

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) _____ ☐ 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 BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/2001
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) WILLIAM BEAUMONT HOSPITAL BEAUMONT HEALTH - BSC 433 BSC 433, HUMAN RESOURCES/RETIREMENT 26901 BEAUMONT BLVD, FLOOR 3C SOUTHFIELD, MI 48033
2b	Employer Identification Number (EIN) 38-1459362
2c	Plan Sponsor's telephone number 248-213-3300
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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	CELESTE MCINTYRE
	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 ☒ 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 48674
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) 33717 6a(2) 34160 6b 324 6c 15006 6d 49490 6e 92 6f 49582 6g(1) 39568 6g(2) 40404 6h 503
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:

2L 2M 2R 2S 2T 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) (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
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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 8
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	519121/711525	0	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST BALANCE CONTRACT**

b	Balance at the end of the previous year	7b	102668522
c	Additions: (1) Contributions deposited during the year	7c(1)	5001290
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	2308759
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	9690219
	▶ LOAN REPAYMENT P&I AND EXCHANGES		
	(6) Total additions	7c(6)	17000268
d	Total of balance and additions (add lines 7b and 7c(6))	7d	119668790
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18213038
	(2) Administration charge made by carrier	7e(2)	52125
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	13222681
	▶ LOAN WITHDRAWAL, EXCHANGES, FORFEITURE		
	(5) Total deductions	7e(5)	31487844
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	88180946

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362	

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

(a) Name of insurance carrier THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65678	746000678001	1043	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 106434	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LPL C-O LPL SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62214			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LINCOLN FINANCIAL ADVISORS 1330 S CLINTON ST FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44220			4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP VARIABLE ANNUITY WITH GUARANTEED FUND**

b	Balance at the end of the previous year	7b	28955150
c	Additions: (1) Contributions deposited during the year	7c(1)	35195
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	1041120
	(4) Transferred from separate account.....	7c(4)	543259
	(5) Other (specify below)	7c(5)	35304
	▶ ADJ / MISC / LOAN		
	(6) Total additions	7c(6)	1654878
d	Total of balance and additions (add lines 7b and 7c(6))	7d	30610028
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4515848
	(2) Administration charge made by carrier	7e(2)	5923
	(3) Transferred to separate account.....	7e(3)	8091
	(4) Other (specify below)	7e(4)	7930
	▶ MISC		
	(5) Total deductions	7e(5)	4537792
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	26072236

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF7170	157	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	1250

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CADARET GRANT & CO INC 100 MADISON ST STE 1400
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	933	CASH COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JUSTIN DIESBOURG 41000 WOODWARD AVE STE 350E
BLOOMFLD HLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	295	CASH COMMISSION	3

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

MEASEL WESLEY W

26262 LAMUERA DR
FARMINGTON HILLS, MI 48334

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	22	CASH COMMISSION	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	129452
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	4527
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	4527
d Total of balance and additions (add lines 7b and 7c(6))	7d	133979
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20048
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	20048
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	113931

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC0402	79	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2654	0

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

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

CHERI ROBINSON 41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2519			3

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

JUSTIN A DIESBOURG 41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
135			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 769052**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1062712**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 37387
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 5751

▶ TRANSFER/LOANS/ADJ

(6) Total additions **7c(6)** 43138**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1105850**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 334163(2) Administration charge made by carrier **7e(2)** 2635(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 336798**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 769052

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6120	55	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 674	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHERI ROBINSON 41000 WOODWARD AVE STE 350E
BLOOMFLD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
572			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JUSTIN DIESBOURG 41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
102			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	20582
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	568
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	568
d Total of balance and additions (add lines 7b and 7c(6))	7d	21150
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2238
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	2238
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	18912

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC4129	81	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1249	0

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

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

JUSTIN DIESBOURG 41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1065			3

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

CHERI ROBINSON 41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
163			3

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

TOBIAS CARDONE

2760 CENTENNIAL RD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4		
5	Current value of plan's interest under this contract in separate accounts at year end.....	5		
6	Contracts With Allocated Funds:			
a	State the basis of premium rates ▶			
b	Premiums paid to carrier	6b		
c	Premiums due but unpaid at the end of the year.....	6c		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶			
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐			
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)			
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶			
b	Balance at the end of the previous year	7b	502146	
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 18234 7c(4) 7c(5)	7c(6)	18234	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	520380	
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account..... (4) Other (specify below) ▶	7e(1) 108635 7e(2) 50 7e(3) 7e(4)	7e(5)	108685
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	411695	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	002
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
WILLIAM BEAUMONT HOSPITAL	38-1459362	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF5464	26	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
424	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JUSTIN DIESBOURG
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
312			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHERI ROBINSON
41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 63465**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 61621**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 1844
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1844**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 63465**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 63465

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	002
BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
WILLIAM BEAUMONT HOSPITAL	38-1459362	

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

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6124	1	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5	0

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

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

JUSTIN DIESBOURG 41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3			3

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

CHERI L ROBINSON 41000 WOODWARD AVE STE 350E
BLOOMFIELD HILLS, MI 48304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	7769
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	91
d Total of balance and additions (add lines 7b and 7c(6))	7d	7860
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	7860
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE PRUDENTIAL INSURANCE CO
22-1211670

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN FINANCIAL
35-1140070

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
13 26 37 64 65 71	RECORDKEEPER ADMIN/ADV	1569016	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FINANCIAL ENGINES

77-0473565

(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?
27 50	ADVISOR	1152528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STIFEL PEARL STREET

43-0538770

(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?
28 50	INV ADVISOR	118125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GEORGE JOHNSON & COMPANY

38-2029668

(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?
10 50	AUDITOR	29100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN FINANCIAL

35-1140070

(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?
13 50	CONTRACT ADMIN	13875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
FID INV INSTL OPS CO	60	0

(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.
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL	D Employer Identification Number (EIN) 38-1459362	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	68485	376685
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	28285505	26756213
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11083439	9902490
(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)	21097936	23318299
(9) Value of interest in common/collective trusts	1c(9)		
(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)	2041735301	2452843265
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	133407954	115630237
(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	2235678620	2628827189
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	2235678620	2628827189

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)	46590640	
(B) Participants	2a(1)(B)	145341806	
(C) Others (including rollovers)	2a(1)(C)	12264709	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		204197155
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	620532	
(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)	1164039	
(F) Other	2b(1)(F)	3068573	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4853144
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	54958345	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		54958345
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)	16842	
(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)		
(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)		321532807
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		585558293

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	189063125	
(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)		189063125
f Corrective distributions (see instructions)	2f		10650
g Certain deemed distributions of participant loans (see instructions)	2g		466708
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	19575	
(3) Recordkeeping fees.....	2i(3)	1044754	
(4) IQPA audit fees.....	2i(4)	29100	
(5) Investment advisory and investment management fees	2i(5)	1774597	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	1215	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2869241
j Total expenses. Add all expense amounts in column (b) and enter total	2j		192409724

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		393148569
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: **GEORGE JOHNSON & COMPANY**

(2) EIN: **38-2029668**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 _____.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BEAUMONT HEALTH 403(B) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM BEAUMONT HOSPITAL		D Employer Identification Number (EIN) 38-1459362
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): 04-6568107		
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
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
(With Supplementary Information)

December 31, 2023 and 2022



BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

October 7, 2024

To the Corewell Health Finance and Audit Committee
Corewell Health

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

We have performed audits of the financial statements of the Beaumont Health 403(b) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, as well as the related notes to the financial statements.

The Plan's 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

The Plan's management has obtained certifications from qualified institutions as of, and for the years ended, December 31, 2023 and 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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 ("U.S. GAAP").

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion (continued)

- The information in the accompanying financial statements related to assets held by, and certified to by, qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that the Plan's management determined meet 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 ("U.S. GAAS"). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of 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

The Plan's management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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 that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the "Scope and Nature of the ERISA Section 103(a)(3)(C) Audit" section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. *Reasonable assurance* is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with U.S. 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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.
- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.
- We 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. 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 U.S. GAAP.

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for the purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA (continued)

The information included in the supplemental schedule, 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 U.S. GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to, or derived from, the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

GJC CPAs & Advisors

Detroit, Michigan

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 and 2022

	2023	2022
Assets:		
Participant-directed investments (Notes B and C):		
Investments at fair value:		
Registered investment companies	\$ 2,358,468,438	\$ 1,962,969,092
BrokerageLink fund	94,329,670	78,659,045
Money market funds	45,157	107,164
Insurance company general accounts	115,630,237	133,407,954
Interest-bearing cash	9,902,490	11,083,439
Total Investments	2,578,375,992	2,186,226,694
Notes receivable from participants	23,318,299	21,097,936
Non-interest-bearing cash	376,685	68,485
Employer contributions receivable	26,756,213	28,285,505
Net Assets Available for Benefits	\$ 2,628,827,189	\$ 2,235,678,620

See notes to financial statements.

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions:		
Contributions:		
Participant contributions	\$ 145,341,806	\$ 145,965,112
Participant rollovers	12,264,709	14,874,027
Employer contributions	<u>46,590,640</u>	<u>46,800,962</u>
Total Contributions	204,197,155	207,640,101
Interest and dividend income	59,811,489	63,664,450
Net realized and unrealized appreciation in fair value of investments	<u>321,549,649</u>	<u>-0-</u>
Total Additions	<u>585,558,293</u>	<u>271,304,551</u>
Deductions:		
Net realized and unrealized depreciation in fair value of investments	-0-	474,166,231
Distributions to participants	189,540,483	202,291,326
Administrative expenses	<u>2,869,241</u>	<u>2,988,646</u>
Total Deductions	<u>192,409,724</u>	<u>679,446,203</u>
Change in Net Assets Available for Benefits	393,148,569	(408,141,652)
Net Assets Available for Benefits, Beginning of Year	<u>2,235,678,620</u>	<u>2,643,820,272</u>
Net Assets Available for Benefits, End of Year	<u>\$ 2,628,827,189</u>	<u>\$ 2,235,678,620</u>

See notes to financial statements.

