

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

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

<p><b>1a</b> Name of plan <u>OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OAKWOOD HEALTHCARE, INC.</u></p> <p><u>BSC 433, HUMAN RESOURCES/RETIREMENT</u> <u>26901 BEAUMONT BLVD, FLOOR 3C</u> <u>SOUTHFIELD, MI 48033</u></p>	<p><b>1c</b> Effective date of plan <u>12/01/1989</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>38-1405141</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>248-213-3300</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	CELESTE MCINTYRE
	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 type="checkbox"/> Same as Plan Sponsor  BEAUMONT HEALTH  BSC 433, HUMAN RESOURCES/RETIREMENT 26901 BEAUMONT BLVD, FLOOR 3C SOUTHFIELD, MI 48033		<b>3b</b> Administrator's EIN 46-5718220	
		<b>3c</b> Administrator's telephone number 248-213-3300	
<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>	5695
<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>6a(1)</b>	1874
<b>a(2)</b> Total number of active participants at the end of the plan year .....		<b>6a(2)</b>	1645
<b>b</b> Retired or separated participants receiving benefits.....		<b>6b</b>	1133
<b>c</b> Other retired or separated participants entitled to future benefits .....		<b>6c</b>	1798
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....		<b>6d</b>	4576
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....		<b>6e</b>	182
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....		<b>6f</b>	4758
<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>6g(1)</b>	
<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>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<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:  
1C 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
(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
(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>I</b> (Financial Information – Small Plan)	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)			

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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 SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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

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

<b>A</b> Name of plan <u>OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OAKWOOD HEALTHCARE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1405141</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>263121227</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>283547776</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1208</u>	<u>66907200</u>
	<b>b</b> For terminated vested participants .....	<u>2613</u>	<u>74665966</u>
	<b>c</b> For active participants .....	<u>1874</u>	<u>138690454</u>
	<b>d</b> Total .....	<u>5695</u>	<u>280263620</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.01 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>5865074</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>2060000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>7925074</u>

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

<b>SIGN HERE</b>	
Signature of actuary	<u>09/10/2025</u> Date
<u>MEGAN FOSTER</u> Type or print name of actuary	<u>23-07582</u> Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>248-936-7700</u> Telephone number (including area code)
<u>TRAVELERS TOWER 26555 EVERGREEN ROAD, SUITE 1600 SOUTHFIELD, MI 48076</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	40109327
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	12904835
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	27204492
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.86</u> % .....	0	3226453
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		4657582
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		552388
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		5209970
<b>d</b>	Portion of (c) to be added to prefunding balance .....		5209970
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	35640915

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.95 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	100.59 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	85.29 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/13/2024	22682075	0					
04/03/2025	5166043	0					
			<b>Totals ▶</b>	<b>18(b)</b>	27848118	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 26511275
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	7925074	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	33951336	3267122	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	11192196	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	11192196	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	26511275	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	15319079	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

<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>OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OAKWOOD HEALTHCARE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1405141</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)

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 14 17 50	NONE	901233	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)

MERCER INVESTMENTS LLC

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	70323	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)

COMERICA BANK

42-1741646

(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?
19 21 28 49 50 59 62 72	NONE	36440	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

GJC CPA'S & ADVISORS

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	18450	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 21 50	NONE	14130	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"/>

**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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<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>OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OAKWOOD HEALTHCARE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1405141</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BEAUMONT HEALTH MASTER RET TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BEAUMONT HEALTH</u>		
<b>c</b> EIN-PN <u>47-4896200-100</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>271526239</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<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>OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OAKWOOD HEALTHCARE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1405141</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>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	5000000	5166043
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	0	23416
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	256902	4977866
<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>		
<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>	263600552	271526239
<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>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	268857454	281693564
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	134137	0
<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>	134137	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	268723317	281693564

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	27848118	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(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>		27848118
<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>	230458	
<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>		
<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>		230458
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(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>		15617421
(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>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		43695997

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	28335624	
(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>		28335624
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	901233	
(4) IQPA audit fees .....	<b>2i(4)</b>	18450	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	70323	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	50570	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1349550	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2390126
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		30725750

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		12970247
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

**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		10000000
<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.)			
<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)

**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 555159.

<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>
--	---	---

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>OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>OAKWOOD HEALTHCARE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1405141</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> 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): <u>38-6457728</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	886

<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) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<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).....	6c	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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: 31.8 % Private Equity: 4.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 42.6 %  
 High-Yield Debt: 0.0 % Real Assets: 2.5 % Cash or Cash Equivalents: 1.2 % Other: 17.5 %

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

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# Oakwood Healthcare, Inc. Cash Balance Plan

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**Financial Report**  
**December 31, 2024**

## Oakwood Healthcare, Inc. Cash Balance Plan

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## Independent Auditor's Report

To the Plan Administrator  
Oakwood Healthcare, Inc. Cash Balance Plan

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

We have performed an audit of the financial statements of Oakwood Healthcare, Inc. Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of December 31, 2023 and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and for the year then ended stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

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

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

To the Plan Administrator  
Oakwood Healthcare, Inc. Cash Balance Plan

### ***Emphasis of Matter***

As explained in Note 5, the financial statements include investments valued at approximately \$124,573,000 (45 percent of net assets) at December 31, 2024, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the trustee. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

To the Plan Administrator  
Oakwood Healthcare, Inc. Cash Balance Plan

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

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

The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

### **Report on Prior Year Financial Statements**

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified to by a qualified institution. Their report dated October 10, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

*Plante & Moran, PLLC*

Grand Rapids, Michigan  
October 13, 2025

## Oakwood Healthcare, Inc. Cash Balance Plan

### Statement of Net Assets Available for Benefits

	December 31, 2024 and 2023	
	2024	2023
<b>Assets</b>		
Investments at fair value:		
Interest in Beaumont Health Master Trust	\$ 271,526,239	\$ 263,600,552
Money market fund	4,977,866	256,902
Total investments at fair value	276,504,105	263,857,454
Employer contributions receivable	5,166,043	5,000,000
Accrued income	23,416	-
Total assets	281,693,564	268,857,454
<b>Liabilities</b> - Accrued administrative expenses	-	134,137
<b>Net Assets Available for Benefits</b>	<b>\$ 281,693,564</b>	<b>\$ 268,723,317</b>

