

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 03/01/2024 and ending 02/28/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan HOUSTON HOSPITALS, INC. RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2009
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) HOUSTON HOSPITALS, INC. 1601 WATSON BOULEVARD WARNER ROBINS, GA 31093
2b Employer Identification Number (EIN) 71-1045290
2c Plan Sponsor's telephone number 478-975-5451
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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1738
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	249
	6a(2)	240
	6b	627
	6c	740
	6d	1607
	6e	114
	6f	1721
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

A Name of plan <u>HOUSTON HOSPITALS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HOUSTON HOSPITALS, INC.</u>	D Employer Identification Number (EIN) <u>71-1045290</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date:	Month <u>03</u>	Day <u>01</u> Year <u>2024</u>
2	Assets:		
	a Market value	2a	<u>93998846</u>
	b Actuarial value	2b	<u>103179603</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>675</u>	<u>64269779</u>
	b For terminated vested participants	<u>814</u>	<u>20775234</u>
	c For active participants	<u>249</u>	<u>9340736</u>
	d Total	<u>1738</u>	<u>94385749</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>244058</u>
	b Expected plan-related expenses	6b	<u>232919</u>
	c Target normal cost	6c	<u>476977</u>

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

SIGN HERE		
	Signature of actuary	<u>11/21/2025</u>
	<u>BENJAMIN M. LAW, ASA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-08232</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>770-690-7138</u>
	<u>MSC# 17838 P.O. BOX 551343</u>	Telephone number (including area code)
	<u>ATLANTA, GA 30355</u>	
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	29990849
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2228461
9	Amount remaining (line 7 minus line 8)	0	27762388
10	Interest on line 9 using prior year's actual return of <u>4.10</u> %	0	1138258
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	1250000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	27650646

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.01 %
15	Adjusted funding target attainment percentage	15	109.30 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	476977	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	18869843	1868353	
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	2345330	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2345330	2345330
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan HOUSTON HOSPITALS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON HOSPITALS, INC.	D Employer Identification Number (EIN) 71-1045290	

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

AON TRUST COMPANY LLC	4 OVERLOOK POINT LINCOLNSHIRE, IL 60069
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GLOBAL TRUST COMPANY	12 GILL STREET SUITE 2600 WOBURN, MA 01801
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59	NONE	41533	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: KATIE L. BLACK	b EIN: 02-2232264
c Position: ENROLLED ACTUARY	
d Address: MSC# 17838, AON, PO BOX 551343 ATLANTA, GA 30355	e Telephone: 615-771-8149

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>03/01/2024</u> and ending <u>02/28/2025</u>	
A Name of plan <u>HOUSTON HOSPITALS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOUSTON HOSPITALS, INC.</u>	D Employer Identification Number (EIN) <u>71-1045290</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT-TERM INVT FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1800005</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10530382</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58641927</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-046</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8149456</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON NON US EQUITY INDEX</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-044</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4167664</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMALL CAP EQUITY INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1382729</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG GOVERNMENT BOND INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1323699</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

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

c EIN-PN 88-6547562-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2266463
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a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF

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

c EIN-PN 88-6547562-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391044
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE GOVT. BOND INDX FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6232142
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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a Plan name

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b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan HOUSTON HOSPITALS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON HOSPITALS, INC.	D Employer Identification Number (EIN) 71-1045290

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8437	3341
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	93990409	94885511
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	93998846	94888852
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	93998846	94888852

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	568	
(B) Common stock.....	2b(2)(B)	222	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	7711	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6671610
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6680111

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5748552	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5748552
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	41553	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		41553
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5790105

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		890006
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WARREN AVERETT**

(2) EIN: **45-4084437**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 564986.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan HOUSTON HOSPITALS, INC. RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON HOSPITALS, INC.	D Employer Identification Number (EIN) 71-1045290	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 37-0533350

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 15.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 82.8 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.7 % 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 _____.

**HOUSTON HOSPITALS, INC.
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

FEBRUARY 28, 2025 AND FEBRUARY 29, 2024



www.warrenaverett.com

The report accompanying this deliverable was issued
by Warren Averett, LLC.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
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FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Houston Hospitals, Inc. Retirement Plan

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

We have performed audits of the financial statements of Houston 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) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of February 28, 2025, and February 29, 2024, and the related statements of changes in net assets available for benefits for the years ended February 28, 2025, and February 29, 2024, 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of February 28, 2025, and February 29, 2024, and for the years ended February 28, 2025, and February 29, 2024, 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 Auditors' 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 (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the 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.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings and certain internal control related matters that we identified during the audits.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of February 28, 2025, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended February 28, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Warren Averett, LLC

Atlanta, Georgia
December 9, 2025

**HOUSTON HOSPITALS, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
ASSETS		
Investments at fair value (note 4)	\$ 94,885,511	\$ 93,990,409
Receivables		
Accrued income	3,341	8,437
Total receivables	3,341	8,437
TOTAL ASSETS	94,888,852	93,998,846
NET ASSETS AVAILABLE FOR BENEFITS	\$ 94,888,852	\$ 93,998,846

See notes to the financial statements.

