

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>014</u>
<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>HENRY FORD HEALTH SYSTEM</u>  <u>ONE FORD PLACE, 4E</u> <u>DETROIT, MI 48202-3450</u>	<b>1c</b> Effective date of plan <u>01/01/2014</u>  <b>2b</b> Employer Identification Number (EIN) <u>38-1357020</u>  <b>2c</b> Plan Sponsor's telephone number <u>313-876-8495</u>  <b>2d</b> Business code (see instructions) <u>622000</u>

**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.	10/12/2025	JAMES FRANCIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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>	17755
<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>	14465
	<b>6a(2)</b>	12517
	<b>6b</b>	79
	<b>6c</b>	4022
	<b>6d</b>	16618
	<b>6e</b>	57
	<b>6f</b>	16675
	<b>6g(1)</b>	14067
<b>6g(2)</b>	12374	
<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:  
2G 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:

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" 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 type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input 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

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

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

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<b>SCHEDULE C</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>Service Provider 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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>014</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HENRY FORD HEALTH SYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1357020</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 E ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
15 37 50 59 64	NONE	443649	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

GJC CPA'S & ADVIOSRS

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	NONE	19400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC

04-2927339

(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?
16 27 50	NONE	16739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
11 50	NONE	6200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE 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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>014</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HENRY FORD HEALTH SYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1357020</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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>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>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	7763	15165
<b>(3)</b> Other .....	<b>1b(3)</b>	126	0
<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>	11226909	13543440
<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>		
<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>	1264485928	1388974081
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	8536569	10346137

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1284257295	1412878823
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1284257295	1412878823

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	0	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	78642469	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3416657	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		82059126
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	897420	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		897420
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	52226865	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		52226865
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		136987954
<b>c</b> Other income .....	<b>2c</b>		5436046
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		277607411

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	138896420	
(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>		138896420
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		251224
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	443649	
(4) IQPA audit fees .....	<b>2i(4)</b>	19400	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	21721	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	6200	
(8) Legal fees .....	<b>2i(8)</b>	2083	
(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>		493053
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		139640697

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		137966714
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		9345186

**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: **GJC CPA'S & ADVISORS**

(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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
HENRY FORD HEALTH SYSTEM AMBASSADOR 403(B) PLAN	38-1357020	016

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

<b>SCHEDULE R</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>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>014</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HENRY FORD HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1357020</u>	

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

**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): 84-1455663 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	
---	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**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:

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% 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 \_\_\_\_\_.

HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

**FINANCIAL STATEMENTS**  
**(With Supplementary Information)**

December 31, 2024 and 2023



HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

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## **INDEPENDENT AUDITOR'S REPORT**

October 9, 2025

To the Audit and Compliance Committee  
Henry Ford Health System

### **Opinion**

We have audited the financial statements of the Henry Ford Health System Heritage 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### **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 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.

Bank America Tower  
110 N. Wacker Drive  
Suite 2500  
Chicago, Illinois 60606  
Tel: (872) 465-1330

PNC Center  
201 E. 5th Street  
Suite 1900-1239  
Cincinnati, Ohio 45202  
Tel: (513) 766-9415

1001 Woodward Avenue  
Suite 850  
Detroit, Michigan 48226  
Tel: (313) 965-2655

## **INDEPENDENT AUDITOR'S REPORT (CONTINUED)**

### **Responsibilities of Management for the Financial Statements (continued)**

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**

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.

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.

**INDEPENDENT AUDITOR'S REPORT (CONTINUED)**

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

- 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.

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**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 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 Department of Labor's ("DOL") 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 has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*GSC CPAs & Advisors*

Detroit, Michigan

## HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets:</b>		
Participant-directed investments (Notes B and C):		
Investments at fair value:		
Registered investment companies	\$ 1,388,974,081	\$ 1,264,485,928
Self-directed brokerage accounts	<u>10,346,137</u>	<u>8,536,569</u>
<b>Total Investments</b>	<b>1,399,320,218</b>	<b>1,273,022,497</b>
Notes receivable from participants	13,543,440	11,226,909
Participant contributions receivable	15,165	7,763
Other receivables	<u>-0-</u>	<u>126</u>
<b>Net Assets Available for Benefits</b>	<b><u>\$ 1,412,878,823</u></b>	<b><u>\$ 1,284,257,295</u></b>

See notes to financial statements.

## HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions:</b>		
Contributions:		
Participant contributions	\$ 78,642,469	\$ 80,727,339
Participant rollovers	3,416,657	1,687,177
Employer contributions	-0-	20,283
	<u>82,059,126</u>	<u>82,434,799</u>
Total Contributions		
Interest and dividend income	52,226,865	39,104,875
Interest income on notes receivable from participants	897,420	590,096
Net realized and unrealized appreciation in fair value of investments	<u>142,424,000</u>	<u>165,801,467</u>
<b>Total Additions</b>	<b><u>277,607,411</u></b>	<b><u>287,931,237</u></b>
<b>Deductions:</b>		
Distributions to participants	139,147,644	84,814,028
Administrative expenses	<u>493,053</u>	<u>449,814</u>
<b>Total Deductions</b>	<b><u>139,640,697</u></b>	<b><u>85,263,842</u></b>
<b>Change in Net Assets Available for Benefits Before Plan Transfers</b>	<b>137,966,714</b>	<b>202,667,395</b>
<b>Other Changes:</b>		
Transfer of net assets to Henry Ford Health System Ambassador 403(b) Plan (Note A)	<u>(9,345,186)</u>	<u>(1,461,335)</u>
<b>Change in Net Assets Available for Benefits</b>	<b>128,621,528</b>	<b>201,206,060</b>
Net Assets Available for Benefits, Beginning of Year	<u>1,284,257,295</u>	<u>1,083,051,235</u>
<b>Net Assets Available for Benefits, End of Year</b>	<b><u>\$ 1,412,878,823</u></b>	<b><u>\$ 1,284,257,295</u></b>

See notes to financial statements.

## HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

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#### **NOTE A — DESCRIPTION OF THE PLAN**

##### **General**

The following brief description of the Henry Ford Health System Heritage 403(b) Plan (the “Plan”) is provided for general informational purposes only. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

The Plan was adopted January 1, 2009, and was amended and restated, effective January 1, 2022. The Plan is a tax-sheltered annuity pension plan established for the employees of Henry Ford Health System (“HFHS”) and certain affiliates under section 403(b) of the Internal Revenue Code (the “Code”). The Plan was closed to new participants hired after December 23, 2017, except for newly hired medical residents, house officers, and fellows. These groups of newly hired employees are enrolled in the Plan 60 days after their hire date.

All new HFHS employees, other than medical residents, house officers, and fellows who were hired after December 23, 2017, are enrolled in the Henry Ford Health System Ambassador 403(b) Plan (the “Ambassador Plan”), which is a separate defined contribution pension plan sponsored by HFHS. All employees who were participants in the Plan before December 24, 2017 remain participants in the Plan.

##### **Asset Transfers**

The ability of certain participants of the Plan to direct deferrals of their compensation to the Plan ends once these participants become eligible for the Ambassador Plan. At that time, these participants’ balances are transferred from the Plan to the Ambassador Plan. The amounts of net assets transferred during the years ended December 31, 2024 and 2023 were \$9,345,186 and \$1,461,335, respectively.

##### **Contributions**

The Plan allows participants to elect to defer a portion of their compensation up to the maximum amount currently allowed by law, plus any make-up contributions as allowed for by the Internal Revenue Service (the “IRS”) and the Plan document. The amount of the participant’s deferred compensation is treated as a participant elective contribution and allocated to that participant’s elective account.

New participants for the first year of eligibility who have not made an election to opt out of the Plan are subject to automatic deferral. These participants continue to be subject to automatic deferral in subsequent years unless they make a contrary election or they elect to change their contribution percentage. Automatic deferrals are one percent of compensation for the first year, two percent for the second year, and three percent for the third year of participation.

HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

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**NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)**

**Benefits**

Each participant's account is credited with 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 at age 59½ or upon retirement, disability, death, or termination of service.

**Vesting**

Participants are immediately vested in their contributions and the earnings thereon.

**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 their fund accounts up to 50 percent of their compensation reduction and employee rollover account balances. The maximum amount that may be borrowed is \$50,000, reduced by the highest loan balance during the previous 12 months.

**Plan Administration**

Fidelity Management Trust Company ("Fidelity"), Empower Trust Company, LLC ("Empower Trust"), and Metropolitan Life Insurance Company ("MetLife") serve as the trustees for the Plan. The Plan's recordkeepers are Fidelity Workplace Services LLC for participants with assets held by Fidelity, Empower Retirement for participants with assets held by Empower Trust, and FASCore for participants with assets held by MetLife.

**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.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

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**NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**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 in shares of registered investment companies and the underlying investments in self-directed brokerage accounts 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.

Purchases and sales of securities are recorded on a trade-date basis. Gains and losses on sales of securities are based on average costs. Interest income is recorded on the accrual basis. 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, 2024 or 2023.

**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.

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.

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

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**NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Fair Value Measurements (continued)**

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.

**Payment of Distributions**

Plan distributions to participants are recorded when paid.

**Administrative Expenses**

Reasonable and necessary expenses related to the administration of the Plan are payable out of Plan assets, as determined by HFHS.

**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.

HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

December 31, 2024 and 2023

**NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Risks and Uncertainties**

The Plan invests in various securities, including registered investment companies. 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 changes could materially affect the amounts reported in the financial statements.

**Subsequent Events**

The Plan's management has evaluated subsequent events through October 9, 2025, the date that the accompanying financial statements were available to be issued.

**NOTE C — INVESTMENTS AND FAIR VALUE**

The Plan's fair value hierarchy for those assets that are measured at fair value on a recurring basis as of December 31, 2024 and 2023 is summarized as follows:

	<u>Fair Value Measurements</u>			
	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	<u>Total</u>
<b>2024</b>				
<b>Assets:</b>				
Investments at fair value:				
Registered investment companies	\$ 1,388,974,081	\$ -0-	\$ -0-	\$ 1,388,974,081
Self-directed brokerage accounts	10,346,137			10,346,137
	<u>\$ 1,399,320,218</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 1,399,320,218</u>
<b>2023</b>				
<b>Assets:</b>				
Investments at fair value:				
Registered investment companies	\$ 1,264,485,928	\$ -0-	\$ -0-	\$ 1,264,485,928
Self-directed brokerage accounts	8,536,569			8,536,569
	<u>\$ 1,273,022,497</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 1,273,022,497</u>

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

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**NOTE D — PLAN TERMINATION**

Although it has expressed no intention to do so, HFHS has the right to terminate the Plan, subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). In the event the Plan is terminated, the net assets available to provide benefits would be distributed to the participants in proportion to their respective account balances after payment of expenses properly charged against the Plan.

**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 Code because the IRS does not currently issue determination letters for retirement plans established under section 403(b) of the Code. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. In addition, the Plan administrator is not aware of any uncertain tax positions or unrecognized tax benefits as of December 31, 2024 or 2023. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

**NOTE F — PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of registered investment companies and brokerage accounts managed by the Plan’s trustees or parties related to the Plan’s trustees. Therefore, transactions involving these investments qualify as party-in-interest transactions.

