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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1980

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)
TEXAS HOSPITAL ASSOCIATION

1108 LAVACA ST. SUITE 700
AUSTIN, TX 78701-2180

2b Employer Identification Number (EIN) 74-1362741

2c Plan Sponsor's telephone number 512-465-1000

2d Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	LEA ANNE PORTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	DAVID NEIGER
	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 ☐ Same as Plan Sponsor

THA

1108 LAVACA, SUITE 700
AUSTIN, TX 78701-2180

3b Administrator's EIN: 74-2546566

3c Administrator's telephone number: 512-465-1017

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**	78
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	**6a(1)**	19
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	16
b	Retired or separated participants receiving benefits	**6b**	53
c	Other retired or separated participants entitled to future benefits	**6c**	2
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	71
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	78
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1A 1D 3D 1C

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TEXAS HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
74-1362741

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	10613008
b Actuarial value	**2b**	10462575

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	57	6653521	6653521
b For terminated vested participants	2	66657	66657
c For active participants	19	329046	329046
d Total	78	7049224	7049224

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**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	107344
b Expected plan-related expenses	**6b**	125653
c Target normal cost	**6c**	232997

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 — Date: 07/07/2026

MICHAEL J. MUTH, F.S.A. — Type or print name of actuary

26-03727 — Most recent enrollment number

RUDD AND WISDOM, INC. — Firm name

512-346-1590 — Telephone number (including area code)

9500 ARBORETUM BLVD., SUITE 200
AUSTIN, TX 78759

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3839311
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3839311
10	Interest on line 9 using prior year's actual return of 2.42 %	0	92911
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4176
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 4.95 %		207
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		4383
d	Portion of (c) to be added to prefunding balance		4383
12	Other reductions in balances due to elections or deemed elections	0	756251
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3180354

Part III Funding Percentages

14	Funding target attainment percentage	14	103.30 %
15	Adjusted funding target attainment percentage	15	148.42 %
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	105.30 %
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
08/15/2025	4420	0			
			Totals ► 18(b)	4420	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	4281

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	232997
b Excess assets, if applicable, but not greater than line 31a	**31b**	232997

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

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**	4281
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4281
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEXAS HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
74-1362741

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: THA RET TRUST FOR MEMBER HOSPITALS

b Name of sponsor of entity listed in (a): SUC.TRUSTEES THA RET.PLN.MEM.HOSPS

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)
74-2672021-001	M	10593705

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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 I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
74-1362741

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	(b) End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a	10613008	10591870
b	Total plan liabilities	1b		
c	Net plan assets (subtract line 1b from line 1a)	1c	10613008	10591870
2	**Income, Expenses, and Transfers for this Plan Year:**		(a) Amount	(b) Total
a	Contributions received or receivable:			
	(1) Employers	2a(1)	4420	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
c	Other income	2c	835293	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		839713
e	Benefits paid (including direct rollovers)	2e	860851	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		860851
k	Net income (loss) (subtract line 2j from line 2d)	2k		-21138
l	Transfers to (from) the plan (see instructions)	2l		

3 **Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
a	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
c	Real estate (other than employer real property)	3c		X	
d	Employer securities	3d		X	
e	Participant loans	3e		X	
f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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	4n			

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 579020.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
74-1362741

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-1561860

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705195A .

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	74-1362741	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	74-1362741	**PN**	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	1			2		
50 to 54				5		
55 to 59				1		
60 to 64				3		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	2			1		
60 to 64	2					
65 to 69						
70 & Up				1		

Name of Plan	TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	74-1362741	**PN**	002

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64				1		
65 to 69						
70 & Up						

Texas Hospital Association
Defined Benefit Retirement Plan
EIN 74-1362741 PN: 002

2025 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods

1. Actuarial Funding Method

The Accrued Benefit actuarial funding method is used in developing the contribution requirements of the plan. The actuarial funding method is the procedure by which the actuary annually identifies a series of annual contributions which, along with current assets and future investment earnings, will fund the expected plan benefits. The normal cost for the plan is the sum of the individually determined normal cost for each active participant. Each active participant's normal cost is determined as the present value of benefits that the participant is expected to accrue during the year of valuation.