## Oakwood Healthcare, Inc. Cash Balance Plan

### Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Employer contributions	\$ 27,848,118	\$ 5,000,000
Investment income:		
Interest and dividends	230,458	49,685
Change in plan interest in Beaumont Health Master Trust	<u>16,072,851</u>	<u>35,441,334</u>
Total investment income	<u>16,303,309</u>	<u>35,491,019</u>
Total additions	44,151,427	40,491,019
<b>Deductions</b>		
Benefits paid directly to participants or beneficiaries	28,335,624	23,586,488
Administrative expenses	<u>2,845,556</u>	<u>3,135,422</u>
Total deductions	<u>31,181,180</u>	<u>26,721,910</u>
<b>Net Increase</b>	12,970,247	13,769,109
<b>Net Assets Available for Benefits</b>		
Beginning of year	<u>268,723,317</u>	<u>254,954,208</u>
End of year	<u><u>\$ 281,693,564</u></u>	<u><u>\$ 268,723,317</u></u>

**Oakwood Healthcare, Inc. Cash Balance Plan**

**Statement of Accumulated Plan Benefits**

**December 31, 2023**

**Actuarial Present Value of Accumulated Plan Benefits**

Vested benefits:	
Participants currently receiving benefit payments	\$ 61,837,051
Other vested participants	<u>193,967,556</u>
Total vested benefits	255,804,607
Nonvested benefits	<u>2,423,365</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b><u><u>\$ 258,227,972</u></u></b>

## Oakwood Healthcare, Inc. Cash Balance Plan

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### Statement of Changes in Accumulated Plan Benefits

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Year Ended December 31, 2023

<b>Actuarial Present Value of Accumulated Plan Benefits</b> - Beginning of year	\$ 254,944,322
Increase (decrease) during the year attributable to:	
Benefits accumulated	5,562,894
Actuarial losses	372,434
Decrease in the discount period	16,042,051
Benefits paid	(23,586,487)
Changes in actuarial assumptions	<u>4,892,758</u>
Net increase	<u>3,283,650</u>
<b>Actuarial Present Value of Accumulated Plan Benefits</b> - End of year	<u><b>\$ 258,227,972</b></u>

December 31, 2024 and 2023

### Note 1 - Plan Description

The following description of Oakwood Healthcare, Inc. Cash Balance Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined benefit plan established to provide retirement and disability benefits for all eligible employees of Oakwood Healthcare, Inc. (the "Hospital"). The Plan was amended, effective July 1, 2013, to close the Plan to new participants hired on or after January 1, 2010. Beaumont Health is the sole corporate member of Oakwood Healthcare, Inc., and Corewell Health is the sole corporate member of Beaumont Health. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Hospital serves as the plan administrator and the plan sponsor. The Northern Trust Company (Northern Trust) serves as the trustee and a custodian of the Plan starting on October 1, 2023, and State Street Bank and Trust Company (State Street) served as the trustee and a custodian prior to October 1, 2023. Comerica Bank & Trust, N.A. (Comerica) also serves as a custodian to the Plan. The custodians, together with several investment managers, manage the Plan's investments.

The Plan covers substantially all employees of the Hospital prior to the freeze date.

#### **Funding Policy**

Contributions are made by the Hospital in actuarially determined amounts. Contributions to provide benefits under the Plan are made solely by the Hospital. The Hospital's actuarially determined minimum required contributions for the 2024 and 2023 plan years have been met. Additional contributions exceeding the minimum funding requirements of ERISA can be made to the Plan at the discretion of the Hospital.

#### **Vesting**

Participants earn one year of vesting service for each plan year the participant works at least 900 hours. A participant becomes fully vested after three years of vesting service.

#### **Pension Benefits**

The plan pension benefit is a cash balance formula effective retroactively to January 1, 1997 for participants who were active as of July 1, 1997. Key characteristics of the cash balance formula include the expression of each participant's benefit in terms of an account balance, as opposed to an annuity payable at retirement, and the option for each participant to receive their benefit in a lump sum at the time of termination of employment or retirement.

Interest credits an employer credits, as defined by the Plan, are added annually to each participant's account balance.

A participant will receive and accrued benefit equal to the greater of the following:

- The actuarial equivalent of the participant's account balance payable at the normal retirement age
- The greater of: (a) the participant's prior plan accrued benefit, (b) the participant's grandfathered benefit (if any), or (c) the number of years of minimum benefit service (as defined by the plan document), multiplied by \$17.20.

**December 31, 2024 and 2023**

**Note 1 - Plan Description (Continued)**

***Death and Disability Benefits***

If an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, the participant's designated beneficiary is entitled to a death benefit equal to the actuarial equivalent of the participant's accrued benefit as of the date of death. Disability benefits are determined in accordance with the provisions in the plan document for an early retirement benefit or a vested benefit upon termination, as applicable.

***Party-in-interest Transactions***

Certain plan assets are in investment funds managed by the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

**Note 2 - Summary of Significant Accounting Policies**

***Investment Valuation***

The fair value of the Plan's interest in the Beaumont Health Master Trust (the "Master Trust") is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Master Trust's investments are stated at fair value.

The money market fund is valued based on quoted market prices reported in active markets. The commingled funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. Investments in private equity and hedge fund partnerships are valued at net asset value per share (or its equivalent) of the funds based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments. The fair value of real estate investments, principally rental property subject to long-term leases, has been estimated on the basis of future rental receipts and estimated residual values discounted at interest rates commensurate with the risks involved. Short-term investments, common and preferred stocks, and registered investment companies are stated at quoted market prices. Government securities and obligations, corporate debt securities and obligations, and collateralized mortgage obligations, asset-backed securities, and swaps and options are stated valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures.

Except as disclosed in Note 5, there are no redemption restrictions or unfunded commitments on these investments. See Note 5 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

***Benefit Payments***

Benefits are recorded when paid.

***Administrative Expenses***

Various administrative costs are paid by the Hospital. These transactions qualify as party-in-interest transactions.

