

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>INSTITUTE FOR POPULATION HEALTH,INC.403 B PLAN405975</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><b>2a</b> 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) <u>INSTITUTE FOR POPULATION HEALTH, INC.</u></p> <p><u>DR.GWENDOLYN DANIELS</u> <u>19830 JAMES COUZENS</u> <u>DETROIT, MI 48235</u></p>	<p><b>1c</b> Effective date of plan <u>10/01/2012</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>35-2445761</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>313-309-9300</u></p> <p><b>2d</b> Business code (see instructions) <u>621330</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/14/2025	DR GWENDOLYN DANIELS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/14/2025	DR GWENDOLYN DANIELS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	134
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	82
	<b>6a(2)</b>	80
	<b>6b</b>	0
	<b>6c</b>	50
	<b>6d</b>	130
	<b>6e</b>	0
	<b>6f</b>	130
	<b>6g(1)</b>	129
	<b>6g(2)</b>	125
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2M

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

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

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

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

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

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

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

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

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**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 \_\_\_\_\_

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**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**

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>INSTITUTE FOR POPULATION HEALTH,INC.403 B PLAN405975</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>

<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INSTITUTE FOR POPULATION HEALTH, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>35-2445761</b>
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**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**TIAA-CREF**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1624203</b>	<b>69345</b>	<b>405975</b>	<b>5</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

**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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	35394
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	10456

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

**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>b</b>	Balance at the end of the previous year .....	<b>7b</b>	29221
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>	1235	
	<b>7c(4)</b>	8770	
	<b>7c(5)</b>		

(6) Total additions .....	<b>7c(6)</b>	10005
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	39226
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**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
(2) Administration charge made by carrier .....	<b>7e(2)</b>		
(3) Transferred to separate account.....	<b>7e(3)</b>	3823	
(4) Other (specify below) .....	<b>7e(4)</b>	9	

▶ OTHER

(5) Total deductions .....	<b>7e(5)</b>	3832
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	35394
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**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>INSTITUTE FOR POPULATION HEALTH,INC.403 B PLAN405975</u>	<b>B</b> Three-digit plan number (PN)	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INSTITUTE FOR POPULATION HEALTH, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>35-2445761</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
<b>c</b> EIN-PN <u>13-1624203-004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7244</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

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**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>INSTITUTE FOR POPULATION HEALTH,INC.403 B PLAN405975</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INSTITUTE FOR POPULATION HEALTH, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>35-2445761</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	1141	1141
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	6215	6420
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	5729	7244
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	793297	953323
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	29221	35394
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	835603	1003522
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	835603	1003522

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)		
(B) Participants .....	2a(1)(B)	9115	
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		9115
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)	204	
(F) Other .....	2b(1)(F)	1236	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		1440
(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)	20107	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		20107
(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)		
(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.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		-529
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		171155
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		201288

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	33085	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		33085
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	284	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		284
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		33369

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		167919
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: ALAN C YOUNG & ASSOCIATES,P.C.

(2) EIN: 38-2463166

**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:

**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.)

	Yes	No	Amount
<b>4a</b>	X		40322

**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.)

<b>4b</b>		X	
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**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.)

<b>4c</b>		X	
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**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.)

<b>4d</b>		X	
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**e** Was this plan covered by a fidelity bond?

<b>4e</b>		X	
-----------	--	---	--

**f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

<b>4f</b>		X	
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**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?

<b>4g</b>		X	
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**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?

<b>4h</b>		X	
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**i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

<b>4i</b>	X		
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**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.)

<b>4j</b>		X	
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**k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

<b>4k</b>		X	
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**l** Has the plan failed to provide any benefit when due under the plan?

<b>4l</b>		X	
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**m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

<b>4m</b>		X	
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**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.

<b>4n</b>			
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**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 \_\_\_\_\_.