**SUPPLEMENTARY INFORMATION**

HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN  
(Federal Employer Identification Number: 38-1357020; Plan Number: 014)

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

December 31, 2024

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
	<b>Registered Investment Companies:</b>			
	American Funds Europacific Growth Fund A	164,144 shares	(a)	\$ 8,817,799
	Clearbridge Growth Fund A	105,537 shares	(a)	10,341,563
	Clearbridge Value Fund A	44,537 shares	(a)	4,204,321
	Clearbridge Large Cap Growth Fund A	180,694 shares	(a)	11,264,457
	Clearbridge Large Cap Value Fund A	123,605 shares	(a)	4,883,624
	Clearbridge Mid Cap Fund A	117,803 shares	(a)	3,988,810
*	Fidelity Advisor Stock Select Mid Cap Fund M	195,324 shares	(a)	8,285,630
*	Fidelity Advisor Strategic Income Fund M	671,150 shares	(a)	7,664,536
*	Fidelity Advisor Value Strategies Fund	123,894 shares	(a)	5,799,479
*	Fidelity 500 Index Premium Fund	115,557 shares	(a)	23,595,559
*	Fidelity Asset Manager 20% Fund	52,278 shares	(a)	708,364
*	Fidelity Asset Manager 30% Fund	17,636 shares	(a)	208,634
*	Fidelity Asset Manager 50% Fund	224,563 shares	(a)	4,590,066
*	Fidelity Asset Manager 60% Fund	16,986 shares	(a)	263,120
*	Fidelity Asset Manager 70% Fund	31,664 shares	(a)	864,738
*	Fidelity Asset Manager 85% Fund	34,842 shares	(a)	920,884
*	Fidelity Balanced Fund K	250,436 shares	(a)	7,402,874
*	Fidelity Blue Chip Growth Fund K	128,548 shares	(a)	29,368,100
*	Fidelity Blue Chip Value Fund	25,726 shares	(a)	615,358
*	Fidelity Canada Fund	9,805 shares	(a)	644,024
*	Fidelity Capital Appreciation Fund K	30,253 shares	(a)	1,282,734
*	Fidelity Capital and Income Fund	245,288 shares	(a)	2,489,671
*	Fidelity China Region Fund	13,788 shares	(a)	536,205
*	Fidelity Conservative Income Bond Fund	29,754 shares	(a)	299,626
*	Fidelity Contrafund K	2,188,852 shares	(a)	46,184,780
*	Fidelity Convertible Securities Fund	7,057 shares	(a)	242,471
*	Fidelity Corporate Bond Fund	9,270 shares	(a)	96,506
*	Fidelity Disciplined Equity Fund K	15,451 shares	(a)	1,036,733
*	Fidelity Diversified International Fund K	54,180 shares	(a)	2,278,828
*	Fidelity Dividend Growth Fund K	63,096 shares	(a)	2,407,724
*	Fidelity Emerging Markets Index Fund	16,208 shares	(a)	169,534
*	Fidelity Multi-Asset Index Fund	30,872 shares	(a)	1,782,848
*	Fidelity Emerging Markets Discovery Fund	6,683 shares	(a)	101,851
*	Fidelity Emerging Asia Fund	11,767 shares	(a)	572,563
*	Fidelity Emerging Markets Fund K	39,965 shares	(a)	1,521,883
*	Fidelity Equity Dividend Income Fund K	57,362 shares	(a)	1,613,579
*	Fidelity Equity Income Fund K	65,722 shares	(a)	4,836,497
*	Fidelity Europe Fund	5,679 shares	(a)	196,955
*	Fidelity Extended Market Index Fund	18,624 shares	(a)	1,692,593
*	Fidelity Floating-Rate High Income Fund	81,028 shares	(a)	752,753
*	Fidelity Focused High Income Fund	11,009 shares	(a)	88,950
*	Fidelity Focused Stock Fund	45,664 shares	(a)	1,728,847
*	Fidelity Freedom K 2010 Fund	67,056 shares	(a)	933,424
*	Fidelity Freedom K 2015 Fund	122,036 shares	(a)	1,391,207
*	Fidelity Freedom K 2020 Fund	405,273 shares	(a)	5,819,727
*	Fidelity Freedom K 2025 Fund	555,978 shares	(a)	7,566,863

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

December 31, 2024

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
<b>Registered Investment Companies</b>				
<b>(continued):</b>				
*	Fidelity Freedom K 2030 Fund	769,958 shares	(a)	\$ 13,512,757
*	Fidelity Freedom K 2035 Fund	724,198 shares	(a)	11,333,695
*	Fidelity Freedom K 2040 Fund	958,892 shares	(a)	11,084,797
*	Fidelity Freedom K 2045 Fund	249,209 shares	(a)	3,356,850
*	Fidelity Freedom K 2050 Fund	259,325 shares	(a)	3,539,786
*	Fidelity Freedom K 2055 Fund	2,565 shares	(a)	40,551
*	Fidelity Freedom K Income Fund	57,424 shares	(a)	605,254
*	Fidelity Fund K	90,063 shares	(a)	8,535,312
*	Fidelity Global Commodity Stock Fund	7,299 shares	(a)	131,024
*	Fidelity Global Credit Fund	1,446 shares	(a)	11,440
*	Fidelity Global ex-U.S. Index Premium Fund	6,169 shares	(a)	88,952
*	Fidelity Global Equity Income Fund	1,313 shares	(a)	26,466
*	Fidelity GNMA Fund	19,001 shares	(a)	189,633
*	Fidelity Government Cash Reserve Fund	5,821,944 shares	(a)	5,821,944
*	Fidelity Government Income Fund	33,271 shares	(a)	299,109
*	Fidelity Government Money Market Fund	5,851,720 shares	(a)	5,851,720
*	Fidelity Government Money Market Prime Fund	10,296,674 shares	(a)	10,296,674
*	Fidelity Growth and Income Fund K	83,019 shares	(a)	5,128,924
*	Fidelity Growth Company Fund K	516,154 shares	(a)	20,961,004
*	Fidelity Growth Discovery Fund K	21,914 shares	(a)	1,354,072
*	Fidelity Growth Strategic Fund K	32,774 shares	(a)	2,206,994
*	Fidelity High Income Fund	56,535 shares	(a)	444,934
*	Fidelity Inflation-Protected Bond Fund	48,586 shares	(a)	431,927
*	Fidelity Intermediate Bond Fund	76,095 shares	(a)	766,273
*	Fidelity International Capital Appreciation Fund	20,151 shares	(a)	554,968
*	Fidelity International Discovery Fund K	17,754 shares	(a)	846,859
*	Fidelity International Growth Fund	17,579 shares	(a)	350,520
*	Fidelity International Index Fund	38,656 shares	(a)	1,837,719
*	Fidelity International Real Estate Fund	2,855 shares	(a)	25,356
*	Fidelity International Small Cap Opportunity Fund	1,678 shares	(a)	32,840
*	Fidelity International Small Cap Fund	22,125 shares	(a)	676,817
*	Fidelity International Value Fund	23,127 shares	(a)	232,655
*	Fidelity Intermediate Government Income Fund	4,550 shares	(a)	43,950
*	Fidelity Intermediate Treasury Bond Index Fund	70,661 shares	(a)	667,750
*	Fidelity Investment Grade Bond Fund	76,747 shares	(a)	543,370
*	Fidelity Japan Fund	3,106 shares	(a)	51,218
*	Fidelity Japan Small Company Fund	2,082 shares	(a)	32,484
*	Fidelity Large Cap Stock Fund	8,421 shares	(a)	458,929
*	Fidelity Leveraged Company Stock Fund K	31,044 shares	(a)	1,194,887
*	Fidelity Low Priced Stock Fund K	148,661 shares	(a)	6,047,531