The plan's current accrued liability is the sum of the individually determined accrued liability for each active participant plus the present value of future benefits for all retirees and vested terminated participants. Each active participant's accrued liability is the present value of all benefits which have accrued as of the valuation date.

The unfunded accrued liability is the amount by which the accrued liability exceeds the current plan assets. The unfunded accrued liability is recalculated each time a valuation is performed and is amortized in level dollar annual contributions in accordance with IRS guidelines.

2. Plan Value of Assets

Assets are valued at the average fair market value as reported by the trustee as of the valuation date, including the present value[1] of any receivable contributions made for a prior plan year which were not recognized by the trustee as of the asset valuation date, and the adjusted fair market value of assets determined for the two preceding valuation dates. The adjusted fair market value of assets for a prior valuation date is the fair market value of assets on that date, increased for contributions included in the plan's asset balance on the current valuation date that were not included in the plan's asset balance on the prior valuation date increased by assumed investment return at a rate[2,3] of 3.7%, and reduced for benefits and administrative expenses paid from plan assets during the same period. The average shall be adjusted as to not be in excess of 110% of market value nor to be less than 90% of market value.

1 Present value is determined using the effective interest rate for the preceding plan year.
2 WRERA precludes this rate from exceeding the 3rd segment rate. IRS Notice 2009-22 provides guidance on the determination of the 3rd segment rate due to (i) use of yield curve in lieu of segment rates and (ii) PPA transition issues.
3 This rate is an actuarial assumption and is not part of the actuarial funding method per Treasury Regulation 1.430(d)-1(f)(1)(iv).

Actuarial Assumptions

1. Mortality: The active and retired participants of the plan are expected to exhibit mortality in accordance with the following published mortality tables:

   Optional Combined Static Tables for small plans under Regulation 1.430(h)(3)-1 in effect for 2025 plan years

   No additional future mortality improvement has been assumed other than that used to develop the IRS prescribed mortality table identified above.

   Rationale: This assumption reflects the Society of Actuaries' most recent study (and updates thereto) on mortality which reflects current trends in mortality and expected mortality improvements.

2. Withdrawal: The active participants are assumed to terminate their employment for causes other than death, disability or retirement in accordance with annual rates as illustrated below.

Attained Age	Terminations per 1,000 Participants
20	200
25	163
30	128
40	78
50	42
55 and above	0

3. Interest Rates:

	For purposes of:	
	Minimum Required Contribution under IRC §430 and IRC §436 reflecting Pension Funding Stabilization	Maximum Tax Deductible Contribution under IRC §404
1st Segment Rate	5.07%	5.07%
2nd Segment Rate	5.31%	5.33%
3rd Segment Rate	5.50%	5.36%

The segment rates used in this valuation are consistent with the plan sponsor's election to:

- use the segment rates under IRC Section 430(h)(2)(C) for purposes of determining the Funding Target and Target Normal Cost; and
- use September as the applicable month for the segment rates.

4. Earnings Progression: The increase in the levels of participant compensation is assumed to occur at an annual rate of 3.00% for 2025 and 5.75% thereafter. Rationale: This assumption is based on the employer's expectation of wage increases for the next 12 months and the enrolled actuary's best expectations for future plan experience thereafter. The experience study was completed in May 2023.

5. Retirement Age: A participant is assumed to retire in accordance with the annual rates as illustrated below:

Attained Age	Retirements per 1,000 Participants
55-58	20
59-61	30
62	200
63-64	100
65-69	400
70+	1,000

Rationale: Due to the limited availability of observable data, standard retirement rates used for smaller retirement plans were utilized. The actuary has observed a noticeable pattern of delayed retirements in the actual plan population.

6. Wage Base Increases: 2.50% per year.

7. Disability: Active participants are expected to become disabled as defined under the plan in accordance with annual rates as illustrated below:

Attained Age	Disabilities per 1,000 Participants
20	0.59
25	0.74
30	0.98
40	1.89
50	4.90
60	11.96

Rationale: Rates are based on the published table.