**December 31, 2024 and 2023**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

***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 and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

***Risks and Uncertainties***

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including October 13, 2025, which is the date the financial statements were available to be issued.

**Note 3 - Certified Information**

In 2023, the Master Trust changed its trustee from State Street to Northern Trust (collectively, the "Trustee"). Comerica Bank & Trust, N.A. (Comerica) is also a trustee of the Plan. The Trustee of the Master Trust held the Master Trust's investments and executed all investment transactions during the periods under audit, and Comerica held investments of the Plan outside of the Master Trust and executed all investment transactions during the periods under audit. The investment balances and related investment results, other than as noted below, included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions are based solely on information certified by the Trustee and Comerica.

Certain Master Trust investment balances were not certified as of December 31, 2024. Uncertified investment balances totaled approximately \$127,197,000 as of December 31, 2024. Net investment gains of \$19,604,000 related to the above investments for the year ended December 31, 2024 were not certified.

**Note 4 - Interest in Master Trust**

The majority of the Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and two other Corewell Health-sponsored benefit plans. Each participating plan has an undivided interest in the Master Trust, except for certain private equity funds, which represent a divided interest held entirely by one of the other Corewell Health-sponsored benefit plans in the amount of approximately \$125,731,000. The assets of the Master Trust are held by the Trustee. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 17 percent and 18 percent, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon their pro rata share in the investments of the Master Trust.

## Oakwood Healthcare, Inc. Cash Balance Plan

### Notes to Financial Statements

December 31, 2024 and 2023

#### Note 4 - Interest in Master Trust (Continued)

The net assets of the Master Trust and the Plan's interest in master trust balances at December 31, 2024 and 2023 are as follows:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balance
Investments at fair value:				
Short-term investments	\$ 41,419,153	\$ 7,165,514	\$ 16,794,038	\$ 3,100,524
Common and preferred stocks	123,547,523	21,373,721	113,257,164	20,909,595
Government securities and obligations	90,689,719	15,689,321	131,348,181	24,249,568
Corporate debt securities and obligations	245,702,493	42,506,531	175,767,790	32,450,339
Collateralized mortgage obligations and asset-backed securities	11,999,547	2,075,922	15,187,304	2,852,285
Registered investment companies	1,050,163	181,678	13,729,513	2,534,750
Swaps and options	-	-	(1,148,127)	(211,968)
Real estate investment trusts	36,749,594	6,357,680	15,946,327	2,944,019
Private equity funds	263,376,949	23,812,704	306,687,797	31,705,841
Hedge funds	84,332,204	14,589,471	379,790,531	70,117,121
Commingled funds	824,858,341	142,700,493	395,067,975	72,937,651
Total master trust investments	1,723,725,686	276,453,035	1,562,428,493	263,589,725
Receivables - Net of payables	(28,478,592)	(4,926,796)	(58,644)	10,827
Total	<u>\$ 1,695,247,094</u>	<u>\$ 271,526,239</u>	<u>\$ 1,562,369,849</u>	<u>\$ 263,600,552</u>

The investment income for the Master Trust for the years ended December 31, 2024 and 2023 is as follows:

	2024	2023
Net realized and unrealized gains and losses on investments	\$ 50,641,739	\$ 157,873,432
Interest and dividends	29,070,770	342,312
Total investment income	<u>\$ 79,712,509</u>	<u>\$ 158,215,744</u>

#### Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

##### Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

**Note 5 - Fair Value Measurements (Continued)**

**Level 2**

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

**Level 3**

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Master Trust's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

	Master Trust Assets at December 31, 2024		
	Master Trust Balances	Level 1	Level 2
Investments at fair value:			
Short-term investments	\$ 41,419,153	\$ 41,419,153	\$ -
Government securities and obligations	90,689,719	-	90,689,719
Corporate debt securities and obligations	245,702,493	-	245,702,493
Collateralized mortgage obligations and asset-backed securities	11,999,547	-	11,999,547
Common and preferred stocks	123,547,523	123,547,523	-
Registered investment companies	1,050,163	-	1,050,163
	<u>514,408,598</u>	<u>\$ 164,966,676</u>	<u>\$ 349,441,922</u>
Investments measured at NAV:			
Real estate investment trusts	36,749,594		
Private equity funds	263,376,949		
Commingled funds	824,858,341		
Hedge funds	84,332,204		
	<u>\$ 1,723,725,686</u>		

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

Master Trust Assets at December 31, 2023			
	Master Trust Balances	Level 1	Level 2
Investments at fair value:			
Short-term investments	\$ 16,794,038	\$ 16,794,038	\$ -
Common and preferred stock	113,257,164	113,257,164	-
Government securities and obligations	131,348,181	-	131,348,181
Corporate debt securities and obligations	175,767,790	-	175,767,790
Collateralized mortgage obligations and asset-backed securities	15,449,445	-	15,449,445
Registered investment companies	13,729,513	13,729,513	-
Swaps and options	(1,148,127)	-	(1,148,127)
Investments at fair value	465,198,004	\$ 143,780,715	\$ 321,417,289
Investments measured at NAV:			
Real estate investment funds	15,946,327		
Private equity funds	306,687,797		
Hedge funds	379,790,531		
Commingled funds	395,067,975		
Total investments	\$ 1,562,690,634		

**Investments in Entities that Calculate Net Asset Value per Share**

The Master Trust holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2024	December 31, 2023	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Real estate investment trusts (1)	\$ 36,749,594	\$ 15,946,327	\$ 8,447	Quarterly	90 days
Hedge funds (2)	84,332,204	379,790,531	17,632,871	Quarterly	75-90 days
Commingled funds (3)	824,858,341	395,067,975	-	Daily, monthly, yearly	5-60 days
Private equity funds (4)	263,376,949	306,687,797	50,822,011	Illiquid	N/A
Total	\$ 1,209,317,088	\$ 1,097,492,630	\$ 68,463,329		

- (1) This category's investment strategy is to create a high-quality and low-risk portfolio of stabilized and income-producing real estate assets diversified by property type and economic exposure.
- (2) This category invests in hedge fund strategies that include long/short equity, global macro/commodity trading advisor, event-driven, multistrategy, credit, and structured instruments.
- (3) These consist of investments in various commingled funds whose fair values are based on the NAV per share calculated by each fund's investment manager and administrator. Commingled funds invest in fixed-income, equity, and derivative strategies.
- (4) This category invests in private equity (which includes venture capital, growth equity, and buyouts), private credit, and private real assets.