**INSTITUTE FOR POPULATION HEALTH  
403B PLAN**

**FINANCIAL STATEMENTS  
SEPTEMBER 30, 2024 AND 2023**

**SUPPLEMENTAL SCHEDULES  
SEPTEMBER 30, 2024**

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

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**NOTE:** Schedules not listed above are omitted because of the absence of conditions under which they are required under the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



# *Alan C. Young & Associates, P.C.*

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Participants and Plan Administrator of  
Institute for Population Health 403B Plan  
Detroit, Michigan

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

We have performed audits of the accompanying financial statements of the Institute for Population Health 403B Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024, and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of September 30, 2024, and 2023, and for the years ended September 30, 2024, and 2023 and stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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**

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

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

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

### **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 generally accepted auditing standards 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.

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

### **Other Matters**

#### **Supplemental Schedules Required by ERISA**

The supplemental schedules as identified in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

**Supplemental Schedules Required by ERISA (Continued)**

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

In our opinion—

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

*Alan C. Young & Assoc.*

Detroit, Michigan  
July 14, 2025

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

## Statements of Net Assets Available for Benefits September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Investments at Fair Value</b>		
Registered Investment Company	\$ 953,323	\$ 793,297
Pooled Separate Accounts	7,244	5,730
TIAA Traditional Annuity Non-Benefit Responsive Contracts	31,303	27,790
<b>Total Investments at Fair Value</b>	<u>991,870</u>	<u>826,817</u>
<b>Investments at Contract Value</b>		
TIAA Stable Value	4,091	1,430
<b>Total Investments at Contract Value</b>	<u>4,091</u>	<u>1,430</u>
<b>Total Investments</b>	995,961	828,247
<b>Receivables</b>		
Participant Contributions	1,142	1,142
Participant Notes Receivable	6,420	6,215
<b>Total Receivables</b>	<u>7,562</u>	<u>7,357</u>
<b>Total Assets (Equal to Net Assets Available for Benefits)</b>	<u>\$ 1,003,523</u>	<u>\$ 835,604</u>

*The accompanying notes are an integral part of the financial statements.*

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

## Statements of Changes in Net Assets Available for Benefits Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions (Deductions) to Net Assets Available for Benefits</b>		
<b>Investment Income (Expense)</b>		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 171,862	\$ 80,227
Interest and Dividend Income	<u>20,107</u>	<u>19,177</u>
<b>Total Investment Income (Expense)</b>	<u>191,969</u>	<u>99,404</u>
Interest Income on Notes Receivable from Participants	204	202
<b>Contributions</b>		
Participants	<u>9,115</u>	<u>11,130</u>
<b>Total Contributions</b>	<u>9,115</u>	<u>11,130</u>
<b>Total Additions (Deductions)</b>	<u>201,288</u>	<u>110,736</u>
<b>Deductions from Net Assets Available for Benefits</b>		
Distribution of Benefits	33,085	33,983
Fees and Other Expenses	<u>284</u>	<u>246</u>
<b>Total Deductions</b>	<u>33,369</u>	<u>34,229</u>
<b>Net Increase (Decrease)</b>	167,919	76,507
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>835,604</u>	<u>759,097</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 1,003,523</u>	<u>\$ 835,604</u>

*The accompanying notes are an integral part of the financial statements.*

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

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Notes to Financial Statements  
September 30, 2024 and 2023

## 1) DESCRIPTION OF THE PLAN

The following description of the Institute for Population Health 403B Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan established by Institute for Population Health ("Plan Sponsor") under the provisions of section 403(b) of the Internal Revenue Code (the "IRC") for the benefit of eligible employees of the Plan Sponsor. The Plan was effective October 1, 2012. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

### Eligibility

For elective deferrals, all employees, unless they are part of an excluded class of employees as defined in the plan document, are eligible to participate. For employer contributions, only full-time employees who are 18 years of age or over are eligible.

### Contributions

Each year, participants may elect to contribute a portion of their compensation not to exceed limits established by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Rollover contributions from other qualified plans are also permitted at the discretion of the Plan administrator. Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain limitations. Rollover contributions are 100 percent vested and nonforfeitable.