**HOUSTON HOSPITALS, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
ADDITIONS (DEDUCTIONS)		
Interest and dividends	\$ 77,531	\$ 414,824
Net appreciation in fair value of investments	6,602,580	5,163,494
Benefits paid directly to participants	(5,748,552)	(17,691,917)
Administrative expenses	(41,553)	(77,421)
NET INCREASE (DECREASE)	890,006	(12,191,020)
NET ASSETS AVAILABLE FOR BENEFITS AT:		
BEGINNING OF YEAR	93,998,846	106,189,866
END OF YEAR	\$ 94,888,852	\$ 93,998,846

See notes to the financial statements.

**HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

1. DESCRIPTION OF PLAN

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

General

The Plan is a defined benefit pension plan covering all full-time employees of Houston Hospitals, Inc. (the Company) who have attained age 21 and completed one year of service. Employees hired on or after May 1, 2009, are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On September 27, 2023, the Company's Board of Directors (the Board) approved an amendment to the Plan that effective December 1, 2023, provided certain active participants who were at least age 59½ an election to either continue participation in the Plan or cease participation in the Plan and commence participation in the Houston Hospitals, Inc. Participatory Retirement Plan [the 403(b) Plan]. In addition, this amendment added a special in-service distribution window program to the Plan for participants who elected to cease participation in the Plan and of total distribution for 2024, approximately \$10,838,000 are special in-service distributions.

Contributions

The Company's funding policy is to make annual contributions to the Plan, which will meet or exceed the annual ERISA minimum funding requirements. The Plan met the minimum funding requirements for the plan years ending February 28, 2025 and February 29, 2024.

Pension Benefit

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) of 1% of final average earnings up to covered compensation, plus 1.55% of average monthly compensation in excess of covered compensation, times benefit service up to 30 years. Upon completion of ten years of benefit service and attainment of age 55, a participant may elect to retire. The participant may receive an immediate benefit equal to normal retirement benefits earned to the date of early retirement reduced by 1/15 for each year between age 60 and 65 by which early retirement precedes age 65 and reduced by 1/30 for each year by which early retirement precedes age 60.

Employees may elect to receive their pension benefits in the form of: (1) life annuity, (2) joint and 50% survivor annuity, (3) joint and 75% survivor annuity, (4) joint and 100% survivor annuity, and (5) ten years and life annuity. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits.

Deferred Benefit

A participant leaving the Company with at least five years of vesting service is eligible to receive a deferred benefit under the Plan upon reaching normal retirement age.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they became disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

Vesting

Employees who terminate after completion of five years of service, after attainment of age 65, or due to death or disability (after completion of five years of service), are fully vested and eligible to receive a retirement income at the normal retirement date. Reduced benefits are available as early as age 55.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Fiduciary Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

Administrative Expenses

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

3. INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEE

All investment information regarding the Plan, in the accompanying financial statements and supplemental schedules, including investments held at February 28, 2025, and February 29, 2024, and net appreciation in fair value of investments and interest and dividends for the years ended February 28, 2025, and February 29, 2024, was prepared by or derived from information provided by Northern Trust Company, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at February 28, 2025, and February 29, 2024.

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2025, and February 29, 2024:

	Fair Value Measurements as of February 28, 2025			
	Total	Level 1	Level 2	Level 3
Investments, at fair value	\$ -	\$ -	\$ -	\$ -
Investments measured at NAV ^(a) :				
Common collective trusts	94,885,511			
Investments at fair value	\$ 94,885,511			

	Fair Value Measurements as of February 29, 2024			
	Total	Level 1	Level 2	Level 3
Investments, at fair value	\$ -	\$ -	\$ -	\$ -
Investments measured at NAV ^(a) :				
Common collective trusts	93,990,409			
Investments at fair value	\$ 93,990,409			

^(a) In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

The following tables summarize investments measured at fair value based on NAV per share as of February 28, 2025 and February 29, 2024:

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
February 28, 2025				
COLTV SHORT-TERM INVT FD	\$ 1,800,005	N/A	Daily	15 days
CF NISA ULTRA LONG TREASURY CIF-CLASS A	391,044	N/A	Daily	15 days
CF NISA ULTRA MID TREASURY CIF-CLASS A	2,266,463	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR US LONG GOVERNMENT BOND INDEX FD	1,323,698	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVT BD INDEX FD	6,232,142	N/A	Daily	15 days
MFO AON INTERMEDIATE CREDIT FUND	10,530,382	N/A	Daily	15 days
MFO AON LONG CREDIT BOND FUND	58,641,927	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW LARGE CAP EQUITY INDEX FD	8,149,456	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW NON US EQUITY INDEX	4,167,664	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW SMALL CAP EQUITY INDEX FD	1,382,730	N/A	Daily	15 days

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
February 29, 2024				
COLTV SHORT-TERM INVT FD	\$ 1,619,772	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR US LONG GOVERNMENT BOND INDEX FD	11,624,292	N/A	Daily	15 days
MFO AON INTERMEDIATE CREDIT FUND	9,027,046	N/A	Daily	15 days
MFO AON LONG CREDIT BOND FUND	57,127,999	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW LARGE CAP EQUITY INDEX FD	8,045,127	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW NON US EQUITY INDEX	5,100,549	N/A	Daily	15 days
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW SMALL CAP EQUITY INDEX FD	1,445,623	N/A	Daily	15 days

**HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

5. PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments include investments managed by Northern Trust Company. Northern Trust Company, the trustee as of February 28, 2025, and February 29, 2024, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

6. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' average monthly compensation defined as the employee's compensation for all of the employee's whole and partial years of benefit service. Average monthly compensation is the highest compensation for five calendar years occurring during the last ten consecutive calendar years of benefit service. The accumulated plan benefits for active employees are based on their average monthly compensation ending on the employee's valuation date. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the employee's valuation date. Effective January 1, 2011, the Plan was amended to freeze benefit accruals for all participants who have not attained age 45 before January 1, 2011.

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

Significant actuarial assumptions used in the valuations as of March 1, 2024, are as follows:

Investment return	5.70%
Retirement	Graded rate of retirement age, up to 70 years; all employees are assumed to be retired at age 70.
Mortality	Amounts weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 using Scale MP-2021.
Actuarial cost method	Projected unit credit cost method.

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

**HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

actuarial present value of accumulated plan benefits were made as of March 1, 2024. Had the valuations been performed as of February 29, 2024, there would be no material differences.

A summary of the present value of accumulated plan benefits as of March 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payment	\$ 61,357,746
Other participants	<u>28,603,716</u>
Total vested benefits	89,961,462
Nonvested benefits	<u>15,717</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 89,977,179</u></u>

Changes in the actuarial present value of accumulated plan benefits of the Plan are as follows:

Actuarial present value of accumulated plan benefits as of March 1, 2023	\$ 94,765,149
Increase (decrease) during the year attributable to:	
Interest accumulation	4,944,467
Benefits paid	(16,265,650)
Plan Amendment (Note 1)	3,720,879
Benefits accumulated	<u>2,812,334</u>
Net decrease	<u>(4,787,970)</u>
Actuarial present value of accumulated plan benefits as of March 1, 2024	<u><u>\$ 89,977,179</u></u>

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Upon such termination of the Plan, the funds held by the trustee must be used to benefit the Plan participants and their beneficiaries and/or to pay expenses of final liquidation or termination. None of the funds may be withdrawn by the Company unless all pension rights under the Plan have been fully paid.

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

- Benefits attributable to employee contributions, taking into account those paid out before termination.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

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

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' accrued benefits and the amounts reported in the accompanying statements of net assets available for benefits.

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

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

9. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 20, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. SUBSEQUENT EVENTS

Management has evaluated subsequent events and their potential effects on these financial statements through December 9, 2025, which is the date these financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER ID NUMBER: 71-1045290
PLAN NUMBER: 001
FEBRUARY 28, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Collective Trusts			
*	Funds – Short-Term Investment	COLTV SHORT-TERM INVNT FD	\$ 1,800,005	1,800,005
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVNT TR US LONG GOVERNMENT BOND INDEX FD	1,696,734	1,323,699
	Funds – Short-Term Investment	MFO AON INTERMEDIATE CREDIT FUND	9,796,919	10,530,382
	Funds – Short-Term Investment	MFO AON LONG CREDIT BOND FUND	66,467,862	58,641,927
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVNT TR FORMERLY AON HEW LARGE CAP EQUITY INDEX FD	5,977,544	8,149,456
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVNT TR FORMERLY AON HEW NON US EQUITY INDEX	3,544,888	4,167,664
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVNT TR FORMERLY AON HEW SMALL CAP EQUITY INDEX FD	1,100,911	1,382,729
	Funds – Short-Term Investment	CF NISA ULTRA LONG TREASURY CIF - CLASS A	436,586	391,044
	Funds – Short-Term Investment	CF NISA ULTRA MID TREASURY CIF - CLASS A	2,453,556	2,266,463
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVNT TR US INTERMEDIATE GOVNT BD INDEX FD	6,000,000	6,232,142
	Total Common Collective Trusts		\$ 99,275,005	\$ 94,885,511