**December 31, 2024 and 2023**

**Note 5 - Fair Value Measurements (Continued)**

The fair value of the Plan's investments held outside the Master Trust as of December 31, 2024 and 2023 include a money market fund valued at Level 1 in the amount of \$4,977,866 and \$256,902 as of December 31, 2024 and 2023, respectively.

**Note 6 - Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan was made as of and for the year ended December 31, 2024.

Accumulated plan benefits are those estimates future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired, terminated, or totally disabled employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The determination was made as of January 1, 2024.

The more significant assumptions underlying the actuarial computations used in the valuation of the Plan at January 1, 2024 are summarized below:

- Investment rate of return - 6.20 percent per annum
- Mortality tables used - Pri-2012 tables with base year 2012 without collar or amount adjustments, with separate rates for annuitants and non-annuitants and separate rates for retirees and contingent annuitants projected forward using Scale MP-2021 with generational projection
- Actuarial cost method - Traditional unit credit method
- Retirement - At normal retirement age (65)

The increase in accumulated plan benefits for the year ended December 31, 2023 is due to changes in actuarial assumptions, which primarily represents the decrease in the discount rate of return from 6.45 percent to 6.20 percent.

**Note 7 - Tax Status**

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**Note 8 - Plan Termination**

Although it has not expressed any intention to do so, the Plan has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan agreement.

**December 31, 2024 and 2023**

**Note 8 - Plan Termination (Continued)**

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

**Note 9 - Reconciliation of the Financial Statements to Form 5500**

As of December 31, 2024, the accompanying financial statements have reported \$455,430 more in total additions than the Form 5500 and \$455,430 more in total deductions than the Form 5500 due to a difference in classification of investment expenses. Total net assets and total changes in net assets agrees between the accompanying financial statements and the Form 5500.

As of December 31, 2023, the accompanying financial statements have reported \$200,655 more in total additions than the Form 5500 and \$200,655 more in total deductions than the Form 5500 due to a difference in classification of investment expenses. Total net assets and total changes in net assets agrees between the accompanying financial statements and the Form 5500.

**Oakwood Healthcare, Inc. Cash Balance Plan**

**Schedule of Assets Held at End of Year**

**Form 5500, Schedule H, Line 4i  
EIN 38-1405141, Plan No. 003  
December 31, 2024**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank and Trust, N.A.	Money market fund - Premier U.S. Government Money Portfolio, I	\$ 4,977,866	\$ 4,977,866

## Oakwood Healthcare, Inc. Cash Balance Plan

## Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
 EIN 38-1405141, Plan No. 003  
 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Comerica	Invesco Premier US Govt Instl:					
	Purchases - 80	\$ 31,975,938	\$ -	\$ 31,975,938	\$ 31,975,938	\$ -
	Sales - 59	-	27,253,186	27,253,186	27,253,186	-

There were no Category (i), (ii), or (iv) reportable transactions during the year.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	16	0	0	0	0	0	0	0	16
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	3	90	43	1	0	0	0	0	0	137
	-	-	-	93,747	89,273	-	-	-	-	-	-	92,187
40-44	0	0	6	60	78	55	4	0	0	0	0	203
	-	-	-	95,225	103,385	86,114	-	-	-	-	-	94,995
45-49	0	1	5	46	72	67	31	1	0	0	0	223
	-	-	-	111,620	116,107	92,498	89,749	-	-	-	-	104,516
50-54	0	1	7	61	72	81	53	39	1	0	0	315
	-	-	-	111,060	105,112	96,353	93,896	91,036	-	-	-	99,589
55-59	0	0	3	48	65	54	48	40	30	0	0	288
	-	-	-	104,443	89,440	93,342	104,502	98,883	79,150	-	-	95,045
60-64	2	0	5	30	34	53	56	47	51	32	0	310
	-	-	-	105,522	91,236	84,234	95,394	87,473	96,021	88,334	-	91,670
65-69	0	2	3	13	10	21	16	25	17	25	0	132
	-	-	-	-	-	96,712	-	104,673	-	61,759	-	87,697
70 & over	0	0	1	6	5	13	7	3	3	8	0	46
	-	-	-	-	-	-	-	-	-	-	-	88,280
Total	2	4	33	370	379	345	215	155	102	65	0	1,670
	-	-	85,719	102,713	100,015	90,673	93,586	95,689	87,850	78,288	-	95,452

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
 EIN / PN: 38-1405141/003  
 Plan Sponsor: Oakwood Healthcare, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

### Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>2</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	16	0	0	0	0	0	0	0	16
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	3	90	43	1	0	0	0	0	0	137
	-	-	-	7,949	38,397	-	-	-	-	-	-	17,925
40-44	0	0	6	60	78	55	4	0	0	0	0	203
	-	-	-	16,498	56,572	63,786	-	-	-	-	-	45,619
45-49	0	1	5	46	72	67	31	1	0	0	0	223
	-	-	-	25,354	76,334	81,001	95,375	-	-	-	-	68,610
50-54	0	1	7	61	72	81	53	39	1	0	0	315
	-	-	-	33,549	68,884	88,753	125,320	138,211	-	-	-	84,332
55-59	0	0	3	48	65	54	48	40	30	0	0	288
	-	-	-	16,836	56,947	98,076	144,172	174,136	152,689	-	-	98,909
60-64	2	0	5	30	34	53	56	47	51	32	0	310
	-	-	-	15,070	59,627	87,187	135,882	150,470	213,707	207,097	-	127,419
65-69	0	2	3	13	10	21	16	25	17	25	0	132
	-	-	-	-	-	101,912	-	217,312	-	143,182	-	130,940
70 & over	0	0	1	6	5	13	7	3	3	8	0	46
	-	-	-	-	-	-	-	-	-	-	-	128,320
Total	2	4	33	370	378	345	215	155	102	65	0	1,670
	-	-	24,991	19,528	61,387	83,922	123,104	168,696	191,884	188,130	-	86,745