There was no employer contribution in the plan for the years ended September 30, 2024 and 2023.

### Vesting

Participants are immediately 100% vested in their own contributions and rollovers. However, participants are vested after one year of service in employer contributions plus actual earnings thereon.

### Distributions

Participants can request a distribution of contributions from the employer upon termination of employment after reaching age 59½. Distribution of deferrals or employer contributions invested in annuity contracts and custodial accounts can be requested upon termination, disability, or reaching age 59½.

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

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Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## 1) DESCRIPTION OF THE PLAN (Continued)

### Hardship Withdrawals

Under certain hardship conditions, as specified in the Plan Document, participants, while still employed by the Plan Sponsor, are permitted to withdraw a portion of their elective contributions account balance from annuity contracts.

### Forfeitures

The Plan forfeitures are used first to pay off administrative expenses and then for any future employer contributions. The balance in the forfeitures account totaled \$2,811 and \$2,674 at September 30, 2024 and 2023, respectively.

### Participant Accounts

A separate account is maintained for each participant. Each participant's account is credited with the participant's contribution, rollover contributions, allocations of the Plan Sponsor's contributions (if any), and Plan earnings or losses as defined by the Plan document. Plan earnings or losses are allocated daily based on each participant's account balance. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account, as defined.

### Investment Options

Participants may elect to invest in any combination of the investment funds offered by the Plan and may change their elective deferral percentage.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1-5 years and longer repayment terms are permitted for the purchase of a principal residence. The loans are secured by the balance in the participant's account. The interest rate for a loan varies depending upon how the retirement balance is invested. There were \$6,420 and \$6,215 notes receivable from participants with an interest rate of 4.25% as of September 30, 2024 and 2023 respectively. All the loans are defaulted, and participants were active as of September 30, 2024.

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

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Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## 1) DESCRIPTION OF THE PLAN (Continued)

### Plan Expenses

The Plan's administrative expenses are paid either by the Plan or the Plan Sponsor as provided by the Plan document. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are adjusted against investment income. Investment related expenses are included in net appreciation in fair value of investments.

## 2) SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes there in and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

### Benefit Payments

Benefits to participants are recorded when paid.

### Notes Receivable from Participants

The notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are paid directly by the participant. No allowance for credit losses has been recorded as of September 30, 2024 and 2023.

### Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (with the exception of TIAA Stable Value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. TIAA Stable Value investments are recorded at contract value.

The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees and insurance company. See Note 4 for discussion on fair value measurement.

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## 2) SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gain and losses on investments bought and sold as well as held during the year.

### Recently Adopted Accounting Standards

Effective October 1, 2023, the Plan adopted accounting standards update (ASU) 2016-13, Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments (FASB ASC 326), which significantly changed how the Plan measures credit losses for most financial assets. The most significant change in the standard is a shift from the incurred loss methodology to an expected loss methodology. Financial assets held by the Plan that are subject to the guidance in FASB ASC 326 were contributions receivable. There was no material impact to the financial statements as a result of the adoption of ASU 2016-13.

## 3) CERTIFIED INVESTMENT INFORMATION

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of September 30, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended September 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA-CREF (the trustee of the Plan).

## 4) FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## 4) FAIR VALUE MEASUREMENTS (Continued)

**Level 2:** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the assets or liabilities.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

There have been no changes in the methodologies used at September 30, 2024 and 2023.

Following is a description of the valuation methodologies used for assets measured at fair value:

**TIAA Traditional Annuity Contracts:** The TIAA Traditional Annuity accounts are segregated into non-benefit and fully benefit-responsive categories. Fair value approximates contract value for the non-benefit responsive versions of TIAA Traditional Annuity (RC). The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals.

**TIAA Stable Value:** TIAA Stable Value is a fully benefit responsive contract. As such, it is reported at contract value, which equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals.

**Pooled Separate Account (PSA):** The Plan's PSA invests in TIAA Real Estate Accounts which is an insurance company separate account of TIAA investing mainly in real estate and real estate related investments. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate related investment. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Unit values are calculated each day and are posted at TIAA website. Transfers out of the REA are limited to one per calendar quarter.