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

December 31, 2024

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
<b>Registered Investment Companies</b>				
<b>(continued):</b>				
*	Fidelity Long-Term Treasury Bond Index Fund	24,300 shares	(a)	\$ 222,827
*	Fidelity Limited Term Bond Fund	11,690 shares	(a)	132,794
*	Fidelity Limited Term Government Fund	4,012 shares	(a)	38,356
*	Fidelity Magellan Fund K	1,308,263 shares	(a)	19,388,460
*	Fidelity Mega Cap Stock Fund	25,110 shares	(a)	644,074
*	Fidelity Mid Cap Index Fund	17,141 shares	(a)	578,853
*	Fidelity Mid Cap Stock Fund K	62,673 shares	(a)	2,662,346
*	Fidelity Mid Cap Value Fund	25,997 shares	(a)	783,797
*	Fidelity Mortgage Securities Fund	12,132 shares	(a)	116,832
*	Fidelity NASDAQ Complete Index Fund	14,358 shares	(a)	3,514,456
*	Fidelity New Markets Income Fund	23,462 shares	(a)	296,794
*	Fidelity New Millennium Fund	106,246 shares	(a)	6,308,914
*	Fidelity Nordic Fund	588 shares	(a)	33,343
*	Fidelity OTC Fund K	286,302 shares	(a)	6,310,105
*	Fidelity Overseas Fund K	23,231 shares	(a)	1,445,681
*	Fidelity Pacific Basin Fund	22,315 shares	(a)	682,166
*	Fidelity Puritan Fund K	105,071 shares	(a)	2,607,853
*	Fidelity Real Estate Index Fund	25,682 shares	(a)	413,744
*	Fidelity Real Estate Income Fund	29,565 shares	(a)	352,713
*	Fidelity Real Estate Investors Fund	14,500 shares	(a)	559,568
*	Fidelity Select Automotive Fund	2,488 shares	(a)	138,445
*	Fidelity Select Banking Fund	8,782 shares	(a)	273,816
*	Fidelity Select Biotech Fund	43,623 shares	(a)	824,475
*	Fidelity Select Brokerage Fund	754 shares	(a)	137,011
*	Fidelity Select Chemicals Fund	42,978 shares	(a)	577,621
*	Fidelity Select Communications Services Fund	2,319 shares	(a)	258,160
*	Fidelity Select Consumer Discretionary Fund	1,106 shares	(a)	75,322
*	Fidelity Select Consumer Staples Fund	2,441 shares	(a)	218,883
*	Fidelity Select Construction and House Fund	4,656 shares	(a)	554,166
*	Fidelity Select Defense Fund	27,873 shares	(a)	507,574
*	Fidelity Select Energy Fund	13,510 shares	(a)	767,210
*	Fidelity Select Enterprise Technology Services Fund	922 shares	(a)	55,657
*	Fidelity Environment and Alternative Energy Fund	851 shares	(a)	33,522
*	Fidelity Select Financial Fund	46,454 shares	(a)	692,627
*	Fidelity Select Fintech Fund	7,823 shares	(a)	151,603
*	Fidelity Select Gold Fund	24,640 shares	(a)	605,643
*	Fidelity Select Healthcare Fund	87,386 shares	(a)	2,381,279
*	Fidelity Select Healthcare Services Fund	2,627 shares	(a)	261,497
*	Fidelity Select Industrials Fund	3,394 shares	(a)	137,402