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE A — DESCRIPTION OF THE PLAN

The following brief description of the Beaumont Health 403(b) Retirement Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information, including information regarding vesting and benefit provisions. Copies of this document are available from the Human Resources Department of Beaumont Health.

General

The Plan, which was adopted July 1, 2001 and restated January 1, 2017, is a defined contribution tax-sheltered annuity pension plan established under section 403(b) of the Internal Revenue Code (the “IRC”) to provide retirement benefits for all employees of Beaumont Health who have satisfied the Plan’s eligibility and entry date requirements. Corewell Health is the sole corporate member of Beaumont Health. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Fidelity Management Trust Company (“Fidelity”), Lincoln Financial Group (“Lincoln”), and Voya Life Insurance and Annuity Company (“Voya”) serve as the custodians and recordkeepers of the Plan. Beaumont Health serves as the Plan sponsor and the Plan administrator.

Eligibility

An employee of Beaumont Health is eligible to become a participant of the Plan upon hire.

Contributions

Each year, participants may contribute a percentage of “eligible compensation” (as defined in the Plan document) into the Plan after they have satisfied the Plan’s eligibility requirements. Participants may contribute up to a maximum of the lesser of 65 percent of eligible compensation or \$22,500 and \$20,500 per year in 2023 and 2022, respectively. In addition, Beaumont Health may make annual discretionary contributions to the Plan in an amount to be determined by Beaumont Health’s management.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, Beaumont Health’s contributions, and an allocation of Plan earnings. Allocations are based on each participant’s account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Participants who are employees of Beaumont Health have no vested interest in employer contributions until they have completed three years of service, at which time participants become 100 percent vested.

Participants are fully vested immediately with respect to participant contributions, rollovers, and the earnings thereon.

Distributions

Each participant's account is credited with an allocation of employer contributions, the participant's contributions, and the investment funds' earnings or losses, net of plan expenses. The distribution to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account. Distributions are allowed upon retirement, disability, death, termination of service, attaining age 59½, and meeting Internal Revenue Service (the "IRS") qualifications for hardship withdrawals. Early distributions (upon attaining age 59½) and hardship withdrawals are limited to the balance of the participant's voluntary contributions.

Investment Options

Upon enrollment in the Plan, participants may direct contributions in any of several investment options.

Notes Receivable from Participants

Participants may borrow from the Plan a minimum of \$1,000. The maximum amount which may be borrowed is 50 percent of their vested account balance, up to \$50,000. Loans are secured by the participant's account and incur an interest rate based on prevailing interest rates for similar loans. Repayment of any loan is made over a period of five years or less (10 years or less for loans used to acquire a participant's principal residence).

Forfeitures

Forfeitures are applied against future employer contributions and any administrative expenses of the Plan. As of December 31, 2023 and 2022, total forfeitures equal \$707,155 and \$699,374, respectively, which will be applied against future employer contributions or administrative expenses.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Investments

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price).

The Plan's investments are valued as follows:

- Shares of registered investment companies and units of the BrokerageLink fund and money market funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan as of the end of the year.
- Units of insurance company general accounts are valued at fair value; the underlying investments consist primarily of securities that are valued at quoted market prices.

Purchases and sales of investments are reflected on a trade-date basis. Gains and losses on sales of investments are based on average costs. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation include gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable from Participants

Notes receivable from participants are recorded at cost plus accrued interest. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant note receivable balance is reduced and a benefit payment is recorded. A valuation allowance for credit losses is not considered necessary as of December 31, 2023 or 2022.

Fair Value Measurements

The Plan uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (continued)

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

The various levels of the fair value hierarchy are described as follows:

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access
- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability
- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

Contributions

Participant contributions are recorded in the period that payroll deductions are made from participants. Employer contributions are recorded in the period to which they relate, as designated by Beaumont Health's management.

Payment of Distributions

Distributions to Plan participants are recorded when paid.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

All administrative expenses, professional fees, and costs and expenses incurred in connection with investment transactions and other assets used in the operation of the Plan are paid or accrued for by the Plan, with the exception of certain expenses paid by Beaumont Health.

Use of Estimates

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

Risks and Uncertainties

The Plan invests in various securities, including registered investment companies, money market funds, insurance company general accounts, and pooled separate accounts. Investment securities in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through October 7, 2024, the date that the accompanying financial statements were available to be issued.

NOTE C — INVESTMENTS AND FAIR VALUE

The following is a summary of information regarding the Plan, included in the Plan's financial statements, that was obtained or derived from information provided to the Plan administrator, and was certified as complete and accurate, by Fidelity, Lincoln, and Voya, the custodians. Information included in the supplemental schedule of assets (held at end of year) was also obtained from, and certified as complete and accurate by, Fidelity, Lincoln, and Voya.

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE C — INVESTMENTS AND FAIR VALUE (CONTINUED)

Assets certified by Fidelity, Lincoln, and Voya, as well as the Plan's fair value hierarchy for those assets that are measured at fair value on a recurring basis, as of December 31, 2023 and 2022 are summarized as follows:

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2023				
Certified Assets:				
Investments at fair value:				
Registered investment companies	\$ 2,358,468,438	\$ -0-	\$ -0-	\$ 2,358,468,438
BrokerageLink fund	94,329,670			94,329,670
Money market funds	45,157			45,157
Insurance company general accounts		115,630,237		115,630,237
Interest-bearing cash	9,902,490			9,902,490
Total Investments	\$ 2,462,745,755	\$ 115,630,237	\$ -0-	2,578,375,992
Notes receivable from participants				23,318,299
Non-interest bearing cash				376,685
Total Certified Assets				\$ 2,602,070,976
2022				
Certified Assets:				
Investments at fair value:				
Registered investment companies	\$ 1,962,969,092	\$ -0-	\$ -0-	\$ 1,962,969,092
BrokerageLink fund	78,659,045			78,659,045
Money market funds	107,164			107,164
Insurance company general accounts		133,407,954		133,407,954
Interest-bearing cash	11,083,439			11,083,439
Total Investments	\$ 2,052,818,740	\$ 133,407,954	\$ -0-	2,186,226,694
Notes receivable from participants				21,097,936
Non-interest-bearing cash				68,485
Total Certified Assets				\$ 2,207,393,115

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2023 and 2022

NOTE C — INVESTMENTS AND FAIR VALUE (CONTINUED)

Net investment income (loss) certified by Fidelity, Lincoln, and Voya for the years ended December 31, 2023 and 2022 is as follows:

	<u>2023</u>	<u>2022</u>
Interest and dividend income	\$ 59,811,489	\$ 63,664,450
Net realized and unrealized appreciation (depreciation) in fair value of investments	<u>321,549,649</u>	<u>(474,166,231)</u>
Net Certified Investment Income (Loss)	<u>\$ 381,361,138</u>	<u>\$ (410,501,781)</u>

NOTE D — PLAN TERMINATION

Although it has expressed no intention to do so, Beaumont Health has the right to discontinue its contributions at any time and to terminate the Plan, subject to the requirements of ERISA. In the event the Plan is terminated, participants will become fully vested in their accounts, and the assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and in accordance with the Plan document.

NOTE E — INCOME TAX STATUS

The Plan has not applied for a determination letter from the IRS that would state that the Plan's design was in compliance with the applicable requirements of the IRC since the IRS does not issue determination letters for pension plans established under section 403(b) of the IRC. However, Beaumont Health and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. In addition, the Plan administrator is not aware of any uncertain tax positions or unrecognized tax benefits as of December 31, 2023 or 2022. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE F — PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares of registered investment companies, units of money market funds, and units of insurance company general accounts managed by the Plan's custodians or entities related to the Plan's custodians. Therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTARY INFORMATION

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
(Federal Employer Identification Number: 38-1459362; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	AB Variable Products Serials Fund	919 shares	(a)	\$ 27,763
	American Funds Global Growth Fund	3,667 shares	(a)	190,826
	American Funds Growth Fund	62,540 shares	(a)	4,316,228
	American Growth-Income Fund	4,631 shares	(a)	212,146
	American Funds International Fund	11,740 shares	(a)	302,561
	American Funds EuroPacific Fund, Class R-4	12 shares	(a)	351
	American Funds Growth Fund of America, Class R-4	2,230 shares	(a)	115,300
	American Funds New Perspective Fund, Class R-4	2,938 shares	(a)	139,539
	American Funds Washington Mutual Investors Fund, Class R-4	467 shares	(a)	19,690
	Ariel Fund, Investor Class	11 shares	(a)	331
	BlackRock Global Allocation Fund	1,894 shares	(a)	40,537
	Calvert VP SRI Balanced Portfolio	816 shares	(a)	44,841
	Columbia Large Cap Value Fund, Advisor Class	16 shares	(a)	247
	Delaware VIP Diversified Income Fund	17,100 shares	(a)	307,912
	Delaware VIP High Yield Fund	4,531 shares	(a)	103,969
	Delaware VIP REIT Series Fund	10,138 shares	(a)	319,179
	Delaware VIP Small Cap Value Fund	10,146 shares	(a)	416,522
	Delaware VIP Small Mid-Cap Fund, Core Series	18,768 shares	(a)	874,830
	Delaware VIP Value Fund	20,202 shares	(a)	748,206
*	Fidelity VIP Contrafund	16,000 shares	(a)	894,659
*	Fidelity VIP Freedom Target Date 2025 Fund	570 shares	(a)	7,520
*	Fidelity VIP Freedom Target Date 2030 Fund	7,407 shares	(a)	101,505
*	Fidelity VIP Freedom Target Date 2045 Fund	198 shares	(a)	3,015
*	Fidelity VIP Growth Fund	28,703 shares	(a)	1,802,122
*	Fidelity 500 Index Premium Fund	2,613,308 shares	(a)	432,476,317
*	Fidelity International Index Premium Fund	3,764,614 shares	(a)	178,254,460
*	Fidelity U.S. Bond Index Premium Fund	17,336,955 shares	(a)	180,824,437
*	Fidelity Government Money Market Fund	3,456,214 shares	(a)	3,456,214
*	Fidelity VIP Contrafund Portfolio, Initial Class	7,308 shares	(a)	664,331
*	Fidelity VIP Equity Income Portfolio, Initial Class	4,281 shares	(a)	198,934
*	Fidelity VIP Growth Portfolio, Initial Class	3,060 shares	(a)	251,122
*	Fidelity VIP Overseas Portfolio, Initial Class	422 shares	(a)	12,510
*	Franklin Small Cap Value VIP Fund, Class 2	122 shares	(a)	5,959
*	Lincoln VIP Baron Growth Opportunities Fund	5,990 shares	(a)	323,376
*	Lincoln VIP BlackRock Dividend Value Managed Volatility Fund	38,814 shares	(a)	946,407
*	Lincoln VIP BlackRock Global Real Estate Fund	121 shares	(a)	1,326
*	Lincoln VIP BlackRock Inflation-Protected Bond Fund	5,216 shares	(a)	53,067