* Party-in-interest

This schedule is presented in compliance with DOL filing requirements.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER ID NUMBER: 71-1045290
PLAN NUMBER: 001
FOR THE YEAR ENDED FEBRUARY 28, 2025

(a) Identity of Issue	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain (Loss)
Series of transactions in excess of 5%: Northern Trust Company	MFO AON Collective INVT TR US Intermediate Govt BD Index FD Acquisitions (3)	\$ 6,500,000	\$ -	\$ 6,500,000	\$ 6,500,000	\$ -
Northern Trust Company	MFO AON Collective INVT TR US Intermediate Govt BD Index FD Dispositions (1)	-	500,000	500,000	500,000	-
Northern Trust Company	MFO AON Collective INVT TR US Long Government Bond Index FD Acquisitions (1)	500,000	-	500,000	500,000	-
Northern Trust Company	MFO AON Collective INVT TR US Long Government Bond Index FD Dispositions (4)	-	10,900,000	14,445,260	10,900,000	3,545,260
Northern Trust Company	MOF AON Intermediate Credit Fund Acquisitions (2)	4,000,000	-	4,000,000	4,000,000	-
Northern Trust Company	MOF AON Intermediate Credit Fund Dispositions (2)	-	3,250,000	3,184,132	3,250,000	(65,868)
Northern Trust Company	MOF AON Long Credit Bond Acquisitions (3)	3,875,000	-	3,875,000	3,875,000	-
Northern Trust Company	MOF AON Long Credit Bond Dispositions (5)	-	6,100,000	7,384,985	6,100,000	1,284,985
Northern Trust Company	NT Collective Short-Term Invt Fd Acquisitions (239)	5,967,462	-	5,967,462	5,967,462	-
Northern Trust Company	NT Collective Short-Term Invt Fd Dispositions (23)	-	5,787,229	5,787,229	5,787,229	-
Single Transaction in excess of 5%: Northern Trust Company	MFO AON Collective Invt TR US Long Government Bond Index FD	-	9,192,545	9,192,545	7,000,000	2,192,545

Columns (e) and (f) have not been presented as this information is not applicable.

This schedule is presented in compliance with DOL filing requirements.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
 Houston Hospitals, Inc. Retirement Plan
 EIN: 71-1045290 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of March 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		9	1							
40-44		29	19	1						
45-49		16	22	7						
50-54		23	23	10	7	2				
55-59		14	16	3	7	5	4	5		
60-64		2		2	3	5	2	4		
65-69		1	1		3	2		1		
70+										

N-249

Note: Benefits for participants born after January 1, 1966 are no longer pay related. As such, average compensation information is not included for them.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of November 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of November 2023), without regard to interest rate stabilization.
1st Segment Rate	4.02%
2nd Segment Rate	4.73%
3rd Segment Rate	4.75%
Salary Increases	
Minimum Funding Target Normal Cost	2.00%
Maximum Tax Expected Benefit Increase	2.00%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2.
Disability Rates	None
Decrement Timing	Beginning of year decrements.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

3.80%, limited to 5.92%.

2023 Plan Year

5.70%, limited to 5.74%.

2024 Plan Year

5.70%, limited to 5.59%.

Trust Expenses Included in Target Normal Cost

The prior year's non-investment related expenses less PBGC premiums plus current year expected PBGC premiums are included in the target normal cost.