8. Expenses: Target Normal Cost is required to be loaded with plan-related expenses expected to be paid from plan assets during the year.

For a plan year, the plan-related expense load is determined as the sum of (a), (b) and (c) where:

(a) actual plan-related expenses paid from the trust during the prior plan year

(b) equals (i) - (ii) where:

(i) actual investment management fees paid from the trust during the last plan year multiplied by the ratio of the trust's market value as of the beginning of the current plan year to the trust's market value as of the beginning of the prior plan year.

(ii) actual investment management fees paid from the trust during the prior plan year.

(c) equals (i) - (ii) where:

(i) the PBGC premium paid or to be paid from the trust for the current plan year (whether or not it is paid during the current plan year)

(ii) the PBGC premium paid from the trust during the prior plan year.

9. Recognition of IRC Sections 401(a)(17) and 415(b) Limitations: The limitations under IRC Sections 401(a)(17) and 415(b) have been reflected in the determination of plan costs.

10. Conversion of 401(k) Plan Balance to monthly amounts: Underlying corporate bond yield curve used for determination of funding target and target normal cost and "Applicable Mortality Table" as described in IRC § 417(e)(3).

.

11. 401(k) Plan Balance: The 401(k) Plan Balance as of December 31, 2007 used in determining benefits under the Defined Benefit Plan for valuation purposes is equal to the actual 401(k) Plan Balance multiplied by a ratio, the numerator of which is the actuarial value of assets and the denominator of which is the market value of assets. For participants over age 60, the ratio is phased out over 5 years, such that for a participant age 65 or over, the actual 401(k) Plan Balance is used in determining plan benefits.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1980

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)

Texas Hospital Association

1108 Lavaca St. Suite 700

Austin TX 78701-2180

2b Employer Identification Number (EIN) 74-1362741

2c Plan Sponsor's telephone number 512-465-1000

2d Business code (see instructions) 813000

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	Lea Anne Porter **Signature of plan administrator**	10/13/2026 Date	LEA ANNE PORTER Enter name of individual signing as plan administrator
SIGN HERE	David Neiger **Signature of employer/plan sponsor**	14 OCT 26 Date	DAVID NEIGER Enter name of individual signing as employer or plan sponsor
SIGN HERE	 **Signature of DFE**	 Date	 Enter name of individual signing as DFE

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
TEXAS HOSPITAL ASSOCIATION DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Texas Hospital Association

D Employer Identification Number (EIN)
74-1362741

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	10,613,008
b Actuarial value	**2b**	10,462,575

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	57	6,653,521	6,653,521
b For terminated vested participants	2	66,657	66,657
c For active participants	19	329,046	329,046
d Total	78	7,049,224	7,049,224

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**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	107,344
b Expected plan-related expenses	**6b**	125,653
c Target normal cost	**6c**	232,997

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 Michael J. Muth, F.S.A. — Signature of actuary

July 7, 2026 — Date

MICHAEL J. MUTH, F.S.A. — Type or print name of actuary

2603727 — Most recent enrollment number

RUDD AND WISDOM, INC. — Firm name

512-346-1590 — Telephone number (including area code)

9500 ARBORETUM BLVD., SUITE 200

AUSTIN TX 78759 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,839,311
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3,839,311
10	Interest on line 9 using prior year's actual return of 2.42%	0	92,911
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,176
	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 4.95%		207
	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		4,383
	d Portion of (c) to be added to prefunding balance		4,383
12	Other reductions in balances due to elections or deemed elections	0	756,251
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,180,354

Part III Funding Percentages

14	Funding target attainment percentage	14	103.30%
15	Adjusted funding target attainment percentage	15	148.42%
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	105.30%
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
08/15/2025	4,420	0			
			Totals ▶ 18(b)	4,420	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	4,281

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	232,997
b Excess assets, if applicable, but not greater than line 31a	**31b**	232,997