<sup>2</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
 EIN / PN: 38-1405141/003  
 Plan Sponsor: Oakwood Healthcare, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

#### Interest rates

	Reflecting Corridors	Not Reflecting Corridors
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As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

#### Annual rates of increase

- Compensation 3.00%
- Future increases in Social Security (SSWB) 2.50%
- Future increases in maximum benefits and plan compensation limitations (CPI) 2.50%

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
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# SCHEDULE SB ATTACHMENTS

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<b>Plan-related expenses</b>	The amount included this year for plan related expenses is \$2,060,000
<b>Interest credit rate</b>	<ul style="list-style-type: none"><li>• For balances as of December 31, 2009, the plan credits interest to cash balance accounts using the 30-year Treasury rate. The expected future 30-year Treasury rate is the average of 24 months of 30-year Treasury yields ending on the valuation date, subject to a minimum of 4.00%.</li><li>• For post December 31, 2009 balances, the plan credits interest to cash balance accounts using the 5-year Treasury rate. The expected future 5-year Treasury rate is the average of 24 months of 5-year Treasury yields ending on the valuation date, subject to a minimum of 3.80%.</li></ul>
<b>Lump sum conversion</b>	<ul style="list-style-type: none"><li>• Interest Rates: assumed equal to the discount rate</li><li>• Mortality: applicable mortality tables under 417(e)(3)</li></ul>

## Demographic and Other Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the enrollment date on which the employee becomes a participant.
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Benefit commencement date</b>	<ul style="list-style-type: none"><li>• Preretirement death benefit: Upon death of active participant</li><li>• Deferred vested benefit: Payable upon termination but Participant may elect to delay receipt of vested benefit up to normal retirement age</li><li>• Retirement benefit: Later of age 65 or earlier of the date the Participant earns 3 years of Vesting service or the third anniversary of the Participant's participation in the plan</li><li>• Disability benefit: Same as early retirement benefit or vested benefit upon termination of service, as applicable</li></ul>

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
EIN / PN: 38-1405141/003  
Plan Sponsor: Oakwood Healthcare, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Form and timing of payment</b>	<p>The assumed form and timing of payments is as follows:</p> <ul style="list-style-type: none"><li>• Active participants:<ul style="list-style-type: none"><li>– If retirement-eligible: 80% elect lump sums payable immediately and 20% elect the normal form payable immediately</li><li>– If not retirement-eligible: 20% elect lump sums payable immediately, 75% elect lump sums payable at Normal Retirement Age, and 5% elect the normal form payable at Normal Retirement Age</li></ul></li><li>• Terminated vested participants eligible for a lump sum:<ul style="list-style-type: none"><li>– If the termination date occurred during the year prior to the valuation date: 85% elect lump sums payable one year after the valuation date and 15% elect the normal form payable at Normal Retirement Age</li><li>– If the termination date occurred more than one year prior to the valuation date: 85% elect lump sums payable at Normal Retirement Age and 15% elect the normal form payable at Normal Retirement Age</li></ul></li><li>• Terminated vested participants not eligible for a lump sum:<ul style="list-style-type: none"><li>– 100% elect the normal form at Normal Retirement Age</li></ul></li></ul>
<b>Percent married</b>	80% of the male and 70% of the female participants are assumed to be married.
<b>Spouse age</b>	The male participant is assumed to be three years older than the female spouse.
<b>Covered pay</b>	Compensation assumed paid in the current year beginning on the valuation date is the highest base pay rate between and including January 1 and the first full pay period in the first 14 days of the Plan year, or date of entry, if later, multiplied by 2,080 hours, plus any bonus paid in lieu of a pay increase.

Plan Name:	Oakwood Healthcare, Inc. Cash Balance Plan
EIN / PN:	38-1405141/003
Plan Sponsor:	Oakwood Healthcare, Inc.
Valuation Date:	January 1, 2024

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## Demographic Assumptions

**Healthy mortality rates** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

**Disabled life mortality rates** Same as healthy mortality.

**Retirement rates** The rates at which participants retire by age are shown below.

Age	Assumed Rate (%)	Age	Assumed Rate (%)
55	5.0	66	25.0
56	5.0	67	20.0
57	5.0	68	20.0
58	5.0	69	20.0
59	6.0	70	25.0
60	8.0	71	20.0
61	8.0	72	20.0
62	15.0	73	20.0
63	15.0	74	20.0
64	10.0	75	100.0
65	25.0		

The weighted average retirement age is 65, which is the expected retirement age based on the retirement decrement table above and the participant population.

**Disability rates** Wyatt 1985 Disability Study Class 1 male and female rate.

**Termination rates (not due to disability, retirement or mortality)** The withdrawal assumption for current employees is a select and ultimate table with the illustrative rates listed below. The higher rates are in effect for the first five years, regardless of age. Prior to age 31, the ultimate rates were set according to an experience study. After age 30 and five years of service, the T-6 table was used.

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Attained Age	Years of Service					Years of Service Over Five Years
	0	1	2	3	4	
20	25.0	20.0	15.0	12.0	10.0	11.00
25	25.0	20.0	15.0	12.0	10.0	9.50
30	25.0	20.0	15.0	12.0	10.0	8.00
35	25.0	20.0	15.0	12.0	10.0	8.00
40	25.0	20.0	15.0	12.0	10.0	8.00
45	25.0	20.0	15.0	12.0	10.0	7.00
50	25.0	20.0	15.0	12.0	10.0	6.00
55	25.0	20.0	15.0	12.0	10.0	5.00
60	25.0	20.0	15.0	12.0	10.0	5.00
65	25.0	20.0	15.0	12.0	10.0	5.00

## Methods

<b>Valuation date</b>	First day of the plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Cash flow</b>	<p>Decrement timing: The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.</p> <p>Timing of benefit payments: Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.</p>

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## **Actuarial value of assets**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

The plan switched to this automatically approved method, restarting at market value, effective with the January 1, 2018 valuation.

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued.