Actuarial Method

Standard unit credit cost method

Valuation Date

March 1, 2024

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
 Houston Hospitals, Inc. Retirement Plan
 EIN: 71-1045290 PN: 001

Table 1

Retirement Rates

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	20.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	12.50%
16	0.00%	46	12.50%
17	0.00%	47	12.50%
18	0.00%	48	12.50%
19	0.00%	49	12.50%
20	20.00%	50	10.00%
21	20.00%	51	10.00%
22	20.00%	52	10.00%
23	20.00%	53	10.00%
24	20.00%	54	10.00%
25	30.00%	55	12.50%
26	30.00%	56	12.50%
27	30.00%	57	12.50%
28	30.00%	58	12.50%
29	30.00%	59	12.50%
30	20.00%	60	20.00%
31	20.00%	61	20.00%
32	20.00%	62	20.00%
33	20.00%	63	20.00%
34	20.00%	64	20.00%
35	17.50%	65+	0.00%
36	17.50%		
37	17.50%		
38	17.50%		
39	17.50%		
40	15.00%		
41	15.00%		
42	15.00%		
43	15.00%		
44	15.00%		

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan HOUSTON HOSPITALS, INC. RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HOUSTON HOSPITALS, INC. 1601 WATSON BOULEVARD WARNER ROBINS GA 31093</p>	<p>1c Effective date of plan 01/01/2009</p> <p>2b Employer Identification Number (EIN) 71-1045290</p> <p>2c Plan Sponsor's telephone number 478-975-5451</p> <p>2d Business code (see instructions) 622000</p>

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

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

SIGN HERE		12/15/2025	Ashley M Lee
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1,738
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	249
	6a(2)	240
	6b	627
	6c	740
	6d	1,607
	6e	114
	6f	1,721
	6g(1)	
	6g(2)	
	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER ID NUMBER: 71-1045290
PLAN NUMBER: 001
FOR THE YEAR ENDED FEBRUARY 28, 2025

(a) Identity of Issue	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain (Loss)
Series of transactions in excess of 5%:						
Northern Trust Company	MFO AON Collective INVT TR US Intermediate Govt BD Index FD Acquisitions (3)	\$ 6,500,000	\$ -	\$ 6,500,000	\$ 6,500,000	\$ -
Northern Trust Company	MFO AON Collective INVT TR US Intermediate Govt BD Index FD Dispositions (1)	-	500,000	500,000	500,000	-
Northern Trust Company	MFO AON Collective INVT TR US Long Government Bond Index FD Acquisitions (1)	500,000	-	500,000	500,000	-
Northern Trust Company	MFO AON Collective INVT TR US Long Government Bond Index FD Dispositions (4)	-	10,900,000	14,445,260	10,900,000	3,545,260
Northern Trust Company	MOF AON Intermediate Credit Fund Acquisitions (2)	4,000,000	-	4,000,000	4,000,000	-
Northern Trust Company	MOF AON Intermediate Credit Fund Dispositions (2)	-	3,250,000	3,184,132	3,250,000	(65,868)
Northern Trust Company	MOF AON Long Credit Bond Acquisitions (3)	3,875,000	-	3,875,000	3,875,000	-
Northern Trust Company	MOF AON Long Credit Bond Dispositions (5)	-	6,100,000	7,384,985	6,100,000	1,284,985
Northern Trust Company	NT Collective Short-Term Invt Fd Acquisitions (239)	5,967,462	-	5,967,462	5,967,462	-
Northern Trust Company	NT Collective Short-Term Invt Fd Dispositions (23)	-	5,787,229	5,787,229	5,787,229	-
Single Transaction in excess of 5%:						
Northern Trust Company	MFO AON Collective Invt TR US Long Government Bond Index FD	-	9,192,545	9,192,545	7,000,000	2,192,545

Columns (e) and (f) have not been presented as this information is not applicable.

This schedule is presented in compliance with DOL filing requirements.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

A Name of plan HOUSTON HOSPITALS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOUSTON HOSPITALS, INC.	D Employer Identification Number (EIN) 71-1045290	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>03</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	93,998,846
	b Actuarial value	2b	103,179,603
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	675	64,269,779
	b For terminated vested participants	814	20,775,234
	c For active participants	249	9,340,736
	d Total	1,738	94,385,749
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.11%
6	Target normal cost		
	a Present value of current plan year accruals	6a	244,058
	b Expected plan-related expenses	6b	232,919
	c Target normal cost	6c	476,977

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

SIGN HERE	Benjamin Law <i>B.L.</i> Signature of actuary Benjamin M. Law, ASA, EA, MAAA Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17838 P.O. Box 551343 ATLANTA GA 30355 Address of the firm	November 21, 2025 Date 2308232 Most recent enrollment number 770-690-7138 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	476,977	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	18,869,843	1,868,353	
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	2,345,330	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,345,330	2,345,330
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	10.00%	0.8100	4.62
58	10.00%	0.7290	4.23
59	10.00%	0.6561	3.87
60	10.00%	0.5905	3.54
61	15.00%	0.5314	4.86
62	15.00%	0.4517	4.20
63	20.00%	0.3840	4.84
64	25.00%	0.3072	4.91
65	50.00%	0.2304	7.49
66	50.00%	0.1152	3.80
67	50.00%	0.0576	1.93
68	30.00%	0.0288	0.59
69	30.00%	0.0202	0.42
70	100.00%	0.0141	0.99
		Weighted Average	60.83