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
(Federal Employer Identification Number: 38-1459362; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Lincoln VIP Blended Large Cap Growth Managed Volatility Fund	70,259 shares	(a)	\$ 2,516,154
*	Lincoln VIP Delaware Bond Fund	40,253 shares	(a)	637,716
*	Lincoln VIP Delaware Diversified Floating Rate Fund	3,012 shares	(a)	31,383
*	Lincoln VIP Delaware Social Awareness Fund	45,748 shares	(a)	2,258,285
*	Lincoln VIP Delaware Mid Cap Value Fund	22,101 shares	(a)	1,045,735
*	Lincoln VIP Delaware Wealth Builder Fund	6,708 shares	(a)	160,826
*	Lincoln VIP Dimensional U.S. Core Equity Fund 1	118,724 shares	(a)	5,249,437
*	Lincoln VIP Franklin Templeton Global Equity Managed Volatility Fund	1,754 shares	(a)	23,739
*	Lincoln VIP Global Conservative Allocation Managed Risk Fund	160 shares	(a)	3,079
*	Lincoln VIP Global Income Fund	2,159 shares	(a)	23,119
*	Lincoln VIP Government Money Market Fund	5,467 shares	(a)	56,461
*	Lincoln VIP JPMorgan Retirement Income Fund	23,717 shares	(a)	447,540
*	Lincoln VIP Mondrian International Value Fund	18,643 shares	(a)	414,573
*	Lincoln VIP SSgA Bond Index Fund	4,699 shares	(a)	54,205
*	Lincoln VIP SSgA S&P 500 Index Fund	61,938 shares	(a)	2,104,131
*	Lincoln VIP SSgA Small-Cap Index Fund	3,182 shares	(a)	73,516
*	Lincoln VIP T. Rowe Price 2020 Fund	2,511 shares	(a)	42,501
*	Lincoln VIP T. Rowe Price 2040 Fund	62 shares	(a)	1,108
*	Lincoln VIP T. Rowe Price Structured Mid-Cap Growth Fund	22,932 shares	(a)	1,240,624
*	Lincoln VIP Vanguard Domestic Equity ETF	4,516 shares	(a)	156,950
*	Lincoln VIP Vanguard International Equity ETF	1,959 shares	(a)	28,630
	Lord Abbett Series Fund Mid Cap Stock Portfolio	704 shares	(a)	22,105
	Invesco V.I. Core Equity Fund, Series I	205 shares	(a)	6,561
	Invesco V.I. American Franchise Fund, Series I	30 shares	(a)	4,335
	Janus Henderson Global Research Fund	253 shares	(a)	9,799
	MFS Utilities Fund	31,119 shares	(a)	636,246
	Invesco Developing Markets Fund, Class A	18 shares	(a)	1,423
	PIMCO Variable Insurance Trust Total Return Portfolio	6,299 shares	(a)	71,275
	Pioneer Equity Income VCT Portfolio, Class I	2 shares	(a)	66
	Templeton Global Bond Fund, Class A	125 shares	(a)	1,154
	Vanguard Value Index Fund, Institutional Class	411,576 shares	(a)	23,990,756

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
(Federal Employer Identification Number: 38-1459362; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
	Vanguard Small Value Index Fund, Institutional Class	234,447 shares	(a)	\$ 10,135,131
	Vanguard Mid-Cap Index Fund, Institutional Plus Shares	393,487 shares	(a)	123,491,900
	Vanguard Small-Cap Index Fund, Institutional Class	366,112 shares	(a)	37,412,945
	Vanguard Growth Index Fund, Institutional Class	506,459 shares	(a)	81,033,424
	Vanguard Real Estate Index Fund, Investor Class	761,590 shares	(a)	14,751,992
	Vanguard Small Grade Index Fund, Institutional Class	114,914 shares	(a)	7,821,018
	Vanguard Inflation-Protected Securities Fund, Institutional Class	1,226,151 shares	(a)	11,501,297
	Vanguard Mid-Cap Growth Index Fund, Admiral Class	120,568 shares	(a)	11,397,317
	Vanguard Institutional Target Retirement Income Fund	2,906,377 shares	(a)	37,811,964
	Vanguard Institutional Target Retirement 2020 Fund	2,564,962 shares	(a)	68,920,524
	Vanguard Institutional Target Retirement 2025 Fund	8,542,086 shares	(a)	157,003,547
	Vanguard Institutional Target Retirement 2030 Fund	5,007,569 shares	(a)	177,618,456
	Vanguard Institutional Target Retirement 2035 Fund	7,150,108 shares	(a)	158,160,395
	Vanguard Institutional Target Retirement 2040 Fund	3,191,508 shares	(a)	125,426,255
	Vanguard Institutional Target Retirement 2045 Fund	4,033,243 shares	(a)	107,526,268
	Vanguard Institutional Target Retirement 2050 Fund	2,367,507 shares	(a)	105,211,996
	Vanguard Institutional Target Retirement 2055 Fund	2,143,844 shares	(a)	106,313,209
	Vanguard Institutional Target Retirement 2060 Fund	1,528,451 shares	(a)	69,834,941
	Vanguard Institutional Target Retirement 2065 Fund	386,016 shares	(a)	11,561,165
	Vanguard Institutional Target Retirement 2070 Fund	12,296 shares	(a)	291,425
	Vanguard Total International Bond Index Fund, Institutional Class	277,247 shares	(a)	8,206,500
	Vanguard Emerging Markets Stock Index Fund, Institutional Class	2,177,412 shares	(a)	56,569,176
	Vanguard Short-Term Bond Index Fund, Investor Class	927,793 shares	(a)	9,370,705
	Vanguard Mid-Cap Value Index Fund, Admiral Class	104,200 shares	(a)	7,823,345
*	Voya Balanced Portfolio, Class I	5,570 shares	(a)	187,902

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
(Federal Employer Identification Number: 38-1459362; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Voya Global Bond Portfolio, Initial Class	1,819 shares	(a)	\$ 27,289
*	Voya Global High Dividend Low Volatility Portfolio, Class I	437 shares	(a)	6,995
*	Voya Growth and Income Portfolio, Class I	21,164 shares	(a)	942,748
*	Voya Index Plus LargeCap Portfolio, Class I	539 shares	(a)	30,271
*	Voya Index Plus MidCap Portfolio, Class I	1,500 shares	(a)	118,827
*	Voya Index Plus SmallCap Portfolio, Class I	1,591 shares	(a)	87,332
*	Voya Index Solution 2025 Portfolio, Service Class	27 shares	(a)	708
*	Voya Index Solution 2035 Portfolio, Service Class	249 shares	(a)	7,837
*	Voya Index Solution 2045 Portfolio, Service Class	1 share	(a)	42
*	Voya Intermediate Bond Portfolio, Class I	806 shares	(a)	20,497
*	Voya International Index Portfolio, Class I	438 shares	(a)	6,242
*	Voya Large Cap Growth Portfolio, Institutional Class	13,400 shares	(a)	647,879
*	Voya Large Cap Value Portfolio, Institutional Class	1,224 shares	(a)	31,086
*	Voya MidCap Opportunities Portfolio, Class I	1,863 shares	(a)	118,570
*	Voya Russell Small Cap Index Portfolio, Class I	313 shares	(a)	8,980
*	Voya Russell Mid Cap Index Portfolio, Class I	121 shares	(a)	3,930
*	Voya Russell Large Cap Index Portfolio, Class I	334 shares	(a)	13,144
*	Voya Small Company Portfolio, Class I	397 shares	(a)	25,857
*	Voya Solution 2045 Portfolio, Service Class	289 shares	(a)	7,641
*	Voya Strategic Allocation Conservative Portfolio, Class I	117 shares	(a)	3,234
*	Voya Strategic Allocation Growth Portfolio, Class I	332 shares	(a)	10,455
*	Voya Strategic Allocation Moderate Portfolio, Class I	12 shares	(a)	428
*	Voya American Century Small-Mid Cap Value Portfolio, Service Class	3 shares	(a)	165
*	Voya Baron Growth Portfolio, Service Class	6 shares	(a)	389
*	Voya Clarion Global Real Estate Portfolio, Institutional Class	52 shares	(a)	871
*	Voya Invesco Equity and Income Portfolio, Initial Class	5,181 shares	(a)	179,151
*	Voya JPMorgan Emerging Markets Equity Portfolio, Service Class	311 shares	(a)	8,538
*	Voya Oppenheimer Global Portfolio, Initial Class	8,149 shares	(a)	349,298

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
(Federal Employer Identification Number: 38-1459362; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
Registered Investment Companies (continued):				
*	Voya T. Rowe Price Capital Appreciation Portfolio, Service Class	860 shares	(a)	\$ 38,038
*	Voya T. Rowe Price Diversified Mid Cap Growth Portfolio, Initial Class	5,901 shares	(a)	347,017
*	Voya T. Rowe Price Growth Equity Portfolio, Initial Class	949 shares	(a)	74,251
*	Voya T. Rowe Price Equity Income Portfolio, Service Class	345 shares	(a)	14,996
*	Voya International High Dividend Low Volatility Portfolio, Initial Class	4,992 shares	(a)	68,936
	Wanger Acorn Fund	342 shares	(a)	12,954
	Wells Fargo Special Small Cap Value Fund, Administrative Class	1,578 shares	(a)	99,354
				<u>2,358,468,438</u>
BrokerageLink Fund:				
*	BrokerageLink Fund	94,329,670 shares	(a)	<u>94,329,670</u>
Money Market Funds:				
*	Voya Government Money Market Portfolio I	3,128 units	(a)	<u>45,157</u>
Insurance Company General Accounts:				
*	Lincoln Guaranteed Interest Account	26,072,236 units	(a)	26,072,236
*	Principal Guaranteed Interest Account	88,180,946 units	(a)	88,180,946
*	Voya Fixed Account	1,264,447 units	(a)	1,264,447
*	Voya Fixed Plus Account	107,988 units	(a)	107,988
*	Voya Long-Term Guaranteed Asset Account	3,261 units	(a)	3,261
*	Voya Short-Term Guaranteed Asset Account	1,359 units	(a)	1,359
				<u>115,630,237</u>
Interest-Bearing Cash:				
*	BrokerageLink Fund	Interest-bearing cash	(a)	<u>9,902,490</u>
Notes Receivable from Participants:				
*	Participant loans	Notes receivable; interest rates ranged from 4.25 percent to 9.50 percent during 2023	\$ -0-	<u>23,318,299</u>
				<u><u>\$ 2,601,694,291</u></u>

* – Represents party-in-interest

(a) – These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2023.