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## 4) FAIR VALUE MEASUREMENTS (Continued)

**Registered Investment Company (RIC):** These accounts for the Plan consist mainly of TIAA-CREF and CREF accounts. These funds invest principally in equity securities, fixed income instruments, other mutual funds and short-term instruments in accordance with each fund's investment objectives. Fund holdings are generally valued using market quotations or prices obtained from independent pricing services. In an effort to reduce the market timing and excessive trading, shareholders are not permitted to make electronic transfers back into same account through a purchase or exchange for 90 calendar days, if a sale/exchange within that account is made within a 60 day period. Certain TIAA-CREF funds charge a 2% redemption fee on redemption of shares occurring within 60 days of initial purchase date to defray commission, market impact or other costs.

PSA and RIC are valued at the net asset value (NAV) of units of a PSA and RIC. NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by PSA and RIC less its liabilities. After adoption of ASU 2015-17, the investments are taken out from the ASU 820 fair value hierarchy for the years ended September 30, 2024 and 2023.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

<b>Assets Measured at Fair Value at September 30, 2024</b>				
	<b>Investments (at Fair Value)</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
TIAA Traditional Annuity Non-Benefit Responsive Contract	\$ 31,303	\$ -	\$ -	\$ 31,303
	31,303	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 31,303</u>
Pooled Separate Account (a)	7,244			
Registered Investment Company (a)	953,323			
Total Investments, at Fair Value	<u>\$ 991,870</u>			
<b>Assets Measured at Fair Value at September 30, 2023</b>				
	<b>Investments (at Fair Value)</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
TIAA Traditional Annuity Non-Benefit Responsive Contract	\$ 27,790	\$ -	\$ -	\$ 27,790
	27,790	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 27,790</u>
Pooled Separate Account (a)	5,730			
Registered Investment Company (a)	793,297			
Total Investments, at Fair Value	<u>\$ 826,817</u>			

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## 4) FAIR VALUE MEASUREMENTS (Continued)

(a) PSA and RIC accounts measured at NAV have not been classified in the fair value hierarchy but are presented to permit reconciliation to the investment line item in the statement of net assets available for benefits.

### Level 3: Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended September 30, 2024 and 2023.

	<b>Year Ended September 30, 2024 TIAA Traditional Annuity Non Benefit Responsive Accounts</b>
Balance at October 1, 2023	\$ 27,790
Unrealized Gains Relating to Instruments still Held at the Reporting Date	1,198
Purchases, Sales, Transfers, Issuances and Settlements (Net)	2,315
Balance at September 30, 2024	<u>\$ 31,303</u>
	<b>Year Ended September 30, 2023 TIAA Traditional Annuity Non Benefit Responsive Accounts</b>
Balance at October 1, 2022	\$ 26,574
Unrealized Gains Relating to Instruments still Held at the Reporting Date	1,224
Purchases, Sales, Transfers, Issuances and Settlements (Net)	(8)
Balance at September 30, 2023	<u>\$ 27,790</u>

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## 4) FAIR VALUE MEASUREMENTS (Continued)

### Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, as of September 30, 2024 and 2023, respectively and the significant unobservable inputs and the ranges of value for those inputs:

Instrument	Contract Value	2024	Unobservable Input	Range of Significant Input Values
		Principal Valuation Technique		
TIAA Traditional Annuity Non-Benefit Responsive Contracts	\$ 31,303	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	RC - 3.90% to 6.75%

Instrument	Contract Value	2023	Unobservable Input	Range of Significant Input Values
		Principal Valuation Technique		
TIAA Traditional Annuity Non-Benefit Responsive Contracts	\$ 27,790	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	RC - 4.25% to 7.00%

## 5) INSURANCE COMPANY GENERAL CONTRACTS

The Plan entered into a traditionally fully benefit-responsive guaranteed investment contract with TIAA Stable Value. TIAA Stable Value is a fixed rate group annuity contract offered by TIAA, an insurance company. Contributions are maintained in a non-unitized separate account of TIAA and buy a contractual or guaranteed amount of future benefits for the participant. Allocations to the TIAA Stable Value annuity are backed by the value of the assets in the separate account and, if insufficient, by TIAA's claims-paying ability.