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

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**	4,281

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

a Total (excess, if any, of line 37 over line 36)	**38a**	4,281
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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2025 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	lx	rx	dx	lx+1	age*dx
55	1,000.00	0.02	20.00	980.00	1,100.00
56	980.00	0.02	19.60	960.40	1,097.60
57	960.40	0.02	19.21	941.19	1,094.97
58	941.19	0.02	18.82	922.37	1,091.56
59	922.37	0.03	27.67	894.70	1,632.53
60	894.70	0.03	26.84	867.86	1,610.40
61	867.86	0.03	26.04	841.82	1,588.44
62	841.82	0.20	168.36	673.46	10,438.32
63	673.46	0.10	67.35	606.11	4,243.05
64	606.11	0.10	60.61	545.50	3,879.04
65	545.50	0.40	218.20	327.30	14,183.00
66	327.30	0.40	130.92	196.38	8,640.72
67	196.38	0.40	78.55	117.83	5,262.85
68	117.83	0.40	47.13	70.70	3,204.84
69	70.70	0.40	28.28	42.42	1,951.32
70	42.42	1.00	42.42	0.00	2,969.40
SUM			1,000.00		**63,988.04**

AVERAGE AGE @ RETIREMENT (SUM/1,000.00 LIVES) **63.98804**

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2025 Schedule SB, Part V – Summary of Plan Provisions

A. Identifying Data	
Plan Name:	The Texas Hospital Association Defined Benefit Retirement Plan
Type of Plan:	Defined benefit
Plan Sponsor:	Texas Hospital Association
Plan Year:	January 1 – December 1
Employer Identification Number /Plan Number:	74-1362741/002
B. Participation	
Minimum Age:	None
Maximum Age at Hire:	None
Service:	90 days of eligibility service
Employee Classification:	No employee may enter the Plan after December 31, 2007
Entry Date:	Each January 1, April 1, July 1, or October 1 after eligible
Rule of 68 Participant:	A participant is a Rule of 68 Participant only if he or she meets all of the following requirements: i. The participant was employed by the employer on September 1, 2007; ii. The participant is actively employed by the employer on January 1, 2008; and iii. The sum of the participant's age (determined as of December 31, 2007 in completed years and months) and years of benefit accrual service (determined as of December 31, 2007), equals or exceeds 68.
C. Contributions	
Participant:	None required
Employer:	Balance necessary to adequately finance plan benefits.
D. Eligibility for Retirement	
Normal Retirement:	Age 65
Early Retirement:	Age 55 and 5th anniversary of plan participation
Disability Retirement:	As determined by the Plan Administrator, the inability, by reason of physical or mental impairment, to engage in any substantially gainful activity (considering age, education and work experience) for an indefinite period expected to be of long and continuing duration.
E. Cash Balance Account	
Contribution Credits:	5% of Participant Compensation, where the first contribution credit will be credited on December 31, 2023
Interest Credits:	4% per year on the beginning of year account balance
Opening Hypothetical Balance:	All participants begin with a $0 (zero) hypothetical balance as of January 1, 2023.
F. Retirement Benefit Monthly Amount	
Normal Retirement for Rule of 68 Participants:	The monthly pension is (i) less the sum of (ii) and (iii), but not less than zero, plus (iv) as follows: i. 3.00% of Average Monthly Compensation multiplied by years of benefit service not in excess of twenty (20) years. No compensation or service earned after December 31, 2022 will be recognized. ii. 0.65% of Final Average Monthly Compensation which is not in excess of the Integration Level multiplied by years of benefit service not to exceed thirty- five (35) years. No compensation or service earned after December 31, 2022 will be recognized. iii. The Offset Normal Retirement Benefit. iv. Effective January 1, 2023, the actuarial equivalent of Cash Balance Account.