Schedule C, Line 2(h) Formula Descriptions

Beaumont Health 403(b) Retirement Savings Plan

EIN: 38-1459362 PN: 002

Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
INVESCO BALANCED - RISK ALLOCATION CL Y	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.15%
INVESCO EQUALLY WEIGHTED S&P 500 A	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.40%
INVESCO SMALL CAP VALUE CLASS Y	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.15%
INVESCO SMALL CAP VALUE FUND CL A	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.40%
INVESCO DEVELOPING MARKETS Y	11 GREENWAY PLAZA STE 100		HOUSTON	TX	77046	0.15%
AMG YACKTMAN FOCUSED N	600 STEAMBOAT RD STE 300		GREENWICH	CT	06830	0.40%
AQR RISK BALANCED COMMOD STRATEGY FD N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR LARGE CAP DEFENSIVE STYLE CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR MULTI-ASSET FUNDCLASS N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR MANAGED FUTURES FUND CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR MANAGED FUTURES FUND CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.15%
CAMBIAR INTL EQUITY INVESTOR CL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
ACADIAN EMERGING MARKETS PORT INVSTR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
EDGEWOOD GROWTH FUND RETAIL CLASS	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
SEMPER SHORT DURATION FD INVESTOR	52 VANDERBILT AVE STE 401		NEW YORK	NY	10017	0.40%
ADVISORS PREFERRED QUANTIFIED STF INVST	1445 RESEARCH BLVD STE 530		ROCKVILLE	MD	20850	0.40%
HUBER CAPITAL EQUITYINCOME FUND INVESTOR	2321 ROSECRANS AVE STE 3245		EL SEGUNDO	CA	90245	0.40%
ALGER SMALL CAP GROWTH CL Z	600 PLAZA ONE 6TH FL		JERSEY CITY	NJ	07311	0.10%
AB GLOBAL BOND ADVISOR CLASS	8000 IH 10 W STE 1400 14TH FL		SAN ANTONIO	TX	78230	0.15%
AB HIGH INCOME CL C	8000 IH 10 W STE 1400 14TH FL		SAN ANTONIO	TX	78230	0.10%
AB LARGE CAP GROWTH CLASS A	8000 IH 10 W STE 1400 14TH FL		SAN ANTONIO	TX	78230	0.40%
AB LARGE CAP GROWTH ADVISOR CLASS	8000 IH 10 W STE 1400 14TH FL		SAN ANTONIO	TX	78230	0.15%
IMAN FUND RETAIL SHARES	721 ENTERPRISE DR		OAKBROOK	IL	60523	0.40%
CLARKSTON FOUNDERS FUND CLASS I	1290 BROADWAY ST STE 1100		DENVER	CO	80203	0.12%
CLARKSTON FUND CL I	1290 BROADWAY ST STE 1100		DENVER	CO	80203	0.12%
CLARKSTON PARTNERS FUND CL I	1290 BROADWAY ST STE 1100		DENVER	CO	80203	0.12%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA INCOME FUND INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMANA GROWTH FUND INSTITUTIONAL	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.10%
AMANA PARTICIPATION FD INVESTOR CLASS	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%

AMER BEACON BRDGWAY LARGE CAP VAL INVST	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN CENTURY EQUITY INCOME INV CL	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY MIDCAP VALUE INV SHS	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CEN FOCUSED DYNAMIC GROWTH INV	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ULTRA CLASS I	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.07%
AMERICAN CENTURY ULTRA INVESTOR CLASS	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN FDS DEVELOP WORLD GRWTH & INC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN STRATEGIC BOND FUND F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN FUNDS MULTISECTOR INCOME F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN MUTUAL FUND CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
ARBITRAGE FUND CLASS I	1290 BROADWAY STE 1100		DENVER	CO	80203	0.15%
ARTISAN SMALL CAP FUND INVESTOR CL	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
ARTISAN INTL SMALL MID FUND ADVISOR	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.15%
ARTISAN DEVELOPING WORLD FD INVESTOR CL	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
AZZAD ETHICAL MID CAP FUND CL A	8000 TOWN CENTRE DR STE 400		BROADVIEW HEIGHTS	OH	441474031	0.40%
WISE CAPITAL FUND	8000 TOWN CENTRE DR STE 400		BROADVIEW HEIGHTS	OH	441474031	0.40%
BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.40%
BNY MELLON OPPORT SMALL CAP INVESTOR	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.40%
BNY MELLON DYNAMIC VALUE A	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.40%
BNY MELLON APPRECIATION FD I	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.09%
BAIRD AGGREGATE BOND FUND INSTL	777 E WISCONSIN AVE 18TH FL		MILWAUKEE	WI	53202	0.02%
BARON ASSET	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON OPPORTUNITY FUND INSTL CLASS	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.10%
BARON PARTNERS FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTH FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND INSTL CLASS	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.10%
BARON REAL ESTATE FUND RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON EMERGING MARKETS FUND RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DR STE 103		SAN JOSE	CA	95134	0.40%
BLACKROCK TECHNOLOGY OPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK COMMODITY STRATEGIES FUND CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK HEALTH SCIENCES OPP PRT I	40 EAST 52ND ST		NEW YORK	NY	10022	0.15%
BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK STRATEGIC INCOME OPPRTSI INSTL	40 EAST 52ND ST		NEW YORK	NY	10022	0.15%
BLACKROCK STRATEGIC INC OPP PORT CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
WILLIAM BLAIR FD EMER MKT GROWTH CL I	222 WEST ADAMS ST 12TH FL		CHICAGO	IL	60606	0.10%
BNY MELLON S&P 500 INDEX FUND	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.30%
AMERICAN BOND FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN BOND FUND OF AMERICA CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.15%
BOSTON TRUST WALDEN EQUITY FUND	1 BEACON ST 33RD FL		BOSTON	MA	02108	0.40%
DESTINATIONS LARGE CAP EQUITY INSTL	1055 WESTLAKES DR STE 250		BERWYN	PA	19312	0.15%
DESTINATIONS SMALL MID CAP EQ INSTL	1055 WESTLAKES DR STE 250		BERWYN	PA	19312	0.15%
DESTINATIONS INTL EQUITY FD INSTL	1055 WESTLAKES DR STE 250		BERWYN	PA	19312	0.15%
DESTINATIONS EQUITY INCOME FD INSTL	1055 WESTLAKES DR STE 250		BERWYN	PA	19312	0.15%

DESTINATIONS CORE FIXED INCOME INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS LOW DURFIXED INC INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS SHELTER FUND INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS GLOBAL FIXD INC OPPOR INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
DESTINATIONS MULTI STRGY ALT INSTL	1055 WESTLAKES DR STE 250	BERWYN	PA	19312	0.15%
BROWN ADVISORY SUSTAIN GROWTH INST	777 E WISCONSIN AVE 4TH FL	MILWAUKEE	WI	53202	0.15%
BROWN ADVISORY SUSTAIN GROWTH INV	777 E WISCONSIN AVE 4TH FL	MILWAUKEE	WI	53202	0.08%
CALAMOS INTL GROWTH FUND CLASS A	2020 CALAMOS COURT	NAPERVILLE	IL	60563	0.40%
CALAMOS GROWTH & INCOME CL I	2020 CALAMOS COURT	NAPERVILLE	IL	60563	0.08%
CALVERT INCOME FUND CLASS I	4550 MONTGOMERY AVE STE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT GLOBAL ENERGY SOLUTIONS A	4550 MONTGOMERY AVE STE 1000 N	BETHESDA	MD	20814	0.40%
CALVERT INTERNTL RESPONSIBLE INDEX I	4550 MONTGOMERY AVE STE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT US LRG CAP VAL RESPONS INDEX I	4550 MONTGOMERY AVE STE 1000 N	BETHESDA	MD	20814	0.10%
CALVERT EMERGING MARKETS EQUITY CL I	4550 MONTGOMERY AVE STE 1000 N	BETHESDA	MD	20814	0.15%
AMERICAN CAPITAL WORLD GRWTH & INC F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	0.37%
CARILLON SCOUT MID CAP FUND CL I	P O BOX 33022	ST PETERSBURG	FL	337338022	0.40%
CENTRE AMERICAN SELECT EQUITY INVSTR	1290 BROADWAY STE 1100	DENVER	CO	80203	0.40%
COHEN & STEERS REAL ESTATE SECURITIES A	280 PARK AVE 10TH FL	NEW YORK	NY	10017	0.40%
COHEN & STEERS PREF SECURITIES INC A	280 PARK AVE 10TH FL	NEW YORK	NY	10017	0.40%
COLUMBIA MORTGAGE OPPORTUNITIES ADV	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA TOTAL RETURN BOND CL A	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA BALANCED FUND CL I2	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.15%
COLUMBIA SELIGMAN TECH AND INFO CL A	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND INCOME FUND ADV	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA COMMODITY STRATEGY FUND ADV	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.15%
COLUMBIA OVERSEAS VALUE CL I2	225 FRANKLIN ST BX25 10320	BOSTON	MA	02110	0.15%
CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DR STE 450	CINCINNATI	OH	45246	0.40%
CREDIT SUISSE MULTI ALTERNATIVE STRAT A	ONE MADISON AVE 10TH FL	NEW YORK	NY	10010	0.40%
DFA US CORE EQUITY I	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA EMERGING MARKETS PORTFOLIO	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA U.S. LARGE CAP EQUITY PORT INSTL	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA U.S. LARGE CAP GROWTH PORT INSTL	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DWS GNMA FUND-A	280 PARK AVE 9TH FLR	NEW YORK	NY	10026	0.40%
DFA GLB SUSTAINABLTY FIXED INCOME INSTL	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DIAMOND HILL SELECT INVESTOR	325 JOHN H MCCONNELL BLVD STE 200	COLUMBUS	OH	43215	0.40%
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE	AUSTIN	TX	78746	0.02%
DOUBLELINE TOTAL RETURN BOND FD CL I	777 EAST WISCONSIN AVE	MILWAUKEE	WI	53202	0.06%
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE	MILWAUKEE	WI	53202	0.40%
EV FOCUSED VALUE OPPORTUNITIES CL A	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	0.40%
EATON VANCE SHT DUR INFLAT PRO INCOME A	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	0.40%
PARAMETRIC COMMODITYSTRATEGIC CL A	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	0.40%