Plan sponsors choosing to terminate a plan's investment in the TIAA Stable Value will receive contract value in, at most, two years. If the two-year payout applies, a discontinuance fee will be assessed, reducing the interest credited during the two-year period by up to 75 basis points (0.75%).

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

# **INSTITUTE FOR POPULATION HEALTH 403B PLAN**

**Notes to Financial Statements (Continued)**  
**September 30, 2024 and 2023**

## **5) INSURANCE COMPANY GENERAL CONTRACTS (Continued)**

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) material amendment to the agreement without the consent of the issuer.

## **6) TAX STATUS**

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The plan administrator and the Plan's tax counsel believe that terms of the Plan have been prepared to conform with the written plan requirements of Section 403(b) of the IRS, and is currently being operated in conformity with the applicable requirements of the IRS and, therefore, believe that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations prior to 2021.

## **7) TRANSACTIONS WITH PARTIES-IN-INTEREST**

Certain Plan investments are represented by investment in traditional non-benefit responsive contracts and mutual funds managed by TIAA-CREF. TIAA-CREF is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

# **INSTITUTE FOR POPULATION HEALTH 403B PLAN**

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Notes to Financial Statements (Continued)  
September 30, 2024 and 2023

## **8) LATE REMITTANCE OF CONTRIBUTIONS TO THE PLAN**

The Employer failed to remit to the Plan's trustee a portion of the salary deferrals including loan repayments within the period prescribed by the Department of Labor. The delays were due to administrative reasons. The total amount of late payments by the Employer was \$350, \$500, \$610, \$2,518, \$728, \$360, \$3,581, \$7,351, \$8,349 and \$15,975 for the years ended September 30, 2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, 2016 and 2015 respectively. The Employer has not calculated loss of earnings on these late deposits.

## **9) ERISA BOND REQUIREMENTS**

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the plan year or \$500,000. At September 30, 2024 and 2023, the Plan's sponsor did not maintain the required bond coverage.

## **10) PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

## **11) RISK AND UNCERTAINTIES**

The Plan provides for various investment securities. 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 values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## **12) SUBSEQUENT EVENTS**

The Organization has evaluated all subsequent events regarding the Plan through July 14, 2025, the date the financial statements were available to be issued. No significant event was noted that required adjustment or disclosure in the financial statements.

## **SUPPLEMENTAL SCHEDULES**

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Schedule H, Part IV, Line 4a  
 Schedule of Delinquent Participant Contributions  
 Plan No. 004 / EIN: 35-2445761  
 September 30, 2024