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

December 31, 2024

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
<b>Registered Investment Companies</b>				
<b>(continued):</b>				
*	Fidelity Select Insurance Fund	880 shares	(a)	\$ 79,330
*	Fidelity Select Leisure Fund	32,260 shares	(a)	662,628
*	Fidelity Select Materials Fund	3,341 shares	(a)	280,804
*	Fidelity Select Medical Technology and Devices Fund	32,443 shares	(a)	2,017,626
*	Fidelity Select Natural Resources Fund	9,717 shares	(a)	404,209
*	Fidelity Select Pharmaceuticals Fund	14,895 shares	(a)	377,738
*	Fidelity Select Retailing Fund	28,303 shares	(a)	579,353
*	Fidelity Select Semiconductors Fund	235,087 shares	(a)	7,868,357
*	Fidelity Select Software Fund	57,362 shares	(a)	1,573,447
*	Fidelity Select Technology Fund	125,207 shares	(a)	4,617,622
*	Fidelity Select Tech Hardware Fund	11,266 shares	(a)	1,215,742
*	Fidelity Select Telecommunications Fund	406 shares	(a)	21,989
*	Fidelity Select Transportation Fund	2,355 shares	(a)	244,661
*	Fidelity Select Utilities Fund	1,730 shares	(a)	209,232
*	Fidelity Select Wireless Fund	419 shares	(a)	5,230
*	Fidelity Short-Duration High Income Fund	3,841 shares	(a)	34,417
*	Fidelity Short-Term Bond Fund	154,980 shares	(a)	1,308,033
*	Fidelity Small Cap Discovery Fund	55,285 shares	(a)	1,334,582
*	Fidelity Small Cap Index Fund	28,704 shares	(a)	794,521
*	Fidelity Small Cap Growth Fund	65,894 shares	(a)	2,205,467
*	Fidelity Small Cap Stock Fund	34,280 shares	(a)	633,487
*	Fidelity Small Cap Value Fund	67,817 shares	(a)	1,380,756
*	Fidelity Short-Term Treasury Bond Index Fund	5,768 shares	(a)	58,542
*	Fidelity Stock Select All Cap Fund K	8,341 shares	(a)	659,007
*	Fidelity Stock Select Mid Cap Fund	4,953 shares	(a)	223,117
*	Fidelity Stock Select Small Cap Fund	33,085 shares	(a)	1,233,399
*	Fidelity Stock Select Large Cap Value Fund	41,856 shares	(a)	1,140,566
*	Fidelity Strategic Dividend and Income Fund	14,778 shares	(a)	248,565
*	Fidelity Strategic Real Return Fund	5,240 shares	(a)	44,068
*	Fidelity Strategic Income Fund	183,611 shares	(a)	2,128,057
*	Fidelity Telecommunications and Utilities Fund	6,496 shares	(a)	213,847
*	Fidelity Total Market Index Fund	47,711 shares	(a)	7,694,409
*	Fidelity Total Bond Fund	390,138 shares	(a)	3,667,298
*	Fidelity Total International Equity Fund	981 shares	(a)	11,162
*	Fidelity Treasury Money Market Fund	739,073 shares	(a)	739,073
*	Fidelity Treasury Only Money Market Fund	1,361,267 shares	(a)	1,361,267
*	Fidelity Trend Fund	2,964 shares	(a)	539,282
*	Fidelity U.S. Bond Index Premium Fund	163,066 shares	(a)	1,666,532
*	Fidelity Value Discovery Fund K	12,074 shares	(a)	436,476
*	Fidelity Value Fund K	304,806 shares	(a)	4,157,554
*	Fidelity Value Strategic Fund K	6,140 shares	(a)	337,015

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

December 31, 2024

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
	<b>Registered Investment Companies</b>			
	<b>(continued):</b>			
*	Fidelity Worldwide Fund	22,962 shares	(a)	\$ 799,073
*	Fidelity Emerging Markets Fund	3,577 shares	(a)	136,206
	JPMorgan SmartRetirement Blend 2025 Fund, Class R6	3,476,888 shares	(a)	79,898,880
	JPMorgan SmartRetirement Blend 2030 Fund, Class R6	4,066,859 shares	(a)	105,453,549
	JPMorgan SmartRetirement Blend 2035 Fund, Class R6	3,346,721 shares	(a)	97,188,775
	JPMorgan SmartRetirement Blend 2040 Fund, Class R6	2,894,903 shares	(a)	90,147,278
	JPMorgan SmartRetirement Blend 2045 Fund, Class R6	2,463,855 shares	(a)	80,937,633
	JPMorgan SmartRetirement Blend 2050 Fund, Class R6	1,712,650 shares	(a)	56,585,957
	JPMorgan SmartRetirement Blend 2055 Fund, Class R6	950,190 shares	(a)	31,227,884
	JPMorgan SmartRetirement Blend 2060 Fund, Class R6	278,709 shares	(a)	7,143,302
	JPMorgan SmartRetirement Blend 2065 Fund, Class R6	76,770 shares	(a)	1,559,959
	JPMorgan SmartRetirement Blend Income Fund, Class R6	3,176,204 shares	(a)	57,584,580
	Lord Abbett Bond Debenture Fund A	516,443 shares	(a)	3,682,235
	MFS Massachusetts Investors Trust Fund	227,116 shares	(a)	8,144,377
	MFS Total Return Fund	577,960 shares	(a)	10,929,216
	MFS Value Fund A	112,828 shares	(a)	5,464,244
	Janus Henderson Flexible Bond Fund I	519,814 shares	(a)	4,771,896
	INVESCO Discovery Large Cap Fund A	99,225 shares	(a)	8,318,005
	INVESCO Global Allocation Fund A	139,425 shares	(a)	2,682,543
	INVESCO International Growth Fund A	98,840 shares	(a)	3,145,090
	Royce Micro-Cap Service Fund	897,663 shares	(a)	9,667,829
	SSgA Institutional U.S. Government Money Market Fund, Administration Class	10,780,467 shares	(a)	10,780,467
	Vanguard Federal Money Market Investor Fund	29,062,994 shares	(a)	29,062,994
	Vanguard Total Bond Market Index Fund, Institutional Class	1,847,633 shares	(a)	17,515,558
	Vanguard Total International Stock Index Fund, Institutional Class	189,434 shares	(a)	24,005,136
	Vanguard Total Stock Market Index Fund, Institutional Class	719,299 shares	(a)	190,312,122
				<u>\$ 1,388,974,081</u>

HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN  
(Federal Employer Identification Number: 38-1357020; Plan Number: 014)

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

**December 31, 2024**

<b>Party-in-Interest</b>	<b>Identity of Issue, Borrower, Lessor, or Similar Party</b>	<b>Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)</b>	<b>Cost</b>	<b>Current Value</b>
	<b>Self-Directed Brokerage Accounts:</b>			
*	Empower Self-Directed Brokerage Accounts	Various participant-directed holdings	(a)	\$ 10,346,137
	<b>Notes Receivable from Participants:</b>			
*	Participant loans	Loans receivable; interest rates ranging from 4.25 percent to 10.25 percent	\$ -0-	<u>13,543,440</u>
				<b><u>\$ 1,412,863,658</u></b>

\* – 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, 2024.