EATON VANCE HIGH INCOPPORTUNITIES CL A	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	\$16.00
FMI LARGE CAP FUND	777 EAST WISCONSIN AVE	MILWAUKEE	WI	53202	0.40%
FMI INTERNATIONAL	777 EAST WISCONSIN AVE	MILWAUKEE	WI	53202	0.40%
FMI COMMON STOCK FUND	777 EAST WISCONSIN AVE	MILWAUKEE	WI	53202	0.40%
FEDERATED HERMES OPPOR HIGH YLD BD SS	4000 ERICSSON DR	WARRENDALE	PA	150867515	0.40%
FEDERATED HERMES INSTL HIGH YLD BD IS	4000 ERICSSON DR	WARRENDALE	PA	150867515	0.15%
FEDERATED HERMES TTL RETURN BOND CL IS	4000 ERICSSON DR	WARRENDALE	PA	150867515	0.15%
SEAFARER OVERSEAS GROWTH & INCOME INV	1290 BROADWAY STE 1100	DENVER	CO	80203	0.40%
ALPS SMITH TOTAL RETURN BOND CL I	1290 BROADWAY STE 1100	DENVER	CO	80203	0.15%
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	0.40%
FIRST EAGLE GLOBAL CLASS A	1345 AVE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	0.40%
FIRST EAGLE GLOBAL CLASS I	1345 AVE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	0.15%
FRANKLIN INCOME CLASS A1	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN INCOME CL A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN INCOME CLASS C	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	\$19.00
FRANKLIN GOLD AND PRECIOUS METALS CL A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN HIGH INCOME CL A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	\$16.00
FROST CREDIT FUND INVESTOR	PO BOX 2509	SAN ANTONIO	TX	782992509	0.40%
FROST TOTAL RETURN BOND FD INVESTOR	PO BOX 2509	SAN ANTONIO	TX	782992509	0.40%
AMERICAN FUNDAMENTALINVESTORS CL F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	0.37%
POLEN GROWTH FUND INST'L SHARES	1825 NW CORPORATE BLVD STE 300	BOCA RATON	FL	33431	0.15%
POLEN GROWTH FUND RETAIL SHARES	1825 NW CORPORATE BLVD STE 300	BOCA RATON	FL	33431	0.40%
POLEN INTERNATIONAL GROWTH FD INSTL	1825 NW CORPORATE BLVD STE 300	BOCA RATON	FL	33431	0.12%
GABELLI GOLD FUND CLAAA	401 THEODORE FREMD AVE	RYE	NY	10580	0.40%
GOEHRING & ROZENCWAJG RES INSTL	1290 BROADWAY ST STE 1100	DENVER	CO	80203	0.10%
GOLDMAN SACHS LARGE CAP GRWTH INSIGHTS I	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.12%
GOLDMAN SACHS STRG INCOME FUND CL A	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS GQG PARTNERS INTL OPP I	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.17%
GOLDMAN SACHS SHORT TERM CONS INC INSTL	71 S WACKER DR 4TH FL	CHICAGO	IL	60606	0.07%
AMERICAN GROWTH FUNDOF AMERICA CLASS F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	0.37%
GUGGENHEIM LIMITED DURATION CL P	9601 BLACKWELL RD STE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM MACRO OPPORTUNITIES CL P	9601 BLACKWELL RD STE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD STE 500	ROCKVILLE	MD	20850	0.40%
GUINNESS ATKINSON ALTERNATIVE ENERGY	2220 E ROUTE 66 STE 226	GLENDORA	CA	91740	0.40%
JOHN HANCOCK BOND FUND CLASS I	601 CONGRESS ST 9TH FL	BOSTON	MA	02210	0.15%
HARBOR INTL INV	111 S WACKER DR 34TH FL	CHICAGO	IL	60606	0.35%
HARBOR SCV INV	111 S WACKER DR 34TH FL	CHICAGO	IL	60606	0.35%
OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.35%
OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.35%
OAKMARK SELECT INVESTOR CL	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.35%
OAKMARK INTL ADVISOR FUND	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.15%
OAKMARK FUND ADVISORCLASS	111 SOUTH WACKER DR	CHICAGO	IL	60606	0.15%
HARTFORD DIV AND GROWTH FD CL Y	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.10%
HARTFORD EQUITY INCOME CL A	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.40%
HARTFORD EMERGING MRKTS RESEARCH I	100 MATSONFORD RD STE 300	RADNOR	PA	19087	0.15%

HARTFORD INTL VALUE FD CLASS A	100 MATSONFORD RD STE 300		RADNOR	PA	19087	0.40%
HARTFORD MID CAP FD CLASS I	100 MATSONFORD RD STE 300		RADNOR	PA	19087	0.15%
HENNESSY CORNERSTONEMID CAP 30 INV CL	7250 REDWOOD BLVD STE 200		NOVATO	CA	94945	0.40%
AMERICAN INTERMEDIATBOND FUND OF AMER F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN INTERNATL GROWTH & INCOME F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
THE INTERNET FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
WCM FOCUSED INTL GROWTH FUND INSTL	2220 EAST ROUTE 66 STE 226		GLENDORA	CA	91740	0.40%
ZACKS DIVIDEND FUND INVESTOR	STE 1600 10 SOUTH RIVERSIDE PLAZA		CHICAGO	IL	60606	0.40%
EUROPAC GOLD FUND CLASS A	LOTS 81 82 ST C STE 204		DORADO	PR	00646	0.08%
DELAWARE IVY MID CAPGROWTH CL I	2005 MARKET ST		PHILADELPHIA	PA	19103	0.15%
JPMORGAN INCOME FUNDCLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN EQUITY PREM INCOME CL I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.08%
TRILLIUM ESG GLOBAL EQUITY FUND INSTL	777 E WISCONSIN AVE	MAIL STOP - MK-WI-T4	MILWAUKEE	WI	53202	0.10%
JANUS HENDERSON TRITON T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL SELECT T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON FORTY T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON OVERSEAS I	151 DETROIT ST		DENVER	CO	80206	\$15.00
JANUS HENDERSON BALANCED I	151 DETROIT ST		DENVER	CO	80206	\$15.00
JANUS HENDERSON ENTERPRISE I	151 DETROIT ST		DENVER	CO	80206	\$15.00
JANUS HENDERSON CONTRARIAN I	151 DETROIT ST		DENVER	CO	80206	\$15.00
JANUS HENDERSON MULTISECTOR INCOME T	151 DETROIT ST		DENVER	CO	80206	0.35%
JANUS HENDERSON GLBLEQUITY INCOME T	151 DETROIT ST		DENVER	CO	80206	0.35%
JENSEN QUALITY GROWTH FD CL J	811 E WISCONSIN AVE 8TH FL		MILWAUKEE	WI	53202	0.40%
JOHN HANCOCK MULTI ASSET ABSOL RTRN R2	601 CONGRESS ST 9TH FL		BOSTON	MA	02210	\$10.00
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN CORE PLUS BOND CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN EQUITY INDEX FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.25%
LAZARD GLOBAL LISTEDINFRASTRUCTURE OPEN	30 ROCKEFELLER PLAZA 57TH FL		NEW YORK	NY	10112	0.40%
LAZARD GLOBAL LISTEDINFRASTRUCTE INSTL	30 ROCKEFELLER PLAZA 57TH FL		NEW YORK	NY	10112	0.15%
CLEARBRIDGE SELECT FUND I	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.15%
CLEARBRIDGE INTERN'TGROWTH FD CL I	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.15%
CLEARBRIDGE DIVIDEND STRATEGY FUND I	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.10%
CLEARBRIDGE SELECT FUND CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
LOOMIS SAYLES GLOBALALLOCATION CLASS Y	399 BOYLSTON ST 8TH FL		BOSTON	MA	02116	0.15%
LORD ABBETT SHORT DURATION INCOME CL I	90 HUDSON ST 10TH FL		JERSEY CITY	NJ	07302	0.15%
LORD ABBETT BOND DEBENTURE CLASS A	90 HUDSON ST 10TH FL		JERSEY CITY	NJ	07302	0.37%
LORD ABBETT HIGH YIELD CLASS A	90 HUDSON ST 10TH FL		JERSEY CITY	NJ	07302	0.37%
LORD ABBETT INFLTN FOCUSED CL A	90 HUDSON ST 10TH FL		JERSEY CITY	NJ	07302	0.37%
LORD ABBETT INFL FOCUSED BOND FUND I	90 HUDSON ST 10TH FL		JERSEY CITY	NJ	07302	0.15%
MFS INTERNATIONAL INTRINSIC VALUE CL I	111 HUNTINGTON AVE		BOSTON	MA	021997632	0.15%
MFS LOW VOLATILITY EQUITY A	111 HUNTINGTON AVE		BOSTON	MA	021997632	0.40%
MFS MID CAP GROWTH FUND CL I	111 HUNTINGTON AVE		BOSTON	MA	021997632	0.15%
MADISON DIVIDEND INCOME FUND CL Y	550 SCIENCE DR		MADISON	WI	53711	0.40%
MADISON SMALL CAP FUND CL Y	550 SCIENCE DR		MADISON	WI	53711	0.40%