Totals that Constitute Nonexempt Prohibited Transactions

Pay Date	Transmit Date	Participants Loans Included	Participants Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
10/31/2014	-	No	\$ 25	\$ 25	\$ -	\$ -	\$ -
11/14/2014	-	No	25	25	-	-	-
11/28/2014	-	No	25	25	-	-	-
12/12/2014	-	No	25	25	-	-	-
12/26/2014	-	No	25	25	-	-	-
1/9/2015	-	No	25	25	-	-	-
1/23/2015	-	No	25	25	-	-	-
2/6/2015	-	No	25	25	-	-	-
2/20/2015	-	No	25	25	-	-	-
3/6/2015	4/1/2015	Yes	6,290	6,290	-	-	-
3/20/2015	4/7/2015	Yes	3,514	3,514	-	-	-
4/3/2015	4/22/2015	Yes	3,481	3,481	-	-	-
5/15/2015	6/3/2015	Yes	2,465	2,465	-	-	-
2/5/2016	2/19/2016	Yes	719	719	-	-	-
3/18/2016	5/11/2016	Yes	1,035	1,035	-	-	-
4/1/2016	5/12/2016	Yes	78	78	-	-	-
4/5/2016	5/12/2016	Yes	957	957	-	-	-
4/15/2016	5/12/2016	Yes	1,035	1,035	-	-	-
4/29/2016	5/12/2016	Yes	1,035	1,035	-	-	-
9/2/2016	10/17/2016	Yes	1,190	1,190	-	-	-
9/16/2016	10/17/2016	Yes	1,150	1,150	-	-	-
9/30/2016	10/17/2016	Yes	1,150	1,150	-	-	-
11/23/2016	12/13/2016	Yes	1,150	1,150	-	-	-
12/23/2016	1/13/2017	Yes	950	950	-	-	-
2/17/2017	3/2/2017	Yes	594	594	-	-	-
3/3/2017	3/24/2017	Yes	397	397	-	-	-
4/14/2017	6/28/2018	No	339	339	-	-	-
5/1/2017	6/28/2018	No	339	339	-	-	-
5/12/2017	6/28/2018	No	339	339	-	-	-
5/26/2017	6/28/2018	No	339	339	-	-	-
6/9/2017	6/28/2018	No	339	339	-	-	-
6/23/2017	6/28/2018	No	339	339	-	-	-
7/7/2017	6/28/2018	No	339	339	-	-	-
7/21/2017	6/28/2018	No	339	339	-	-	-
8/4/2017	6/28/2018	No	339	339	-	-	-
8/18/2017	8/31/2017	No	339	339	-	-	-
9/5/2017	6/28/2018	No	290	290	-	-	-
9/15/2017	6/28/2018	No	290	290	-	-	-
9/29/2017	6/28/2018	No	290	290	-	-	-
10/13/2017	6/28/2018	No	289	289	-	-	-
10/27/2017	6/28/2018	No	289	289	-	-	-
11/10/2017	6/28/2018	No	289	289	-	-	-
11/22/2017	3/6/2019	No	289	289	-	-	-
12/8/2017	3/6/2019	No	290	290	-	-	-
12/22/2017	3/6/2019	No	340	340	-	-	-
1/5/2018	3/6/2019	No	289	289	-	-	-
1/19/2018	3/6/2019	No	289	289	-	-	-
2/5/2018	3/6/2019	No	20	20	-	-	-
2/5/2018	-	No	269	269	-	-	-
2/16/2018	3/6/2019	No	20	20	-	-	-
2/16/2018	-	No	269	269	-	-	-
3/2/2018	3/6/2019	No	20	20	-	-	-
3/2/2018	-	No	269	269	-	-	-
3/16/2018	3/6/2019	No	20	20	-	-	-
3/30/2018	3/6/2019	No	20	20	-	-	-
4/13/2018	3/6/2019	No	20	20	-	-	-
4/27/2018	3/6/2019	No	20	20	-	-	-
<b>Subtotal</b>			<b>34,986</b>	<b>34,986</b>	<b>-</b>	<b>-</b>	<b>-</b>

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Schedule H, Part IV, Line 4a (Continued)  
 Schedule of Delinquent Participant Contributions  
 Plan No. 004 / EIN: 35-2445761  
 September 30, 2024