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

December 31, 2024

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
	<b>Registered Investment Companies:</b>			
	American Funds Europacific Growth Fund A	164,144 shares	(a)	\$ 8,817,799
	Clearbridge Growth Fund A	105,537 shares	(a)	10,341,563
	Clearbridge Value Fund A	44,537 shares	(a)	4,204,321
	Clearbridge Large Cap Growth Fund A	180,694 shares	(a)	11,264,457
	Clearbridge Large Cap Value Fund A	123,605 shares	(a)	4,883,624
	Clearbridge Mid Cap Fund A	117,803 shares	(a)	3,988,810
*	Fidelity Advisor Stock Select Mid Cap Fund M	195,324 shares	(a)	8,285,630
*	Fidelity Advisor Strategic Income Fund M	671,150 shares	(a)	7,664,536
*	Fidelity Advisor Value Strategies Fund	123,894 shares	(a)	5,799,479
*	Fidelity 500 Index Premium Fund	115,557 shares	(a)	23,595,559
*	Fidelity Asset Manager 20% Fund	52,278 shares	(a)	708,364
*	Fidelity Asset Manager 30% Fund	17,636 shares	(a)	208,634
*	Fidelity Asset Manager 50% Fund	224,563 shares	(a)	4,590,066
*	Fidelity Asset Manager 60% Fund	16,986 shares	(a)	263,120
*	Fidelity Asset Manager 70% Fund	31,664 shares	(a)	864,738
*	Fidelity Asset Manager 85% Fund	34,842 shares	(a)	920,884
*	Fidelity Balanced Fund K	250,436 shares	(a)	7,402,874
*	Fidelity Blue Chip Growth Fund K	128,548 shares	(a)	29,368,100
*	Fidelity Blue Chip Value Fund	25,726 shares	(a)	615,358
*	Fidelity Canada Fund	9,805 shares	(a)	644,024
*	Fidelity Capital Appreciation Fund K	30,253 shares	(a)	1,282,734
*	Fidelity Capital and Income Fund	245,288 shares	(a)	2,489,671
*	Fidelity China Region Fund	13,788 shares	(a)	536,205
*	Fidelity Conservative Income Bond Fund	29,754 shares	(a)	299,626
*	Fidelity Contrafund K	2,188,852 shares	(a)	46,184,780
*	Fidelity Convertible Securities Fund	7,057 shares	(a)	242,471
*	Fidelity Corporate Bond Fund	9,270 shares	(a)	96,506
*	Fidelity Disciplined Equity Fund K	15,451 shares	(a)	1,036,733
*	Fidelity Diversified International Fund K	54,180 shares	(a)	2,278,828
*	Fidelity Dividend Growth Fund K	63,096 shares	(a)	2,407,724
*	Fidelity Emerging Markets Index Fund	16,208 shares	(a)	169,534
*	Fidelity Multi-Asset Index Fund	30,872 shares	(a)	1,782,848
*	Fidelity Emerging Markets Discovery Fund	6,683 shares	(a)	101,851
*	Fidelity Emerging Asia Fund	11,767 shares	(a)	572,563
*	Fidelity Emerging Markets Fund K	39,965 shares	(a)	1,521,883
*	Fidelity Equity Dividend Income Fund K	57,362 shares	(a)	1,613,579
*	Fidelity Equity Income Fund K	65,722 shares	(a)	4,836,497
*	Fidelity Europe Fund	5,679 shares	(a)	196,955
*	Fidelity Extended Market Index Fund	18,624 shares	(a)	1,692,593
*	Fidelity Floating-Rate High Income Fund	81,028 shares	(a)	752,753
*	Fidelity Focused High Income Fund	11,009 shares	(a)	88,950
*	Fidelity Focused Stock Fund	45,664 shares	(a)	1,728,847
*	Fidelity Freedom K 2010 Fund	67,056 shares	(a)	933,424
*	Fidelity Freedom K 2015 Fund	122,036 shares	(a)	1,391,207
*	Fidelity Freedom K 2020 Fund	405,273 shares	(a)	5,819,727
*	Fidelity Freedom K 2025 Fund	555,978 shares	(a)	7,566,863

