,650           | 534,066                  |
| UNION PAC CORP 3.35 15/08/46                   | 457,318           | 455,601                  |
| UNITED PARCEL 3.4 15/03/29 (S1 DE)             | 244,007           | 246,991                  |
| UNITED TECH CORP 4.5 01/06/42(S1)              | 450,804           | 449,616                  |
| UNITEDHEALTH GRP 3.05 15/05/41                 | 522,759           | 513,338                  |
| US BANCORP 5.678 23/01/35                      | 277,903           | 282,458                  |
| VERIZON COMM INC 2.65 20/11/40 (S1)            | 273,612           | 272,957                  |
| VERIZON COMM INC 4.862 21/08/46 WI (S1)        | 352,872           | 347,813                  |
| VICI PROPRTIE 5.75 01/04/34                    | 352,055           | 362,332                  |
| VIRGINIA EL&PWR 5 01/04/33                     | 493,308           | 499,185                  |
| VISA INC 2.7 04/15/2040                        | 282,559           | 284,117                  |
| VISA INC 4.3 14/12/45                          | 276,826           | 273,873                  |
| VOYA FINANCIAL 3.65 15/06/26                   | 279,102           | 285,177                  |
| WALMART INC 3.25 08/07/29 (S2 US)              | 205,531           | 208,713                  |
| WALMART INC 4.05 29/06/48 (S1DE)               | 208,528           | 204,795                  |
| WALT DISNEY CO 3.6 01/13/2051                  | 244,002           | 242,040                  |
| WALT DISNEY CO 6.65 11/15/2037 144A            | 312,894           | 311,707                  |
| WELLS FARGO CO 3.35 02/03/33 MTN               | 282,998           | 288,866                  |
| WELLS FARGO CO 5.013 04/04/51 MTN              | 244,229           | 240,764                  |
| WELLTOWER INC 4.125 15/03/29                   | 312,705           | 319,362                  |
| WILLIAMS PARTNER 3.9 15/01/25(S2 US)           | 385,433           | 389,839                  |
| WK KELLOGG FOUND 2.443 01/10/50 144A           | 284,162           | 278,566                  |
| <b>Total Corporate Bonds</b>                   | <b>66,578,030</b> | <b>66,798,230</b>        |
| <b>Common/Collective Trust Funds:</b>          |                   |                          |
| STATE STREET SHORT TERM INVESTMENT FUND        | 1,451,647         | 1,451,647                |
| <b>Interest-Bearing Cash:</b>                  |                   |                          |
| INTEREST-BEARING CASH                          | 92,910            | 92,910                   |
| <b>Grand Total</b>                             | <b>74,176,830</b> | <b>74,296,538</b>        |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from \$135,000 for the prior valuation to \$250,000 for the current valuation.

Plan Name: The Methodist Hospitals, Inc. Retirement Plan  
EIN / PN: 35-0868133/001  
Plan Sponsor: The Methodist Hospitals, Inc.  
Valuation Date: January 1, 2024