MAINSTAY EPOCH CAPITAL GROWTH A	30 HUDSON ST 23RD FL	ARLINGTON	NJ	07032	0.40%
MUHLENKAMP FUND	5000 STONEWOOD DR	WEXFORD	PA	15090	0.40%
NUANCE MID CAP VALUEFUND INSTL	4900 MAIN ST STE 220	KANSAS CITY	MO	64112	0.15%
KENSINGTON DYNAMIC GROWTH CLASS I	100 SALEM ST	SMITHFIELD	RI	02917	0.15%
HOOD RIVER SMALL CAP GROWTH FUND INSTL	6001 SHADY OAK ROAD STE 200	MINNETONKA	MN	55343	0.12%
MANNING & NAPIER HIGH YIELD BD SRS S	290 WOODCLIFF DR	FAIRPORT	NY	14450	0.40%
MATTHEWS EMERG MRKTSSM COMPANIES INVSTR	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA DIV FUND INVESTOR CLASS	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA SMALLCOMPANIES INVESTOR	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA SMALL COMPANIES FUND INST	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	0.10%
MATTHEWS ASIA GROWTH FUND INV	4 EMBARCADERO CENTER STE 550	SAN FRANCISCO	CA	94111	0.40%
MEEDER DYNAMIC ALLOCATION INSTL	6125 MEMORIAL DR	DUBLIN	OH	43017	0.15%
MEEDER MUIRFIELD FUND INSTITUTIONAL	6125 MEMORIAL DR	DUBLIN	OH	43017	0.15%
METROPOLITAN WEST TOT RETURN BOND CL M	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	0.35%
METROPOLITAN WEST TOTAL RETURN CLASS I	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	0.10%
METROPOLITAN WEST STRAT INC FD CL M	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90071	0.40%
MSIF GLOBAL FRANCHISE CLASS A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLBL FRANCHISE CLASS I	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.15%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT I	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.15%
MSIF GLOBAL INSIGHT PORT CL A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSTLINTERNTL OPP CL A	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.40%
MSIF INTERNATIONAL OPPORTUNITIES CL I	522 FIFTH AVE 4TH FL	NEW YORK	NY	10036	0.10%
EVENTIDE GILEAD FUND CLASS I	80 ARKAY STE 110	HAUPPAUGE	NY	11788	0.15%
EVENTIDE CORE BOND FUND CL I	80 ARKAY STE 110	HAUPPAUGE	NY	11788	0.10%
NEUBERGER BERMAN LARGE CAP VALUE CL A	1290 AVE OF THE AMERICAS 22ND FL	NEW YORK	NY	10104002	0.40%
AMERICAN NEW ECONOMYCLASS F1	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	0.37%
NICHOLAS LTD EDITION CL I	411 E WISCONSIN AVE	MILWAUKEE	WI	53202	0.12%
NORTHERN LARGE CAP CORE FUND	801 SOUTH CANAL C5S	CHICAGO	IL	60675	0.10%
GRANT PARK MULTI ALTSTRATIGIES FD CL N	555 WEST JACKSON BLVD STE 600	CHICAGO	IL	60661	0.40%
HCM INCOME PLUS FUNDINVESTOR	1145 HEMBREE ROAD	ROSWELL	GA	30076	0.40%
HCM DIVIDEND SECTOR PLUS FUND INVESTOR	1145 HEMBREE ROAD	ROSWELL	GA	30076	0.40%
HCM TACTICAL GROWTH FUND INVESTOR	1145 HEMBREE ROAD	ROSWELL	GA	30076	0.40%
PFG MFS AGGRESSIVE GROWTH STRATEGY R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG JP MORGAN TACTICAGGRESSIVE STRAT R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG JP MORGAN TACTICMODERATE STRATEGY R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG ACTIVE CORE BOND STRATEGY FUND CL R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG INVESCO EQ FACTRROTATION STRATEGY R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG JANUS HENDERSON BALANCED STRATEGY R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG TACTICAL INCOME STRATEGY CL R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%
PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE STE 2100	BELLEVUE	WA	98004	0.40%

PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.40%
PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.40%
PFG AMERICAN FUNDS GROWTH STRAT CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.40%
PFG AMERICAN FDS CONS INC STRAT CL R	777 108TH AVE NE STE 2100		BELLEVUE	WA	98004	0.40%
NUVEEN SMALL-CAP VALUE FUND CLASS A	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
NUVEEN PREFERRED SECS AND INC CL A	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
OCM GOLD FUND ATLAS CLASS SHARES	235 W GALENA ST		MILWAUKEE	WI	53212	0.40%
RED OAK TECHNOLOGY SELECT	225 PICTORIA DR STE 450		CINCINNATI	OH	45246	0.40%
OBERWEIS MICRO CAP FUND	3333 WARRENVILLE RD STE 500		LISLE	IL	60532	0.40%
OBERWEIS SMALL-CAP OPPORTUNITIES	3333 WARRENVILLE RD STE 500		LISLE	IL	60532	0.40%
PIMCO LOW DURATION CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.38%
PIMCO TOTAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INTL BD FD U SDOLLAR-HEDGED A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PARNASSUS MID CAP FD INSTITUTIONAL	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.10%
PARNASSUS VALUE EQUITY INVESTOR	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS CORE EQUITY INSTL	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.10%
IMPAX GLOBAL ENVIRONMARKETS INSTL	1290 BROADWAY STE 1100		DENVER	CO	80203	0.15%
IMPAX HIGH YIELD BOND INSTITL CL	1290 BROADWAY STE 1100		DENVER	CO	80203	0.12%
IMPAX ELLEVATE GLBL WOMENS LDERSP INSTL	1290 BROADWAY STE 1100		DENVER	CO	80203	0.15%
CONQUER RISK DEFENSIVE BULL I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
CONQUER RISK TACTICAL OPP FUND I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
CONQUER RISK TACTICAL ROTATION I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
CONQUER RISK MANAGEDVOLATILITY FUND I	777 BRICKELL AVE STE 500		MIAMI	FL	33131	0.15%
PIMCO COMMODITY REALRETURN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO ALL ASSET ALLAUTHORITY FD CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPUS INTERNTL US\$HDG A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO EMERGING MRKTSLOCAL CUR & BD A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME FUND CL C	1633 BROADWAY		NEW YORK	NY	10019	0.20%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO COMMODITIES PLUS STRATEGY CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO GLOBAL CORE ASSET ALLOC CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO MORTGAGE OPPOR AND BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME CL I3	1633 BROADWAY		NEW YORK	NY	10019	0.15%
PIMCO PREFERRED AND CAPITAL SECS CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE US SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIONEER FUND CLASS Y	60 STATE ST 17TH FL		BOSTON	MA	02109	0.10%
PIONEER GLOBAL SUSTAINABLE EQUITY A	60 STATE ST 17TH FL		BOSTON	MA	02109	0.40%
PIONEER MULTI-ASSET ULTRA SHORT INCOME A	60 STATE ST 17TH FL		BOSTON	MA	02109	0.40%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLBL MULTI SECTOR BOND FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RET 2030 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
PRIMECAP ODYSSEY GROWTH FUND	2020 E FINANCIAL WAY STE 100		GLENDORA	CA	91741	0.10%
PRINCIPAL GLOBAL REAL ESTATE CL A	620 COOLIDGE DR STE 300		FOLSOM	CA	95630	0.40%

AKRE FOCUS FUND RETAIL	777 E WISCONSIN AVE 4TH FL		MILWAUKEE	WI	53202	0.40%
CONGRESS MID CAP GROWTH INSTL	TWO SEAPORT LANE		BOSTON	MA	02210	0.10%
CONGRESS MID CAP GROWTH RETAIL	TWO SEAPORT LANE		BOSTON	MA	02210	0.40%
CONGRESS SMALL CAP GROWTH RETAIL CLASS	TWO SEAPORT LANE		BOSTON	MA	02210	0.40%
SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA SHORT NASDAQ- 100 PROFUND INVESTOR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA NASDAQ-100 PRO FUND INVESTOR CLASS	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PGIM HIGH YIELD CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM HIGH YIELD CL Z	655 BROAD ST		NEWARK	NJ	07102	0.15%
PGIM JENNISON UTILITY CL A	655 BROAD ST		NEWARK	NJ	07102	0.10%
PGIM SHRT DUR HGH YLD INC FD CL Z	655 BROAD ST		NEWARK	NJ	07102	0.10%
PUTNAM SUSTAINABLE RETIRE MATURITY CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
RIVERNORTH/DOUBLE LINE STRATEGIC INC I	325 NORTH LASALLE ST STE 645		CHICAGO	IL	60654	0.15%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE CAP APPRECIATION	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EQUITY INDEX 500 FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE MID CAP GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ALL CAP OPPORTUNITIES INVST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTERNATIONAL BOND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DYNAMICCREDIT INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERG MKTS DIS STK INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DYNAMIC GLOBAL BOND FD INV	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERG MRKTS CORP BD INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE OVERSEAS STOCK FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INT'L VALUE EQUITY FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX TECHNOLOGY INVESTOR CLASS	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX S&P 500 FD CL H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX RUSSELL 2000 FD CL H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 FUND CLASS H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
ICON UTILITIES AND INCOME INSTL	PO BOX 87		DENVER	CO	802010087	0.15%
SEXTANT INTRNATIONALFUND	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
SBH SMALL CAP VALUE INSTL	370 17TH ST STE 5000		DENVER	CO	80202	0.15%
SEQUOIA FD INC	9 WEST 57TH ST STE 5000		NEW YORK	NY	10019	0.10%
PALM VALLEY CAPITAL FUND INVESTOR	422 JACKSONVILLE DR		JACKSONVILLE BEACH	FL	32250	0.40%
SHELTON NASDAQ 100 INDEX INVESTOR	PO BOX 87		DENVER	CO	802010087	0.15%
AMERICAN SHORT TERM BOND FD CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN SMALLCAP WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
SMEAD VALUE INSTL SHARE CLASS	1290 BROADWAY STE 1100		DENVER	CO	80203	0.15%
SMEAD VALUE FUND INVESTOR CL SHARES	1290 BROADWAY STE 1100		DENVER	CO	80203	0.40%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY ST STE 2600		TORONTO	CA	M5J 2J1	0.40%