## **Sources of Data and Other Information**

Participant data was extracted from the administrative system as of January 1, 2024. Data were reviewed for reasonableness and consistency, but no audit was performed. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assets as of January 1, 2024, benefit payments made during 2023, administrative expenses and employer contributions were provided by Corewell Health.

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# SCHEDULE SB ATTACHMENTS

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## Assumptions Rationale – Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Cash balance interest crediting rate</b>	The plan credits interest to cash balance accounts using the 5-year and 30-year Treasury rates. The plan sponsor has selected an expected future 5-year and 30-year Treasury rate that is the average of 24 months of 5-year and 30-year Treasury yields ending on the valuation date, subject to the plan minimums. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.
<b>Annuity conversion rate</b>	As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate. We believe that the selected assumption does not significantly conflict with what would be reasonable.
<b>Lump sum conversion rate</b>	Because the cash balance account is converted to an annuity using IRC 417(e)(3) rates with projected future mortality improvements, the cash balance account is valued for employees expected to select annuities using the discount rate. Thus current market rates at the measurement date are assumed. We believe that the selected assumption does not significantly conflict with what would be reasonable.
<b>Rates of increase in compensation</b>	This assumption was provided by Corewell Health's HR and is based on planned increases across all affiliate organizations. This assumption is consistent with reasonable productivity gains, promotional increases, and the inflation assumption. The resulting salary increase assumption reflects both current conditions and future expectations.
<b>Annual rate of future Social Security wage base increase</b>	The assumed SSWB increase is based on the capital market assumptions from WTW and we believe that it does not significantly conflict with what would be reasonable based on current and expected future CPI growth and its historical variability. The other economic assumptions chosen do not significantly conflict with this assumption, taking into account historical variability in CPI and GDP

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growth.

**Annual rate of statutory limits on compensation increase** The assumed CPI increase is based on the capital market assumptions from WTW and we believe that it does not significantly conflict with what would be reasonable based on the assumed CPI assumptions, and information about the plan sponsor's historical increases in these costs, informed by the plan sponsor's cost containment efforts and any known changes in delivery vehicles or benefit administration systems.

## Assumptions Rationale – Significant Demographic Assumptions

**Healthy and disabled mortality** Assumptions used for funding purposes are prescribed by IRC §430(h).

**Termination rates (not due to disability, retirement or mortality)** Termination rates were based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons described above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

**Disability rates** Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions. Assumed disability rates differ by gender because of expected differences in disability rates by gender. For the reasons described above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

**Retirement rates** Retirement rates were based on an experience study conducted in 2013, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons described above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

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## Form of payment

The percentage of retiring participants assumed to take lump sums vs. joint and survivor annuities is based on observed experience over the period 2008-2013. In 2017 the original experience study was supplemented with additional data for this assumption to reflect two more years of data. For the reasons described above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

## Source of Prescribed Methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards or practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430, reflecting ARPA’s interest rate stabilization.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by the IRS under IRC 430.

The assumed plan related expense added to the target normal cost was updated from \$2,770,000 to \$2,060,000.

### Change in methods since prior valuation

None.

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
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Plan Sponsor: Oakwood Healthcare, Inc.  
Valuation Date: January 1, 2024

<b>Plan Name</b>	<b>OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN</b>
<b>Plan Sponsor EIN</b>	<b>38-1405141</b>
<b>ERISA Plan #</b>	<b>003</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

<b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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

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

<b>A</b> Name of plan OAKWOOD HEALTHCARE, INC. CASH BALANCE PLAN	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OAKWOOD HEALTHCARE, INC.	<b>D</b> Employer Identification Number (EIN) 38-1405141	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	263,121,227	
<b>b</b> Actuarial value .....	<b>2b</b>	283,547,776	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	1,208	66,907,200	66,907,200
<b>b</b> For terminated vested participants .....	2,613	74,665,966	74,665,966
<b>c</b> For active participants .....	1,874	138,690,454	140,285,031
<b>d</b> Total .....	5,695	280,263,620	281,858,197
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.01%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	5,865,074	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	2,060,000	
<b>c</b> Target normal cost .....	<b>6c</b>	7,925,074	

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

<b>SIGN HERE</b>	Megan M. Foster	
	Signature of actuary	09/10/2025
Megan Foster		Date
	Type or print name of actuary	2307582
Willis Towers Watson US LLC		Most recent enrollment number
	Firm name	248-936-7700
		Telephone number (including area code)
Travelers Tower 26555 Evergreen Road, Suite 1600 Southfield MI 48076		
	Address of the firm	

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



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 7,925,074
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	33,951,336		3,267,122	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 11,192,196
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 11,192,196
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 26,511,275
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 15,319,079
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Oakwood Healthcare, Inc.
<b>EIN/PN</b>	38-1405141/003
<b>Plan Name</b>	Oakwood Healthcare, Inc. Cash Balance Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Megan M. Foster
<b>Enrollment Number</b>	23-07582

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024**

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
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Plan Sponsor: Oakwood Healthcare, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	15,956,398	13,320,482	7,250,476	36,527,356
2025	13,444,164	11,979,284	6,948,554	32,372,002
2026	12,282,109	4,540,235	6,646,538	23,468,882
2027	11,830,130	3,928,668	6,344,759	22,103,557
2028	11,785,659	3,851,260	6,043,303	21,680,222
2029	10,185,165	5,528,742	5,743,920	21,457,827
2030	9,869,857	3,659,747	5,447,682	18,977,286
2031	9,421,544	3,536,616	5,154,251	18,112,411
2032	8,733,156	3,560,107	4,863,889	17,157,152
2033	8,650,503	3,888,438	4,576,805	17,115,746
2034	7,992,669	4,512,703	4,293,221	16,798,593
2035	7,990,789	3,300,246	4,013,410	15,304,445
2036	7,902,049	4,192,651	3,737,717	15,832,417
2037	7,619,920	3,510,248	3,466,567	14,596,735
2038	7,227,005	3,885,193	3,200,474	14,312,672
2039	6,862,781	3,269,728	2,940,026	13,072,535
2040	6,505,561	2,558,019	2,685,898	11,749,478
2041	6,030,009	3,096,441	2,438,887	11,565,337
2042	5,594,601	3,670,840	2,199,906	11,465,347
2043	6,495,290	3,482,439	1,969,959	11,947,688
2044	5,773,432	3,204,412	1,750,117	10,727,961
2045	5,688,455	2,923,912	1,541,479	10,153,846
2046	4,825,898	2,903,581	1,345,150	9,074,629
2047	4,601,209	2,631,184	1,162,202	8,394,595
2048	4,572,434	2,518,249	993,575	8,084,258
2049	3,755,100	2,427,282	840,015	7,022,397
2050	3,627,389	2,039,017	701,983	6,368,389
2051	2,852,667	2,106,033	579,602	5,538,302