	The Offset Normal Retirement Benefit is a monthly benefit that is Actuarially Equivalent*, as defined in the Plan, to the sum of (v), (vi), (vii), (viii) and (ix) as follows: v. The portion of the 401(k) Plan account balance attributable to Required Employee Contributions and Employer Contributions made prior to January 1, 2002 under the Texas Hospital Association Money Purchase Pension Plan. vi. The portion of the 401(k) Plan account balance attributable to 5% Employer Contributions made prior to 2008. vii. The theoretical cumulative amount equal to employer contribution credits of 5% of a Participant's Compensation for each plan year beginning with 2008 credited with 8% interest per year. No employer credits will be credited after December 31, 2022. viii. A theoretical cumulative amount equal to employee contribution credits of 3% of a Participant's Compensation for each plan year beginning with 2002 credited with 8% interest per year. No employee credits will be credited after December 31, 2022. ix. Prior 401(k) Plan distributions, if any (other than distributions from Voluntary After-Tax accounts).
Normal Retirement for other than Rule of 68 Participants:	The monthly pension is (i) less the sum of (ii) and (iii), but not less than zero, plus (iv) as follows, but in no event less than a Participant's Minimum Frozen December 31, 2007 Accrued Benefit: i. 1.50% of Average Monthly Compensation multiplied by years of benefit service not in excess of fifteen (15) years. No compensation or service earned after December 31, 2022 will be recognized. ii. 0.65% of Final Average Monthly Compensation which is not in excess of the Integration Level multiplied by years of benefit service not to exceed fifteen (15) years. No compensation or service earned after December 31, 2022 will be recognized. iii. The New Offset Normal Retirement Benefit. iv. Effective January 1, 2023, the actuarial equivalent of Cash Balance Account. The New Offset Normal Retirement Benefit is a monthly benefit that is Actuarially Equivalent*, as defined in the Plan, to the sum of (v), (vi) and (vii) as follows: v. Amounts included in the Old Offset Normal Retirement Benefit, each determined as of December 31, 2007 and credited with 8% interest per year after 2007. vi. The theoretical cumulative amounts equal to 5% of a Participant's Compensation for each plan year beginning with 2008 credited with 8% interest per year. No employer credits will be credited after December 31, 2022. vii. 401(k) Plan distributions, if any, after December 31, 2007 (other than distributions from Voluntary After-Tax accounts). A Participant's Minimum Frozen December 31, 2007 Accrued Benefit is the accrued benefit earned by the Participant as of December 31, 2007 under the formula in effect on that date considering only compensation and service earned on or before December 31, 2007.
Late Retirement:	Greater of (i) the amount determined by using the same formula as for normal retirement, but reflecting service and compensation performed after Normal Retirement Age or (ii) the monthly amount actuarially equivalent to normal retirement benefit as determined at normal retirement age.
Early Retirement:	Amount equal to monthly normal retirement benefit accrued at early retirement date reduced 1/180th for each month early retirement precedes normal retirement up to 60 months and reduced 1/360th for each additional such month.
Disability:	Amount equal to the accrued benefit reduced actuarially to reflect commencement date.

* Actuarial Equivalence with respect to periods after the 401(k) Plan is converted to the Participant Directed Retirement Plan (PDRP) will be based on the assumption that amounts contributed to the 401(k) plan after January 1, 2008 and the relevant account balances as of December 31, 2007 would earn investment return at a defined rate equal to 8% per year.

G. Normal Form of Monthly Payment

Life Only

H. Optional Forms of Payment

Other optional forms of payment actuarially equivalent to the Normal Form of monthly payment for non-married participants are available, subject to applicable spousal consent requirements. Optional forms of payment include:

Certain only with monthly payments equal to a multiple of 12 for a minimum 60 monthly payments
Certain and life with monthly payments equal to a multiple of 60
Joint and 50% Contingent Annuitant
Joint and 75% Contingent Annuitant
Joint and 66⅔% Survivor Annuitant
Joint and 100% Survivor Annuitant
Five Year Certain Only

I. Vested Termination Benefits

Benefit: Entitlement to vested percentage of accrued normal retirement benefit.

Vesting Service: a. Effective January 1, 2023 for any participant who earns a principal credit

Years of Vesting Service	Vesting Percent
less than 3 years	0%
3 years or more	100%

b. Prior vesting schedule for any participant who terminated prior to January 1, 2023

Years of Vesting Service	Vesting Percent
less than 5 years	0%
5 years or more	100%

Accrued Normal Retirement: The monthly benefit that a participant has accrued before reaching normal retirement age payable in the normal form of payment beginning at normal retirement age; the amount of the accrued benefit is determined when a participant terminates his employment and is a fractional portion of the projected normal retirement benefit where the fractional portion is the ratio of the years of participation as of the date of termination to the number of such years at normal retirement age and the projected normal retirement benefit is calculated like the normal retirement benefit using years of service projected to the normal retirement age but using only compensation credited at date of termination.