Pay Date	Transmit Date	Participants Loans Included	<u>Totals that Constitute Nonexempt Prohibited Transactions</u>				Total Fully Corrected Under VFCP and PTE 2002-51
			Participants Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
4/27/2018	-	No	50	50	-	-	-
5/11/2018	3/6/2019	No	20	20	-	-	-
5/25/2018	3/6/2019	No	20	20	-	-	-
6/8/2018	3/6/2019	No	20	20	-	-	-
6/22/2018	3/6/2019	No	20	20	-	-	-
7/6/2018	3/6/2019	No	20	20	-	-	-
7/20/2018	3/6/2019	No	20	20	-	-	-
8/3/2018	3/6/2019	No	20	20	-	-	-
8/17/2018	3/6/2019	No	20	20	-	-	-
8/31/2018	3/6/2019	No	20	20	-	-	-
9/14/2018	3/6/2019	No	20	20	-	-	-
9/28/2018	3/6/2019	No	20	20	-	-	-
10/12/2018	3/6/2019	No	20	20	-	-	-
10/26/2018	3/6/2019	No	20	20	-	-	-
11/9/2018	3/6/2019	No	20	20	-	-	-
11/23/2018	-	No	20	20	-	-	-
12/7/2018	-	No	20	20	-	-	-
12/21/2018	-	No	20	20	-	-	-
1/4/2019	1/16/2019	No	20	20	-	-	-
2/15/2019	3/7/2019	No	20	20	-	-	-
3/15/2019	4/4/2019	No	20	20	-	-	-
4/12/2019	5/8/2019	No	20	20	-	-	-
4/26/2019	5/8/2019	No	20	20	-	-	-
5/10/2019	7/11/2019	No	20	20	-	-	-
5/24/2019	6/11/2019	No	20	20	-	-	-
6/21/2019	7/11/2019	No	20	20	-	-	-
8/2/2019	9/5/2019	No	20	20	-	-	-
8/16/2019	9/5/2019	No	20	20	-	-	-
9/13/2019	10/2/2019	No	20	20	-	-	-
9/27/2019	10/2/2019	No	20	20	-	-	-
10/11/2019	11/8/2019	No	20	20	-	-	-
10/25/2019	11/8/2020	No	20	20	-	-	-
11/8/2019	12/13/2019	No	20	20	-	-	-
11/22/2019	12/13/2019	No	20	20	-	-	-
12/6/2019	1/6/2020	No	20	20	-	-	-
12/20/2019	1/6/2020	No	20	20	-	-	-
1/17/2020	2/7/2020	No	20	20	-	-	-
2/14/2020	3/6/2020	No	20	20	-	-	-
3/13/2020	4/8/2020	No	20	20	-	-	-
3/27/2020	4/8/2020	No	20	20	-	-	-
4/10/2020	5/4/2020	No	20	20	-	-	-
5/8/2020	6/2/2020	No	20	20	-	-	-
6/5/2020	6/29/2020	No	120	120	-	-	-
7/17/2020	7/31/2020	No	120	120	-	-	-
8/14/2020	9/1/2020	No	120	120	-	-	-
9/11/2020	9/25/2020	No	128	128	-	-	-
<b>Subtotal</b>			1,358	1,358	-	-	-

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Schedule H, Part IV, Line 4a  
 Schedule of Delinquent Participant Contributions (Continued)  
 Plan No. 004 / EIN: 35-2445761  
 September 30, 2024

Pay Date	Transmit Date	Participants Loans Included	Totals that Constitute Nonexempt Prohibited Transactions				
			Participants Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
10/9/2020	10/29/2020	No	128	128	-	-	-
11/6/2020	11/20/2020	No	128	128	-	-	-
12/4/2020	1/5/2021	No	128	128	-	-	-
12/18/2020	1/5/2021	No	128	128	-	-	-
1/15/2021	2/5/2021	No	128	128	-	-	-
2/12/2021	3/2/2021	No	128	128	-	-	-
3/12/2021	4/1/2021	No	170	170	-	-	-
4/9/2021	4/23/2021	No	170	170	-	-	-
5/7/2021	6/7/2021	No	170	170	-	-	-
5/21/2021	6/7/2021	No	170	170	-	-	-
6/4/2021	7/12/2021	No	170	170	-	-	-
6/18/2021	7/12/2021	No	170	170	-	-	-
7/2/2021	8/4/2021	No	170	170	-	-	-
7/16/2021	8/4/2021	No	170	170	-	-	-
8/13/2021	9/3/2021	No	170	170	-	-	-
9/10/2021	10/1/2021	No	220	220	-	-	-
10/8/2021	10/26/2021	No	220	220	-	-	-
1/28/2022	2/8/2022	No	220	220	-	-	-
6/17/2022	6/27/2022	No	170	170	-	-	-
9/8/2023	9/20/2023	No	500	500	-	-	-
9/6/2024	9/23/2024	No	350	350	-	-	-
<b>Total Late Participant Contribution</b>			<b>\$ 40,322</b>	<b>\$ 40,322</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