TCW TOTAL RETURN BOND CLASS N	865 S FIGUERA ST 22ND FL	LOS ANGELES	CA	90071	0.35%
TCW HIGH YIELD BOND CLASS N	865 S FIGUERA ST 22ND FL	LOS ANGELES	CA	90071	0.40%
TCW CORE FIXED INCOME CLASS N	865 S FIGUERA ST 22ND FL	LOS ANGELES	CA	90071	0.35%
TCW EMERGING MKTS INCOME CL I	865 S FIGUERA ST 22ND FL	LOS ANGELES	CA	90071	0.10%
TCW ARTIFICIAL INTELLIGENCE EQ I	865 S FIGUERA ST 22ND FL	LOS ANGELES	CA	90071	0.10%
TIAA-CREF CORE IMPACT BOND INSTL	730 THIRD AVE	NEW YORK	NY	10017	0.06%
T ROWE PRICE FLOATING RATE INVEST	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	0.15%
TEMPLETON FOREIGN CLASS A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	\$16.00
THIRD AVENUE VALUE FUND INVESTOR CLASS	622 THIRD AVE 32 FL	NEW YORK	NY	10017	0.40%
THOMPSON BOND FUND	1255 FOURIER DR STE 200	MADISON	WI	53717	0.25%
THORNBURG LTD TERM INCOME CLASS A	2300 NORTH RIDGETOP RD	SANTA FE	NM	87506	0.40%
THRIVENT SMALL CAP STOCK FUND CL S	4321 N BALLARD ROAD	APPLETON	WI	549190001	0.15%
THRIVENT MID CAP STOCK FUND CL S	4321 N BALLARD ROAD	APPLETON	WI	549190001	0.15%
PERFORMANCE TRUST TOTAL RETRN BND INST	500 WEST MADISON STE 470	CHICAGO	IL	60661	0.40%
RIVERPARK STRATEGIC INCOME FUND RETAIL	615 E MICHIGAN ST	MILWAUKEE	WI	53202	0.40%
HOLBROOK INCOME FUNDCL I	2933 NE 16TH ST	PORTLAND	OR	97212	0.15%
HOLBROOK INCOME FD A	2933 NE 16TH ST	PORTLAND	OR	97212	0.40%
VICTORY GOVERNMENT SECURITIES FD I	4900 TIEDEMAN RD 4TH FL	BROOKLYN	OH	44114	0.10%
VICTORY NASDAQ-100 INDEX FUND	4900 TIEDEMAN RD 4TH FL	BROOKLYN	OH	44114	0.15%
VICTORY HIGH INCOME FUND	4900 TIEDEMAN RD 4TH FL	BROOKLYN	OH	44114	0.10%
WESTWOOD INCOME OPPORTUNITY FD CL A	1 FREEDOM VALLEY DR	OAKS	PA	19456	0.10%
WESTWOOD SALIENT SELECT INCOME A	1 FREEDOM VALLEY DR	OAKS	PA	19456	0.10%
VALUE LINE MID CAP FOCUSED INVESTORS FD	7 TIMES SQUARE STE 1606	NEW YORK	NY	10036	0.40%
VALUE LINE SMALL CAPOPPORTUNITIES INV FD	7 TIMES SQUARE STE 1606	NEW YORK	NY	10036	0.40%
VAN ECK CM COMMODITYINDEX FUND Y	666 3RD AVE 9TH FL	NEW YORK	NY	10017	0.15%
VICTORY HIGH YIELD FD CL Y	4900 TIEDEMAN RD 4TH FL	BROOKLYN	OH	44114	0.12%
VICTORY GLOBAL ENERGY TRANSITION A	4900 TIEDEMAN RD 4TH FL	BROOKLYN	OH	44114	0.40%
VICTORY RS GLOBAL FUND CLASS A	4900 TIEDEMAN RD 4TH FL	BROOKLYN	OH	44114	0.40%
VIRTUS KAR SMALL MID CAP CORE FD CL I	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	0.10%
VIRTUS KAR MID CAP GROWTH FUND CL A	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	0.40%
VIRTUS NEWFLEET MLT SECTOR SH TERM BD A	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	0.40%
VIRTUS SGA EMERGING MARKETS EQUITY FD I	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	0.10%
VIRTUS ZEVENBERGEN INNOVATIVE GR STK A	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	0.40%
VIRTUS SEIX CORPORATE BOND A	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	0.40%
VOYA GNMA INCOME CLASS I	7337 E DOUBLETREE RANCH RD	SCOTTSDALE	AZ	85258	0.15%
CRM SMALL CAP VALUE INVESTOR CLASS	520 MADISON AVE 20TH FL	NEW YORK	NY	10022	0.40%
WSTCM CREDIT SELECT RISK MANAGED INVSTR	225 PICTORIA DR STE 450	CINCINNATI	OH	45246	0.40%
WASATCH ULTRA GROWTH	505 WAKARA WAY STE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH EMERGING MARKETS SMALL CAP FD	505 WAKARA WAY STE 300	SALT LAKE CITY	UT	84108	0.40%
ALLSPRING INTRNATNL EQUITY FD INST	525 MARKET ST MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALLSPRING DIVRSFD CAP BUILDER FD INST	525 MARKET ST MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALLSPRING UTILITY & TELECOMMS FUND A	525 MARKET ST MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
VIRTUS WESTCHESTER CREDIT EVENT FD CL A	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	0.40%
WESTERN ASSET CORE BOND PLUS FUND CL A	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	0.40%
WESTERN ASSET CORE PLUS BOND FUND INSTL	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	0.15%

WESTERN ASSET CORE PLUS BOND FUND FI	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	0.35%
CBOE VEST US LARGE CAP 10% BUFFER INSTL	8730 STONY POINT PKWY STE 205	RICHMOND	VA	23235	0.08%

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
(Federal Employer Identification Number: 38-1459362; Plan Number: 002)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	AB Variable Products Serials Fund	919 shares	(a)	\$ 27,763
	American Funds Global Growth Fund	3,667 shares	(a)	190,826
	American Funds Growth Fund	62,540 shares	(a)	4,316,228
	American Growth-Income Fund	4,631 shares	(a)	212,146
	American Funds International Fund	11,740 shares	(a)	302,561
	American Funds EuroPacific Fund, Class R-4	12 shares	(a)	351
	American Funds Growth Fund of America, Class R-4	2,230 shares	(a)	115,300
	American Funds New Perspective Fund, Class R-4	2,938 shares	(a)	139,539
	American Funds Washington Mutual Investors Fund, Class R-4	467 shares	(a)	19,690
	Ariel Fund, Investor Class	11 shares	(a)	331
	BlackRock Global Allocation Fund	1,894 shares	(a)	40,537
	Calvert VP SRI Balanced Portfolio	816 shares	(a)	44,841
	Columbia Large Cap Value Fund, Advisor Class	16 shares	(a)	247
	Delaware VIP Diversified Income Fund	17,100 shares	(a)	307,912
	Delaware VIP High Yield Fund	4,531 shares	(a)	103,969
	Delaware VIP REIT Series Fund	10,138 shares	(a)	319,179
	Delaware VIP Small Cap Value Fund	10,146 shares	(a)	416,522
	Delaware VIP Small Mid-Cap Fund, Core Series	18,768 shares	(a)	874,830
	Delaware VIP Value Fund	20,202 shares	(a)	748,206
*	Fidelity VIP Contrafund	16,000 shares	(a)	894,659
*	Fidelity VIP Freedom Target Date 2025 Fund	570 shares	(a)	7,520
*	Fidelity VIP Freedom Target Date 2030 Fund	7,407 shares	(a)	101,505
*	Fidelity VIP Freedom Target Date 2045 Fund	198 shares	(a)	3,015
*	Fidelity VIP Growth Fund	28,703 shares	(a)	1,802,122
*	Fidelity 500 Index Premium Fund	2,613,308 shares	(a)	432,476,317
*	Fidelity International Index Premium Fund	3,764,614 shares	(a)	178,254,460
*	Fidelity U.S. Bond Index Premium Fund	17,336,955 shares	(a)	180,824,437
*	Fidelity Government Money Market Fund	3,456,214 shares	(a)	3,456,214
*	Fidelity VIP Contrafund Portfolio, Initial Class	7,308 shares	(a)	664,331
*	Fidelity VIP Equity Income Portfolio, Initial Class	4,281 shares	(a)	198,934
*	Fidelity VIP Growth Portfolio, Initial Class	3,060 shares	(a)	251,122
*	Fidelity VIP Overseas Portfolio, Initial Class	422 shares	(a)	12,510
*	Franklin Small Cap Value VIP Fund, Class 2	122 shares	(a)	5,959
*	Lincoln VIP Baron Growth Opportunities Fund	5,990 shares	(a)	323,376
*	Lincoln VIP BlackRock Dividend Value Managed Volatility Fund	38,814 shares	(a)	946,407
*	Lincoln VIP BlackRock Global Real Estate Fund	121 shares	(a)	1,326
*	Lincoln VIP BlackRock Inflation-Protected Bond Fund	5,216 shares	(a)	53,067