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
 Houston Hospitals, Inc. Retirement Plan
 EIN: 71-1045290 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of March 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		9	1							
40-44		29	19	1						
45-49		16	22	7						
50-54		23	23	10	7	2				
55-59		14	16	3	7	5	4	5		
60-64		2		2	3	5	2	4		
65-69		1	1		3	2		1		
70+										

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Note: Benefits for participants born after January 1, 1966 are no longer pay related. As such, average compensation information is not included for them.

Schedule SB Attachment (Form 5500) – March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

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	84,320	559,509	5,782,795	6,426,624
2025	178,583	713,224	5,687,402	6,579,209
2026	267,595	837,864	5,567,972	6,673,431
2027	342,624	1,043,543	5,444,089	6,830,256
2028	411,473	1,143,386	5,313,475	6,868,334
2029	477,614	1,220,572	5,174,760	6,872,946
2030	537,516	1,271,143	5,024,687	6,833,346
2031	589,030	1,310,874	4,868,866	6,768,770
2032	628,544	1,365,431	4,705,390	6,699,365
2033	660,737	1,408,161	4,533,589	6,602,487
2034	697,945	1,458,409	4,353,667	6,510,021
2035	723,792	1,505,261	4,169,070	6,398,123
2036	748,024	1,528,214	3,977,786	6,254,024
2037	757,916	1,555,952	3,780,409	6,094,277
2038	763,568	1,562,385	3,577,681	5,903,634
2039	777,991	1,549,084	3,370,462	5,697,537
2040	775,656	1,553,565	3,159,739	5,488,960
2041	780,511	1,543,436	2,946,645	5,270,592
2042	779,729	1,535,572	2,732,500	5,047,801
2043	775,994	1,520,420	2,518,770	4,815,184
2044	768,990	1,511,789	2,307,038	4,587,817
2045	754,900	1,474,338	2,098,972	4,328,210
2046	742,180	1,451,628	1,896,274	4,090,082
2047	726,460	1,412,461	1,700,665	3,839,586
2048	700,193	1,362,194	1,513,800	3,576,187
2049	671,704	1,304,069	1,337,187	3,312,960
2050	642,344	1,241,510	1,172,119	3,055,973
2051	611,680	1,177,752	1,019,588	2,809,020
2052	579,076	1,111,060	880,282	2,570,418
2053	545,583	1,043,404	754,575	2,343,562
2054	511,405	975,291	642,507	2,129,203
2055	476,811	907,299	543,790	1,927,900
2056	442,156	840,042	457,874	1,740,072
2057	407,775	774,105	383,984	1,565,864
2058	373,988	710,033	321,159	1,405,180
2059	341,095	648,301	268,324	1,257,720
2060	309,372	589,302	224,322	1,122,996
2061	279,060	533,342	187,979	1,000,381
2062	250,358	480,638	158,158	889,154
2063	223,419	431,333	133,795	788,547
2064	198,336	385,497	113,934	697,767
2065	175,164	343,133	97,737	616,034
2066	153,908	304,179	84,481	542,568
2067	134,537	268,520	73,561	476,618
2068	116,985	236,003	64,480	417,468

Schedule SB Attachment (Form 5500) – March 1, 2024 Plan Year
 Houston Hospitals, Inc. Retirement Plan
 EIN: 71-1045290 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	101,160	206,446	56,837	364,443
2070	86,962	179,658	50,312	316,932
2071	74,278	155,452	44,651	274,381
2072	63,000	133,651	39,667	236,318
2073	53,023	114,093	35,227	202,343

Schedule SB Attachment (Form 5500) – March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 10,465,643	March 1, 2021	12	\$ 1,116,529
Shortfall	\$ (4,207,943)	March 1, 2022	13	\$ (423,396)
Shortfall	\$ 6,221,477	March 1, 2023	14	\$ 593,795
Shortfall	\$ 6,390,666	March 1, 2024	15	\$ 581,425

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of November 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of November 2023), without regard to interest rate stabilization.
1st Segment Rate	4.02%
2nd Segment Rate	4.73%
3rd Segment Rate	4.75%
Salary Increases	
Minimum Funding Target Normal Cost	2.00%
Maximum Tax Expected Benefit Increase	2.00%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 2.
Disability Rates	None
Decrement Timing	Beginning of year decrements.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

3.80%, limited to 5.92%.