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

December 31, 2024

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
<b>Registered Investment Companies</b>				
<b>(continued):</b>				
*	Fidelity Freedom K 2030 Fund	769,958 shares	(a)	\$ 13,512,757
*	Fidelity Freedom K 2035 Fund	724,198 shares	(a)	11,333,695
*	Fidelity Freedom K 2040 Fund	958,892 shares	(a)	11,084,797
*	Fidelity Freedom K 2045 Fund	249,209 shares	(a)	3,356,850
*	Fidelity Freedom K 2050 Fund	259,325 shares	(a)	3,539,786
*	Fidelity Freedom K 2055 Fund	2,565 shares	(a)	40,551
*	Fidelity Freedom K Income Fund	57,424 shares	(a)	605,254
*	Fidelity Fund K	90,063 shares	(a)	8,535,312
*	Fidelity Global Commodity Stock Fund	7,299 shares	(a)	131,024
*	Fidelity Global Credit Fund	1,446 shares	(a)	11,440
*	Fidelity Global ex-U.S. Index Premium Fund	6,169 shares	(a)	88,952
*	Fidelity Global Equity Income Fund	1,313 shares	(a)	26,466
*	Fidelity GNMA Fund	19,001 shares	(a)	189,633
*	Fidelity Government Cash Reserve Fund	5,821,944 shares	(a)	5,821,944
*	Fidelity Government Income Fund	33,271 shares	(a)	299,109
*	Fidelity Government Money Market Fund	5,851,720 shares	(a)	5,851,720
*	Fidelity Government Money Market Prime Fund	10,296,674 shares	(a)	10,296,674
*	Fidelity Growth and Income Fund K	83,019 shares	(a)	5,128,924
*	Fidelity Growth Company Fund K	516,154 shares	(a)	20,961,004
*	Fidelity Growth Discovery Fund K	21,914 shares	(a)	1,354,072
*	Fidelity Growth Strategic Fund K	32,774 shares	(a)	2,206,994
*	Fidelity High Income Fund	56,535 shares	(a)	444,934
*	Fidelity Inflation-Protected Bond Fund	48,586 shares	(a)	431,927
*	Fidelity Intermediate Bond Fund	76,095 shares	(a)	766,273
*	Fidelity International Capital Appreciation Fund	20,151 shares	(a)	554,968
*	Fidelity International Discovery Fund K	17,754 shares	(a)	846,859
*	Fidelity International Growth Fund	17,579 shares	(a)	350,520
*	Fidelity International Index Fund	38,656 shares	(a)	1,837,719
*	Fidelity International Real Estate Fund	2,855 shares	(a)	25,356
*	Fidelity International Small Cap Opportunity Fund	1,678 shares	(a)	32,840
*	Fidelity International Small Cap Fund	22,125 shares	(a)	676,817
*	Fidelity International Value Fund	23,127 shares	(a)	232,655
*	Fidelity Intermediate Government Income Fund	4,550 shares	(a)	43,950
*	Fidelity Intermediate Treasury Bond Index Fund	70,661 shares	(a)	667,750
*	Fidelity Investment Grade Bond Fund	76,747 shares	(a)	543,370
*	Fidelity Japan Fund	3,106 shares	(a)	51,218
*	Fidelity Japan Small Company Fund	2,082 shares	(a)	32,484
*	Fidelity Large Cap Stock Fund	8,421 shares	(a)	458,929
*	Fidelity Leveraged Company Stock Fund K	31,044 shares	(a)	1,194,887
*	Fidelity Low Priced Stock Fund K	148,661 shares	(a)	6,047,531

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

December 31, 2024

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
<b>Registered Investment Companies</b>				
<b>(continued):</b>				
*	Fidelity Long-Term Treasury Bond Index Fund	24,300 shares	(a)	\$ 222,827
*	Fidelity Limited Term Bond Fund	11,690 shares	(a)	132,794
*	Fidelity Limited Term Government Fund	4,012 shares	(a)	38,356
*	Fidelity Magellan Fund K	1,308,263 shares	(a)	19,388,460
*	Fidelity Mega Cap Stock Fund	25,110 shares	(a)	644,074
*	Fidelity Mid Cap Index Fund	17,141 shares	(a)	578,853
*	Fidelity Mid Cap Stock Fund K	62,673 shares	(a)	2,662,346
*	Fidelity Mid Cap Value Fund	25,997 shares	(a)	783,797
*	Fidelity Mortgage Securities Fund	12,132 shares	(a)	116,832
*	Fidelity NASDAQ Complete Index Fund	14,358 shares	(a)	3,514,456
*	Fidelity New Markets Income Fund	23,462 shares	(a)	296,794
*	Fidelity New Millennium Fund	106,246 shares	(a)	6,308,914
*	Fidelity Nordic Fund	588 shares	(a)	33,343
*	Fidelity OTC Fund K	286,302 shares	(a)	6,310,105
*	Fidelity Overseas Fund K	23,231 shares	(a)	1,445,681
*	Fidelity Pacific Basin Fund	22,315 shares	(a)	682,166
*	Fidelity Puritan Fund K	105,071 shares	(a)	2,607,853
*	Fidelity Real Estate Index Fund	25,682 shares	(a)	413,744
*	Fidelity Real Estate Income Fund	29,565 shares	(a)	352,713
*	Fidelity Real Estate Investors Fund	14,500 shares	(a)	559,568
*	Fidelity Select Automotive Fund	2,488 shares	(a)	138,445
*	Fidelity Select Banking Fund	8,782 shares	(a)	273,816
*	Fidelity Select Biotech Fund	43,623 shares	(a)	824,475
*	Fidelity Select Brokerage Fund	754 shares	(a)	137,011
*	Fidelity Select Chemicals Fund	42,978 shares	(a)	577,621
*	Fidelity Select Communications Services Fund	2,319 shares	(a)	258,160
*	Fidelity Select Consumer Discretionary Fund	1,106 shares	(a)	75,322
*	Fidelity Select Consumer Staples Fund	2,441 shares	(a)	218,883
*	Fidelity Select Construction and House Fund	4,656 shares	(a)	554,166
*	Fidelity Select Defense Fund	27,873 shares	(a)	507,574
*	Fidelity Select Energy Fund	13,510 shares	(a)	767,210
*	Fidelity Select Enterprise Technology Services Fund	922 shares	(a)	55,657
*	Fidelity Environment and Alternative Energy Fund	851 shares	(a)	33,522
*	Fidelity Select Financial Fund	46,454 shares	(a)	692,627
*	Fidelity Select Fintech Fund	7,823 shares	(a)	151,603
*	Fidelity Select Gold Fund	24,640 shares	(a)	605,643
*	Fidelity Select Healthcare Fund	87,386 shares	(a)	2,381,279
*	Fidelity Select Healthcare Services Fund	2,627 shares	(a)	261,497
*	Fidelity Select Industrials Fund	3,394 shares	(a)	137,402