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Lincoln VIP Blended Large Cap Growth Managed Volatility Fund	70,259 shares	(a)	\$ 2,516,154
*	Lincoln VIP Delaware Bond Fund	40,253 shares	(a)	637,716
*	Lincoln VIP Delaware Diversified Floating Rate Fund	3,012 shares	(a)	31,383
*	Lincoln VIP Delaware Social Awareness Fund	45,748 shares	(a)	2,258,285
*	Lincoln VIP Delaware Mid Cap Value Fund	22,101 shares	(a)	1,045,735
*	Lincoln VIP Delaware Wealth Builder Fund	6,708 shares	(a)	160,826
*	Lincoln VIP Dimensional U.S. Core Equity Fund 1	118,724 shares	(a)	5,249,437
*	Lincoln VIP Franklin Templeton Global Equity Managed Volatility Fund	1,754 shares	(a)	23,739
*	Lincoln VIP Global Conservative Allocation Managed Risk Fund	160 shares	(a)	3,079
*	Lincoln VIP Global Income Fund	2,159 shares	(a)	23,119
*	Lincoln VIP Government Money Market Fund	5,467 shares	(a)	56,461
*	Lincoln VIP JPMorgan Retirement Income Fund	23,717 shares	(a)	447,540
*	Lincoln VIP Mondrian International Value Fund	18,643 shares	(a)	414,573
*	Lincoln VIP SSgA Bond Index Fund	4,699 shares	(a)	54,205
*	Lincoln VIP SSgA S&P 500 Index Fund	61,938 shares	(a)	2,104,131
*	Lincoln VIP SSgA Small-Cap Index Fund	3,182 shares	(a)	73,516
*	Lincoln VIP T. Rowe Price 2020 Fund	2,511 shares	(a)	42,501
*	Lincoln VIP T. Rowe Price 2040 Fund	62 shares	(a)	1,108
*	Lincoln VIP T. Rowe Price Structured Mid-Cap Growth Fund	22,932 shares	(a)	1,240,624
*	Lincoln VIP Vanguard Domestic Equity ETF	4,516 shares	(a)	156,950
*	Lincoln VIP Vanguard International Equity ETF	1,959 shares	(a)	28,630
	Lord Abbett Series Fund Mid Cap Stock Portfolio	704 shares	(a)	22,105
	Invesco V.I. Core Equity Fund, Series I	205 shares	(a)	6,561
	Invesco V.I. American Franchise Fund, Series I	30 shares	(a)	4,335
	Janus Henderson Global Research Fund	253 shares	(a)	9,799
	MFS Utilities Fund	31,119 shares	(a)	636,246
	Invesco Developing Markets Fund, Class A	18 shares	(a)	1,423
	PIMCO Variable Insurance Trust Total Return Portfolio	6,299 shares	(a)	71,275
	Pioneer Equity Income VCT Portfolio, Class I	2 shares	(a)	66
	Templeton Global Bond Fund, Class A	125 shares	(a)	1,154
	Vanguard Value Index Fund, Institutional Class	411,576 shares	(a)	23,990,756

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
	Vanguard Small Value Index Fund, Institutional Class	234,447 shares	(a)	\$ 10,135,131
	Vanguard Mid-Cap Index Fund, Institutional Plus Shares	393,487 shares	(a)	123,491,900
	Vanguard Small-Cap Index Fund, Institutional Class	366,112 shares	(a)	37,412,945
	Vanguard Growth Index Fund, Institutional Class	506,459 shares	(a)	81,033,424
	Vanguard Real Estate Index Fund, Investor Class	761,590 shares	(a)	14,751,992
	Vanguard Small Grade Index Fund, Institutional Class	114,914 shares	(a)	7,821,018
	Vanguard Inflation-Protected Securities Fund, Institutional Class	1,226,151 shares	(a)	11,501,297
	Vanguard Mid-Cap Growth Index Fund, Admiral Class	120,568 shares	(a)	11,397,317
	Vanguard Institutional Target Retirement Income Fund	2,906,377 shares	(a)	37,811,964
	Vanguard Institutional Target Retirement 2020 Fund	2,564,962 shares	(a)	68,920,524
	Vanguard Institutional Target Retirement 2025 Fund	8,542,086 shares	(a)	157,003,547
	Vanguard Institutional Target Retirement 2030 Fund	5,007,569 shares	(a)	177,618,456
	Vanguard Institutional Target Retirement 2035 Fund	7,150,108 shares	(a)	158,160,395
	Vanguard Institutional Target Retirement 2040 Fund	3,191,508 shares	(a)	125,426,255
	Vanguard Institutional Target Retirement 2045 Fund	4,033,243 shares	(a)	107,526,268
	Vanguard Institutional Target Retirement 2050 Fund	2,367,507 shares	(a)	105,211,996
	Vanguard Institutional Target Retirement 2055 Fund	2,143,844 shares	(a)	106,313,209
	Vanguard Institutional Target Retirement 2060 Fund	1,528,451 shares	(a)	69,834,941
	Vanguard Institutional Target Retirement 2065 Fund	386,016 shares	(a)	11,561,165
	Vanguard Institutional Target Retirement 2070 Fund	12,296 shares	(a)	291,425
	Vanguard Total International Bond Index Fund, Institutional Class	277,247 shares	(a)	8,206,500
	Vanguard Emerging Markets Stock Index Fund, Institutional Class	2,177,412 shares	(a)	56,569,176
	Vanguard Short-Term Bond Index Fund, Investor Class	927,793 shares	(a)	9,370,705
	Vanguard Mid-Cap Value Index Fund, Admiral Class	104,200 shares	(a)	7,823,345
*	Voya Balanced Portfolio, Class I	5,570 shares	(a)	187,902

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Voya Global Bond Portfolio, Initial Class	1,819 shares	(a)	\$ 27,289
*	Voya Global High Dividend Low Volatility Portfolio, Class I	437 shares	(a)	6,995
*	Voya Growth and Income Portfolio, Class I	21,164 shares	(a)	942,748
*	Voya Index Plus LargeCap Portfolio, Class I	539 shares	(a)	30,271
*	Voya Index Plus MidCap Portfolio, Class I	1,500 shares	(a)	118,827
*	Voya Index Plus SmallCap Portfolio, Class I	1,591 shares	(a)	87,332
*	Voya Index Solution 2025 Portfolio, Service Class	27 shares	(a)	708
*	Voya Index Solution 2035 Portfolio, Service Class	249 shares	(a)	7,837
*	Voya Index Solution 2045 Portfolio, Service Class	1 share	(a)	42
*	Voya Intermediate Bond Portfolio, Class I	806 shares	(a)	20,497
*	Voya International Index Portfolio, Class I	438 shares	(a)	6,242
*	Voya Large Cap Growth Portfolio, Institutional Class	13,400 shares	(a)	647,879
*	Voya Large Cap Value Portfolio, Institutional Class	1,224 shares	(a)	31,086
*	Voya MidCap Opportunities Portfolio, Class I	1,863 shares	(a)	118,570
*	Voya Russell Small Cap Index Portfolio, Class I	313 shares	(a)	8,980
*	Voya Russell Mid Cap Index Portfolio, Class I	121 shares	(a)	3,930
*	Voya Russell Large Cap Index Portfolio, Class I	334 shares	(a)	13,144
*	Voya Small Company Portfolio, Class I	397 shares	(a)	25,857
*	Voya Solution 2045 Portfolio, Service Class	289 shares	(a)	7,641
*	Voya Strategic Allocation Conservative Portfolio, Class I	117 shares	(a)	3,234
*	Voya Strategic Allocation Growth Portfolio, Class I	332 shares	(a)	10,455
*	Voya Strategic Allocation Moderate Portfolio, Class I	12 shares	(a)	428
*	Voya American Century Small-Mid Cap Value Portfolio, Service Class	3 shares	(a)	165
*	Voya Baron Growth Portfolio, Service Class	6 shares	(a)	389
*	Voya Clarion Global Real Estate Portfolio, Institutional Class	52 shares	(a)	871
*	Voya Invesco Equity and Income Portfolio, Initial Class	5,181 shares	(a)	179,151
*	Voya JPMorgan Emerging Markets Equity Portfolio, Service Class	311 shares	(a)	8,538
*	Voya Oppenheimer Global Portfolio, Initial Class	8,149 shares	(a)	349,298

BEAUMONT HEALTH 403(b) RETIREMENT SAVINGS PLAN
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2023

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
Registered Investment Companies (continued):				
*	Voya T. Rowe Price Capital Appreciation Portfolio, Service Class	860 shares	(a)	\$ 38,038
*	Voya T. Rowe Price Diversified Mid Cap Growth Portfolio, Initial Class	5,901 shares	(a)	347,017
*	Voya T. Rowe Price Growth Equity Portfolio, Initial Class	949 shares	(a)	74,251
*	Voya T. Rowe Price Equity Income Portfolio, Service Class	345 shares	(a)	14,996
*	Voya International High Dividend Low Volatility Portfolio, Initial Class	4,992 shares	(a)	68,936
	Wanger Acorn Fund	342 shares	(a)	12,954
	Wells Fargo Special Small Cap Value Fund, Administrative Class	1,578 shares	(a)	99,354
				<u>2,358,468,438</u>
BrokerageLink Fund:				
*	BrokerageLink Fund	94,329,670 shares	(a)	<u>94,329,670</u>
Money Market Funds:				
*	Voya Government Money Market Portfolio I	3,128 units	(a)	<u>45,157</u>
Insurance Company General Accounts:				
*	Lincoln Guaranteed Interest Account	26,072,236 units	(a)	26,072,236
*	Principal Guaranteed Interest Account	88,180,946 units	(a)	88,180,946
*	Voya Fixed Account	1,264,447 units	(a)	1,264,447
*	Voya Fixed Plus Account	107,988 units	(a)	107,988
*	Voya Long-Term Guaranteed Asset Account	3,261 units	(a)	3,261
*	Voya Short-Term Guaranteed Asset Account	1,359 units	(a)	1,359
				<u>115,630,237</u>
Interest-Bearing Cash:				
*	BrokerageLink Fund	Interest-bearing cash	(a)	<u>9,902,490</u>
Notes Receivable from Participants:				
*	Participant loans	Notes receivable; interest rates ranged from 4.25 percent to 9.50 percent during 2023	\$ -0-	<u>23,318,299</u>
				<u><u>\$ 2,601,694,291</u></u>

* – Represents party-in-interest

(a) – These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2023.