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
EIN / PN: 38-1405141/003  
Plan Sponsor: Oakwood Healthcare, Inc.  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	2,449,565	1,415,691	472,648	4,337,904
2053	2,152,162	1,422,080	380,560	3,954,802
2054	1,929,138	1,122,113	302,484	3,353,735
2055	1,615,094	863,456	237,331	2,715,881
2056	1,443,985	753,216	183,841	2,381,042
2057	1,322,146	670,010	140,656	2,132,812
2058	1,214,642	622,612	106,381	1,943,635
2059	1,099,098	577,151	79,646	1,755,895
2060	1,004,414	533,667	59,151	1,597,232
2061	905,910	492,250	43,706	1,441,866
2062	819,568	453,643	32,255	1,305,466
2063	739,259	417,089	23,896	1,180,244
2064	665,225	381,851	17,878	1,064,954
2065	594,577	348,605	13,599	956,781
2066	529,879	317,278	10,584	857,741
2067	469,630	287,787	8,471	765,888
2068	413,733	260,056	6,988	680,777
2069	362,173	234,017	5,936	602,126
2070	314,924	209,609	5,174	529,707
2071	271,918	186,779	4,602	463,299
2072	233,053	165,486	4,151	402,690
2073	198,186	145,701	3,777	347,664

Plan Name: Oakwood Healthcare, Inc. Cash Balance Plan  
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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was most recently amended and restated effective January 1, 2016. The most recent amendment was adopted on October 12, 2016.

**Covered employees** All non-union Employees of Oakwood Healthcare, Inc. hired before July 1, 2013, which excludes Balmoral, ONS and Oakwood Common. Contingent Employees and those employed under special contract are excluded from the Plan.

**Participation date** An Employee becomes a Participant on the January 1 in the year he attains age 21.

### Definitions

**Vesting service** For Plan Years beginning after December 31, 1996, a Participant earns one year of Vesting Service for each Plan Year the Participant is credited with at least 900 hours of service. Prior to January 1, 1997, Vesting Service is credited in accordance with the service provisions of the OUHI Salaried Plan or OHC Retirement Plan, as applicable, except the hours requirement for a year of Vesting Service in the OHC Retirement Plan is reduced to 900 hours per year.

**Contribution service** Contribution Service equals Vesting Service.

**Minimum benefit service** For purposes of calculating the fixed dollar (\$17.20) benefit, minimum benefit service is based on the Participant's hours of service worked in the Plan Year according to the following table:

Hours of Service	Years of Credited Service
Less than 260 Hours	0
260 - 780 Hours	.25
781 - 1,300 Hours	.50
1,301 - 1,820 Hours	.75
1,821 or more Hours	1.00

Minimum benefit service was frozen as of December 31, 2013 for participants hired on or after January 1, 2010.

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<b>Annual earnings</b>	Annual earnings is an Employee's highest base pay rate between and including January 1 and the first full pay period in the first 14 days of the Plan year, or date of entry, if later, multiplied by 2080 hours plus lump sum adjustments received in lieu of a pay increase in the prior calendar year because an Employee is at or above the maximum salary for the applicable pay grade.
<b>Normal retirement date (NRD)</b>	The later of age 65 or the earlier of the date the Participants earns 3 years of Vesting Service or the third anniversary of the Participant's participation in the Plan.
<b>Accrued benefit</b>	Greater of the Actuarial Equivalent of the Participant's Account Balance payable at Normal Retirement Age or the Participant's Minimum Benefit.
<b>Account balance</b>	<p>Each Participant has an Account Balance in the Cash Balance Plan to which Interest Credits and Employer Credits are added annually. Employees who were active Participants in the Prior Plan on January 1, 1997 are entitled to an opening balance equal to the Actuarial Equivalent of their Prior Plan Benefit accrued as of January 1, 1997.</p> <p>Effective December 31, 2013, Account Balances for participants hired on or after January 1, 2010, are frozen and will accrue only Interest Credits after that date.</p>
<b>Minimum benefit</b>	The greater of the sum of the Grandfathered Benefit or \$17.20 times Minimum Benefit Service.
<b>Prior plan</b>	The OUHI Salaried Plan or the OHC Retirement Plan, as applicable.
<b>Prior plan benefit</b>	<p>Accrued retirement benefit earned as a Participant as of June 30, 1997 in the OUHI Salaried Plan or OHC Retirement Plan, as applicable, including continued benefit accruals under the Grandfathered Benefit, if applicable.</p> <p>For Employees who have Credited Service under each of the Prior Plans and are entitled to a deferred vested benefit from the Prior Plan in which they were not an active Participant on January 1, 1997, the Prior Plan Benefit is the Participant's frozen</p>

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accrued from the Prior Plan in which they were not an active Participant.

## Grandfathered benefit

Employees who were active participants in the Prior Plan on January 1, 1997 are entitled to a Grandfathered Benefit. Those Employees who were at least age 50 and had 5 years of Contribution Service or were at least age 60 regardless of their number of years of Contribution Service as of January 1, 1997 were eligible to continue accruing a Prior Plan Benefit, through the Plan Year ending on December 31, 2001.

Employees who were active participants in the Prior Plan on January 1, 1997 and do not meet the age and/or service requirements for an active Grandfathered Benefit described above are still entitled to a Grandfathered Benefit equal to their accrued Prior Plan Benefit, as of June 30, 1997.

## Eligibility for Benefits

### Normal retirement

Retirement on the first of the month following NRD.

### Early retirement

Age 55 and 10 years of Contribution Service.