J. Plan Provisions for Compliance with Benefit Restrictions under IRC §436

Limitations on Benefit Accruals: Benefit accruals are frozen if Plan's AFTAP falls below 60%, as required by PPA.

Benefit accruals are not restarted automatically when the Plan's AFTAP increases above 60%.
Benefit accruals that otherwise would have been earned when the Plan's AFTAP was below 60% are not restored automatically when the Plan's AFTAP increases sufficiently unless benefit accruals were discontinued for less than 12 months.

Shutdown or Other Unpredictable Contingent Event Benefits: IRC Section 436(b) does not apply because the plan does not and shall not provide any: (a) special benefits in the event the employer shuts down a business segment ("shutdown benefits") or (b) other unpredictable contingent event benefits.

Limitations on Prohibited Payments: The election of certain payment forms that include a prohibited payment are prohibited when the Plan's AFTAP falls below 60%. The Plan does not allow special optional payment forms in this situation.
The Plan restricts the availability of certain payment forms that include a prohibited payment when the Plan's AFTAP is between 60% and 80%. The Plan allows special optional payment forms in this situation.

Limitations on Plan Amendments Increasing Benefit Liabilities: The plan prevents certain Plan Amendments that would increase liabilities from taking effect if the Plan's AFTAP would be under 80% after the amendment unless additional funding is made in an amount equal to the lesser of: (i) the amount necessary to ensure the Plan's AFTAP is 80% after the amendment, or (ii) the amount of the increase in the Plan's Funding Target Liability due to the amendment (note that this option (ii) is not available if the Plan's AFTAP is presumed to be less than 60%).

K.	**Pre-retirement Death Benefits**	Payment of benefit which is actuarially equivalent to present value of accrued normal retirement benefit for participant having reached 21; form of payment and beneficiary selected are subject to applicable surviving spouse consent requirements.
L.	**Basis of Actuarial Equivalence**	i. Monthly benefits: 8.0% and UP 1984 Mortality Table (with a 3 year age setback for males and for females) ii. For converting 401(k) Plan (and former Money Purchase Plan) and theoretical account balances to single payment amounts: IRS issued segment rates and "applicable mortality table" as described in IRC § 417(e)(3) for determining single sum benefits in effect at the Annuity Starting Date
M.	**Integration Level**	Equal to the Covered Compensation of the participant; Covered Compensation is the average of the Maximum OASDI Taxable Wage Base in the 35-year period ending with the year of the participant's attainment of Social Security Normal Retirement Age.
N.	**Average Monthly Compensation**	Averaged over highest 5 consecutive calendar years in last 10 years. Annual compensation for benefit accruals after December 31, 1993 and before January 1, 2002 is limited to $150,000 for each year (as indexed periodically for cost of living). For years after December 31, 2001, annual compensation is limited to $200,000 each year (as indexed periodically for cost of living).
O.	**Final Average Monthly Compensation**	The average monthly compensation during the 3-consecutive year period ending with or within the plan year, but not to exceed the integration level. For this calculation, the compensation for a year may not exceed the taxable wage base for that year.
P.	**Service with APS**	For purposes of determining plan eligibility and position on the vesting schedule (but not for benefit determination) certain employees who were formerly employed by APS are granted vesting service credits for periods of employment with APS.

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2025 Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

Assumption	Prior Year	Current Year
Earnings Progression[1]	3.00% for 2024 and 5.75% thereafter	3.00% for 2025 and 5.75% thereafter
401(k) Balance Conversion	2024 Applicable IRC Section 417 Rates	2025 Applicable IRC Section 417 Rates

[1] These changes were made to reflect the employer's expectations of wage increases for the next 12 months and the enrolled actuary's best expectations of future plan experience.