2023 Plan Year

5.70%, limited to 5.74%.

2024 Plan Year

5.70%, limited to 5.59%.

Trust Expenses Included in Target Normal Cost

The prior year's non-investment related expenses less PBGC premiums plus current year expected PBGC premiums are included in the target normal cost.

Actuarial Method

Standard unit credit cost method

Valuation Date

March 1, 2024

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
 Houston Hospitals, Inc. Retirement Plan
 EIN: 71-1045290 PN: 001

Table 1

Retirement Rates

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	20.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	12.50%
16	0.00%	46	12.50%
17	0.00%	47	12.50%
18	0.00%	48	12.50%
19	0.00%	49	12.50%
20	20.00%	50	10.00%
21	20.00%	51	10.00%
22	20.00%	52	10.00%
23	20.00%	53	10.00%
24	20.00%	54	10.00%
25	30.00%	55	12.50%
26	30.00%	56	12.50%
27	30.00%	57	12.50%
28	30.00%	58	12.50%
29	30.00%	59	12.50%
30	20.00%	60	20.00%
31	20.00%	61	20.00%
32	20.00%	62	20.00%
33	20.00%	63	20.00%
34	20.00%	64	20.00%
35	17.50%	65+	0.00%
36	17.50%		
37	17.50%		
38	17.50%		
39	17.50%		
40	15.00%		
41	15.00%		
42	15.00%		
43	15.00%		
44	15.00%		

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	July 1, 1980.
Plan Year	The plan year is the 12 month period from March 1 through February 28.
Eligibility	Full time employees are included in the plan on the first day of the month following the attainment of age 21 and the completion of one year of service. No participant hired or rehired on or after May 1, 2009 shall be eligible to participate and accrue a benefit in the plan.
Vesting Service	Vesting service will be granted for each year a participant is employed. Fractional years of service will be determined using months, counting each month in which an employee works 15 days.
Benefit Service	Benefit service will be granted for each year a participant is employed in a pension eligible position. Fractional years of service will be determined using months, counting each month in which an employee works 15 days in a pension eligible position.
Final Average Earnings	Average annual earnings for the highest five consecutive complete calendar years in the last 10 years.
Accrued Benefit	One percent (1%) of final average earnings up to covered compensation, plus 1.55% of average monthly compensation in excess of covered compensation, times benefit service up to 30 years. The benefits for participants under age 45 as of January 1, 2011 were frozen as of December 31, 2010.
Vesting	Participants are 100% vested after five years of vesting service.
Normal Retirement Date	Normal retirement date is the first of the month coincident with or next following the attainment of age 65.
Normal Retirement Benefit	Accrued benefit as of normal retirement.
Early Retirement Benefit	Upon the completion of 10 years of benefit service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the normal retirement benefit earned to the date of early retirement reduced by 1/15 for each year between age 60 and age 65 by which early retirement precedes age 65 and reduced by 1/30 for each year by which early retirement precedes age 60.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Delayed Retirement Benefit

A participant may continue in employment beyond their normal retirement date. The benefit is their accrued benefit as of delayed retirement.

Preretirement Death Benefit

A participant who dies prior to commencement of benefits with five years of vesting service is eligible for a preretirement death benefit. The benefit is the actuarial equivalent of participant's vested accrued benefit, but no less than REA preretirement survivor annuity if married.

Severance Benefit

Upon the termination of employment after five or more years of vesting service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date.

Normal Form of Payment

The normal form of payment to an unmarried participant is a life annuity.

The normal form of payment to a married participant is a joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime. The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with $\frac{3}{4}$ of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

- (5) A benefit payable during the participant's lifetime with no continuation to the spouse.

During 2023, active participants who were hired prior to May 1, 2009 and remained continuously employed from that date through November 18, 2023, attained age 45 prior to January 1, 2011, and are still accruing benefits as of November 18, 2023 were provided with a temporary window during which they could elect to retire and receive their pension benefit as a single lump sum payment.