### Deferred vested termination

Pre-2008 Terminations. All Participants are eligible after 5 Years of Service. Employees who earned benefits in the OUHI Salaried Plan and had 3 years of vesting service as of July 1, 1997 will vest according to the following table.

Years of Service	Vested Percentage
3	20%
4	40%
5	100%

Post-2007 Terminations. All Participants are eligible after 3 Years of Service.

### Preretirement death benefit

All Employees eligible for a Retirement Benefit (whether or not actively employed) automatically receive coverage under this Option. A participant becomes automatically vested in his account balance if he dies while actively employed.

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## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	Single life annuity, if unmarried. 100% Joint & Survivor annuity, if married, actuarially equivalent to the single life amount.
<b>Early retirement</b>	The greater of the Accrued Prior Plan Benefit as of Early Retirement Date reduced for commencement before age 65 to reflect the increased payout period. The reduction is 0.5% for each month that the commencement date precedes Normal Retirement Age or the participant's account balance converted to an annuity using immediate actuarial equivalence factors.
<b>Deferred vested termination</b>	The actuarial equivalent of the participant's accrued benefit payable immediately. Participant may elect to delay receipt of vested benefit up to the first of the month following attainment of age 70 ½.
<b>Disablement</b>	Same as early retirement benefit or vested benefit upon termination of service, as applicable.
<b>Preretirement death</b>	In the event of a Vested Participant's death prior to benefit commencement, the Participant's beneficiary is entitled to a death benefit equal to the actuarial equivalent of the Participant's accrued benefit on his date of death. The survivor benefit is subject to the Plan's spousal consent rules.
<b>Optional forms of payment</b>	<ul style="list-style-type: none"><li>• Single life annuity.</li><li>• Life annuity with 120 monthly payments guaranteed.</li><li>• 50%, 100% Joint &amp; Survivor annuity, or a lump sum payment.</li></ul>

## Other Plan Provisions

<b>Actuarial equivalence</b>	<ul style="list-style-type: none"><li>• For purposes of converting the Participant's Account Balance to a life annuity, Actuarial Equivalent means using the applicable Code Section 417(e)(3) mortality table and the applicable interest rates under 417(e)(3) for the month of August preceding the beginning of the Plan Year.</li><li>• For purposes of converting a Participant's Normal Form of benefit into an optional form, the UP 1984 mortality table and a 5% interest rate are used.</li></ul>
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## Interest credits

Each year, prior to the addition of any Employer Credits or Transition Credits, interest will be added to the Participant's Account Balance. Effective January 1, 2010, interest will be credited at the 5-year Treasury bill rate for the month of October preceding the beginning of the Plan Year, with a minimum of 3.80%.

Prior to January 1, 2010, interest was credited at the 30-year Treasury bill rate for the month of October prior to the beginning of the Plan year, with a minimum of 4.00%.

Interest is also credited on the participant's Employer Credits and Transition Credits at a rate equal to one-half the rate above if the participant is actively employed at an eligible position on the last day of the Plan Year.

## Employer credits

Each year, Employer Credits will be added to the Participant's Account Balance. The Employer Credit for employees hired before January 1, 2010 will be a percentage of the Participant's Annual Earnings determined by the following table:

Contribution Service	Pre-January/April 1, 2010		Post-January 1, 2010/ April 1, 2010	
	Base Percentage	Supplemental Percentage	Base Percentage	Supplemental Percentage
0 - 4 years	3%	3%	2.5%	2.5%
5 - 9 years	4%	4%	3%	3%
10 - 14 years	5%	5%	4%	4%
15 - 19 years	6%	6%	5%	5%
20 - 24 years	7%	7%	5%	5%
25 - 39 years	7%	7%	6%	6%
40+ years	0%	0%	0%	0%

Employees hired on or after January 1, 2010 will receive a flat 2.5% Employer Credit through December 31, 2013 only.

The Employer Credit will be prorated if the Participant is compensated for less than 2080 hours in the Plan Year. The Supplemental Percentage, in addition to the Base Percentage, applies to Annual Earnings in excess of 50% of the Taxable Wage Base in effect for the Plan Year.

Certain participants are eligible to receive an additional employer credit as defined in the plan document.

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Active employees whose retiree medical plan credits were eliminated will receive a one-time contribution credit to their cash balance account on January 1, 2009. This contribution is equal to the applicable amount as of December 31, 2008 in the following table, multiplied by retiree medical service:

Age/Service as of 1/1/2009	< 20 Years	20 - 29 Years	30+ Years
20	\$25	\$35	N/A
40	\$40	\$60	N/A
45	\$50	\$70	\$90
50	\$100	\$145	\$175
55	\$110	\$160	\$250
60	\$145	\$220	\$350
62+	\$190	\$440	\$600

## Transition credits

Employees who were active Participants in the Prior Plan as of January 1, 1997 and were at least age 45 and had 10 or more years of Contribution Service were entitled to an additional Transition Credit of 5% of Annual Earnings for each Plan Year through the Plan Year ending on December 31, 2001.

## Sick leave transfer

Effective as of July 28, 2000, an eligible Participant's Cash Balance Account shall be increased by the dollar value of sick days from the Participant's Sick Leave Balance in excess of 240 hours, determined as of July 9, 2000, under the Corporation's Sick Leave Policy. An eligible Participant employed by Oakwood Home Care Services, Inc. shall have his or her Cash Balance Account increased effective as of July 28, 2000, by the dollar value of his or her paid time-off hours in excess of 320 hours, determined as of July 9, 2000, under the paid time-off policy of Oakwood Home Care Services, Inc.

## Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

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## Future plan changes

No future plan changes were recognized in determining pension cost or funding requirements.

## Changes in benefits valued Since prior year

None.

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<b>Plan Sponsor EIN</b>	<b>38-1405141</b>
<b>ERISA Plan #</b>	<b>003</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

# SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(5,985,842)	15.00000	(5,985,842)	(544,594)
2. Shortfall	01/01/2023	41,621,383	14.00000	39,937,178	3,811,716
Total				33,951,336	3,267,122

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## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The assumed plan related expense added to the target normal cost was updated from \$2,770,000 to \$2,060,000.

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