# INSTITUTE FOR POPULATION HEALTH 403B PLAN

Schedule H, Part IV, Line 4i  
 Schedule of Assets (Held at End of the Year)  
 Plan No. 004 / EIN: 35-2445761  
 September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
*	TIAA-CREF	Nuveen LfCycle Ix 2035 Retire	**	\$ 180,432
*	TIAA-CREF	Nuveen LfCycle Ix 2030 Retire	**	164,088
*	TIAA-CREF	Nuveen LfCycle Ix 2050 Retire	**	127,820
*	TIAA-CREF	Nuveen LfCycle Ix 2025 Retire	**	121,931
*	TIAA-CREF	Nuveen LfCycle Ix 2045 Retire	**	63,917
*	TIAA-CREF	Nuveen LfCycle Ix 2020 Retire	**	62,948
*	TIAA-CREF	Nuveen LfCycle Ix 2040 Retire	**	62,427
*	TIAA-CREF	Nuveen LfCycle Ix 2015 Retire	**	53,441
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive 2	**	31,303
*	Principal	Principal MidCap Fund R5	**	18,195
*	TIAA-CREF	Nuveen LfCycle Ix 2010 Retire	**	15,104
*	TIAA-CREF	Nuveen LfCycle Ix 2055 Retire	**	15,036
*	Hartford	Hartford Dividend & Growth R5	**	14,735
*	AF	AF American Balanced Fund R4	**	13,112
*	TIAA-CREF	Nuveen Internatl Eq Idx Retire	**	12,478
*	TIAA-CREF	Nuveen S&P 500 Index Retire	**	11,722
*	TIAA-CREF	TIAA Real Estate	**	7,244
*	TIAA-CREF	Nuveen Money Market Retirement	**	4,525
*	TIAA-CREF	Nuveen Small Cap Bld Idx Rtmt	**	4,102
*	TIAA-CREF	TIAA Stable Value	**	4,091
*	TIAA-CREF	CREF Stock R1	**	3,212
*	BR	BlackRock Inflat Prot Bnd Inst	**	1,970
*	AF	American Fds New World R4	**	1,960
*	Baird	Baird Short Term Bond Fund Inv	**	67
*	AM	Am Century Mid Cap Value Inv	**	57
*	AF	AF EuroPacific Growth Fund R4	**	41
*	TIAA-CREF	Nuveen Core Bond Premier	**	3
				995,961
		Participant Loan (at 4.25% interest rate, maturing through September 24, 2020) ***	-	6,420
				\$ 1,002,381

\* Party-in-interest

\*\* Cost information omitted for participant-directed transactions

\*\*\* All the loans are defaulted

## 2023 Form 5500 e-file Signature Authorization

Institute For Population Health, Inc.  
Institute For Population Health, Inc. 403 B Plan#405975 004  
19830 James Couzens  
Detroit, MI 48235

Employer Identification Number: 35-2445761

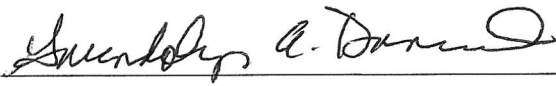
Client Identification Number: IPH403B

You, as plan administrator, are authorizing that Alan C. Young & Associates, P.C. electronically file the 2023 Form 5500 for Institute For Population Health, Inc. 403 B as an EFAST2 Service Provider.

### Authorization

As plan administrator for Institute For Population Health, Inc. 403 B, I authorize Alan C. Young & Associates, P.C. to electronically file Form 5500 for the tax year 2023. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization   
Date: 9/14/2025

**Federal Statements**

FYE: 9/30/2024

**Institute For Population Health,Inc.403 B  
Plan: 004**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	See Attached		\$	\$