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on the applicable mortality table under Code section 417(e), and a 7% interest rate.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change since the prior year:

During 2023, active participants who were hired prior to May 1, 2009 and remained continuously employed from that date through November 18, 2023, attained age 45 prior to January 1, 2011, and are still accruing benefits as of November 18, 2023 were provided with a temporary window during which they could elect to retire and receive their pension benefit as a single lump sum payment.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Due to the transfer of responsibilities within Aon Consulting, Inc., the Enrolled Actuary has changed from Katie L. Black to Benjamin M. Law.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	10.00%	0.8100	4.62
58	10.00%	0.7290	4.23
59	10.00%	0.6561	3.87
60	10.00%	0.5905	3.54
61	15.00%	0.5314	4.86
62	15.00%	0.4517	4.20
63	20.00%	0.3840	4.84
64	25.00%	0.3072	4.91
65	50.00%	0.2304	7.49
66	50.00%	0.1152	3.80
67	50.00%	0.0576	1.93
68	30.00%	0.0288	0.59
69	30.00%	0.0202	0.42
70	100.00%	0.0141	0.99
		Weighted Average	60.83

Schedule SB Attachment (Form 5500) – March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

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	84,320	559,509	5,782,795	6,426,624
2025	178,583	713,224	5,687,402	6,579,209
2026	267,595	837,864	5,567,972	6,673,431
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2030	537,516	1,271,143	5,024,687	6,833,346
2031	589,030	1,310,874	4,868,866	6,768,770
2032	628,544	1,365,431	4,705,390	6,699,365
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2034	697,945	1,458,409	4,353,667	6,510,021
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Schedule SB Attachment (Form 5500) – March 1, 2024 Plan Year
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Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

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Final Average Earnings	Average annual earnings for the highest five consecutive complete calendar years in the last 10 years.
Accrued Benefit	One percent (1%) of final average earnings up to covered compensation, plus 1.55% of average monthly compensation in excess of covered compensation, times benefit service up to 30 years. The benefits for participants under age 45 as of January 1, 2011 were frozen as of December 31, 2010.
Vesting	Participants are 100% vested after five years of vesting service.
Normal Retirement Date	Normal retirement date is the first of the month coincident with or next following the attainment of age 65.
Normal Retirement Benefit	Accrued benefit as of normal retirement.
Early Retirement Benefit	Upon the completion of 10 years of benefit service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the normal retirement benefit earned to the date of early retirement reduced by 1/15 for each year between age 60 and age 65 by which early retirement precedes age 65 and reduced by 1/30 for each year by which early retirement precedes age 60.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
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- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.

Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

- (5) A benefit payable during the participant's lifetime with no continuation to the spouse.

During 2023, active participants who were hired prior to May 1, 2009 and remained continuously employed from that date through November 18, 2023, attained age 45 prior to January 1, 2011, and are still accruing benefits as of November 18, 2023 were provided with a temporary window during which they could elect to retire and receive their pension benefit as a single lump sum payment.

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on the applicable mortality table under Code section 417(e), and a 7% interest rate.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

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Schedule SB Attachment (Form 5500) — March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

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Due to the transfer of responsibilities within Aon Consulting, Inc., the Enrolled Actuary has changed from Katie L. Black to Benjamin M. Law.

HOUSTON HOSPITALS, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER ID NUMBER: 71-1045290
PLAN NUMBER: 001
FEBRUARY 28, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Collective Trusts			
*	Funds – Short-Term Investment	COLTV SHORT-TERM INVT FD	\$ 1,800,005	\$ 1,800,005
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVT TR US LONG GOVERNMENT BOND INDEX FD	1,696,734	1,323,699
	Funds – Short-Term Investment	MFO AON INTERMEDIATE CREDIT FUND	9,796,919	10,530,382
	Funds – Short-Term Investment	MFO AON LONG CREDIT BOND FUND	66,467,862	58,641,927
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVT TR FORMERLY AON HEW LARGE CAP EQUITY INDEX FD	5,977,544	8,149,456
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVT TR FORMERLY AON HEW NON US EQUITY INDEX	3,544,888	4,167,664
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVT TR FORMERLY AON HEW SMALL CAP EQUITY INDEX FD	1,100,911	1,382,729
	Funds – Short-Term Investment	CF NISA ULTRA LONG TREASURY CIF - CLASS A	436,586	391,044
	Funds – Short-Term Investment	CF NISA ULTRA MID TREASURY CIF - CLASS A	2,453,556	2,266,463
	Funds – Short-Term Investment	MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVT BD INDEX FD	6,000,000	6,232,142
	Total Common Collective Trusts		<u>\$ 99,275,005</u>	<u>\$ 94,885,511</u>

* Party-in-interest

This schedule is presented in compliance with DOL filing requirements.

Schedule SB Attachment (Form 5500) – March 1, 2024 Plan Year
Houston Hospitals, Inc. Retirement Plan
EIN: 71-1045290 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 10,465,643	March 1, 2021	12	\$ 1,116,529
Shortfall	\$ (4,207,943)	March 1, 2022	13	\$ (423,396)
Shortfall	\$ 6,221,477	March 1, 2023	14	\$ 593,795
Shortfall	\$ 6,390,666	March 1, 2024	15	\$ 581,425