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

December 31, 2024

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
<b>Registered Investment Companies</b>				
<b>(continued):</b>				
*	Fidelity Select Insurance Fund	880 shares	(a)	\$ 79,330
*	Fidelity Select Leisure Fund	32,260 shares	(a)	662,628
*	Fidelity Select Materials Fund	3,341 shares	(a)	280,804
*	Fidelity Select Medical Technology and Devices Fund	32,443 shares	(a)	2,017,626
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*	Fidelity Select Pharmaceuticals Fund	14,895 shares	(a)	377,738
*	Fidelity Select Retailing Fund	28,303 shares	(a)	579,353
*	Fidelity Select Semiconductors Fund	235,087 shares	(a)	7,868,357
*	Fidelity Select Software Fund	57,362 shares	(a)	1,573,447
*	Fidelity Select Technology Fund	125,207 shares	(a)	4,617,622
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*	Fidelity Select Wireless Fund	419 shares	(a)	5,230
*	Fidelity Short-Duration High Income Fund	3,841 shares	(a)	34,417
*	Fidelity Short-Term Bond Fund	154,980 shares	(a)	1,308,033
*	Fidelity Small Cap Discovery Fund	55,285 shares	(a)	1,334,582
*	Fidelity Small Cap Index Fund	28,704 shares	(a)	794,521
*	Fidelity Small Cap Growth Fund	65,894 shares	(a)	2,205,467
*	Fidelity Small Cap Stock Fund	34,280 shares	(a)	633,487
*	Fidelity Small Cap Value Fund	67,817 shares	(a)	1,380,756
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*	Fidelity Stock Select All Cap Fund K	8,341 shares	(a)	659,007
*	Fidelity Stock Select Mid Cap Fund	4,953 shares	(a)	223,117
*	Fidelity Stock Select Small Cap Fund	33,085 shares	(a)	1,233,399
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*	Fidelity Strategic Dividend and Income Fund	14,778 shares	(a)	248,565
*	Fidelity Strategic Real Return Fund	5,240 shares	(a)	44,068
*	Fidelity Strategic Income Fund	183,611 shares	(a)	2,128,057
*	Fidelity Telecommunications and Utilities Fund	6,496 shares	(a)	213,847
*	Fidelity Total Market Index Fund	47,711 shares	(a)	7,694,409
*	Fidelity Total Bond Fund	390,138 shares	(a)	3,667,298
*	Fidelity Total International Equity Fund	981 shares	(a)	11,162
*	Fidelity Treasury Money Market Fund	739,073 shares	(a)	739,073
*	Fidelity Treasury Only Money Market Fund	1,361,267 shares	(a)	1,361,267
*	Fidelity Trend Fund	2,964 shares	(a)	539,282
*	Fidelity U.S. Bond Index Premium Fund	163,066 shares	(a)	1,666,532
*	Fidelity Value Discovery Fund K	12,074 shares	(a)	436,476
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HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN  
(Federal Employer Identification Number: 38-1357020; Plan Number: 014)

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

December 31, 2024

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
	<b>Registered Investment Companies</b>			
	<b>(continued):</b>			
*	Fidelity Worldwide Fund	22,962 shares	(a)	\$ 799,073
*	Fidelity Emerging Markets Fund	3,577 shares	(a)	136,206
	JPMorgan SmartRetirement Blend 2025 Fund, Class R6	3,476,888 shares	(a)	79,898,880
	JPMorgan SmartRetirement Blend 2030 Fund, Class R6	4,066,859 shares	(a)	105,453,549
	JPMorgan SmartRetirement Blend 2035 Fund, Class R6	3,346,721 shares	(a)	97,188,775
	JPMorgan SmartRetirement Blend 2040 Fund, Class R6	2,894,903 shares	(a)	90,147,278
	JPMorgan SmartRetirement Blend 2045 Fund, Class R6	2,463,855 shares	(a)	80,937,633
	JPMorgan SmartRetirement Blend 2050 Fund, Class R6	1,712,650 shares	(a)	56,585,957
	JPMorgan SmartRetirement Blend 2055 Fund, Class R6	950,190 shares	(a)	31,227,884
	JPMorgan SmartRetirement Blend 2060 Fund, Class R6	278,709 shares	(a)	7,143,302
	JPMorgan SmartRetirement Blend 2065 Fund, Class R6	76,770 shares	(a)	1,559,959
	JPMorgan SmartRetirement Blend Income Fund, Class R6	3,176,204 shares	(a)	57,584,580
	Lord Abbett Bond Debenture Fund A	516,443 shares	(a)	3,682,235
	MFS Massachusetts Investors Trust Fund	227,116 shares	(a)	8,144,377
	MFS Total Return Fund	577,960 shares	(a)	10,929,216
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	INVESCO International Growth Fund A	98,840 shares	(a)	3,145,090
	Royce Micro-Cap Service Fund	897,663 shares	(a)	9,667,829
	SSgA Institutional U.S. Government Money Market Fund, Administration Class	10,780,467 shares	(a)	10,780,467
	Vanguard Federal Money Market Investor Fund	29,062,994 shares	(a)	29,062,994
	Vanguard Total Bond Market Index Fund, Institutional Class	1,847,633 shares	(a)	17,515,558
	Vanguard Total International Stock Index Fund, Institutional Class	189,434 shares	(a)	24,005,136
	Vanguard Total Stock Market Index Fund, Institutional Class	719,299 shares	(a)	190,312,122
				<u>\$ 1,388,974,081</u>

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

December 31, 2024

<b>Party-in-Interest</b>	<b>Identity of Issue, Borrower, Lessor, or Similar Party</b>	<b>Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)</b>	<b>Cost</b>	<b>Current Value</b>
	<b>Self-Directed Brokerage Accounts:</b>			
*	Empower Self-Directed Brokerage Accounts	Various participant-directed holdings	(a)	\$ 10,346,137
	<b>Notes Receivable from Participants:</b>			
*	Participant loans	Loans receivable; interest rates ranging from 4.25 percent to 10.25 percent	\$ -0-	<u>13,543,440</u>
				<b><u>\$ 1,412,863,658</u></b>

\* – 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, 2024.