

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/1990
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 38-1405141
2c Plan Sponsor's telephone number: 248-213-3300
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

| | |
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| 3a 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 | 3b Administrator's EIN 46-5718220 3c Administrator's telephone number 248-213-3300 |
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| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
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| | | |
|---|----------|------|
| 5 Total number of participants at the beginning of the plan year | 5 | 2119 |
|---|----------|------|

| | | |
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| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 741 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 662 |
| b Retired or separated participants receiving benefits..... | 6b | 494 |
| c Other retired or separated participants entitled to future benefits | 6c | 381 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 1537 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 104 |
| f Total. Add lines 6d and 6e | 6f | 1641 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 0 |

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| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
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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:

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

| | |
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| <p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p> | <p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p> |
|--|--|

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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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| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

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.

| | | |
|---|---|------------|
| A Name of plan <u>OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OAKWOOD HEALTHCARE, INC.</u> | D Employer Identification Number (EIN) <u>38-1405141</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F 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

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>41197763</u> |
| | b Actuarial value | 2b | <u>44325673</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>546</u> | <u>14233116</u> |
| | b For terminated vested participants | <u>832</u> | <u>10044515</u> |
| | c For active participants | <u>741</u> | <u>19615334</u> |
| | d Total | <u>2119</u> | <u>43892965</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.07 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>573031</u> |
| | b Expected plan-related expenses | 6b | <u>570000</u> |
| | c Target normal cost | 6c | <u>1143031</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.

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

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 7694830 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 1172519 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 6522311 |
| 10 | Interest on line 9 using prior year's actual return of <u>11.78</u> % | 0 | 768328 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 930637 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> % | | 48393 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 109629 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 1088659 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 353334 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 6937305 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 84.85 % |
| 15 | Adjusted funding target attainment percentage | 15 | 100.59 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 82.25 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| 12/13/2024 | 3446027 | 0 | | | | | |
| 04/03/2025 | 552933 | 0 | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | Totals ▶ | 18(b) | 3998960 | 18(c) | 0 |

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| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a 0 | |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b 0 | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c 3807507 | |
| 20 | Quarterly contributions and liquidity shortfalls: | | |
| a | Did the plan have a "funding shortfall" for the prior year? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| b | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| c | If line 20a is "Yes," see instructions and complete the following table as applicable: | | |
| Liquidity shortfall as of end of quarter of this plan year | | | |
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 0 | 0 | 0 | 0 |

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

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

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

| | | | |
|--|---------------------|--------------------|--------------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | | | 31a 1143031 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 6675552 | 642434 | |
| b Waiver amortization installment | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | 34 1785465 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | | | 36 1785465 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | 37 3807507 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 2022042 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | 40 0 |

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

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| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OAKWOOD HEALTHCARE, INC. | D Employer Identification Number (EIN) 38-1405141 | |

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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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 | 397092 | 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)

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)

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 | 17290 | 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)

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 | 10836 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|---|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|---|--|------------|
| A Name of plan <u>OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN</u> | B Three-digit plan number (PN) | <u>004</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OAKWOOD HEALTHCARE, INC.</u> | D Employer Identification Number (EIN) <u>38-1405141</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|--|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BEAUMONT HEALTH MASTER RET TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>BEAUMONT HEALTH</u> | | |
| c EIN-PN <u>47-4896200-100</u> | d Entity code <u>M</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40807412</u> |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OAKWOOD HEALTHCARE, INC. | D Employer Identification Number (EIN) 38-1405141 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-------------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | 1000000 552933 |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 0 6471 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 197294 1273719 |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | 40895309 40807412 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 42092603 | 42640535 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 36076 | 0 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 36076 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 42056527 | 42640535 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 3998960 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 3998960 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 62848 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 62848 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 2826941 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 6888749 |

Expenses

| | | | |
|---|--------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 5514600 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 5514600 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 397092 | |
| (4) IQPA audit fees | 2i(4) | 18450 | |
| (5) Investment advisory and investment management fees | 2i(5) | 10836 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 19450 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 344313 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 790141 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 6304741 |

Net Income and Reconciliation

| | | | |
|---|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 584008 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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 |
|--|-----|----|----------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| 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 | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 10000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555155.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>OAKWOOD HEALTHCARE, INC.</u> | D Employer Identification Number (EIN) <u>38-1405141</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 38-6457728

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

| | | |
|--|---|-----|
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | 438 |
|--|---|-----|

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

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

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

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

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| 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)..... | 14b | |
| c 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)..... | 14c | |

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 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 _____.

Oakwood Healthcare, Inc.
Union Cash Balance Plan

Financial Report
December 31, 2024

Oakwood Healthcare, Inc. Union Cash Balance Plan

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Independent Auditor's Report

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

Emphasis of Matter

As explained in Note 5, the financial statements include investments valued at approximately \$18,722,000 (44 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. Union 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 13, 2025 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. Union Cash Balance Plan

Statement of Net Assets Available for Benefits

| | December 31, 2024 and 2023 | |
|--|----------------------------|----------------------|
| | 2024 | 2023 |
| Assets | | |
| Investments at fair value: | | |
| Interest in Beaumont Health Master Trust (Note 4) | \$ 40,807,412 | \$ 40,895,309 |
| Money market fund | 1,273,719 | 197,294 |
| Total investments at fair value | 42,081,131 | 41,092,603 |
| Employer contributions receivable | 552,933 | 1,000,000 |
| Accrued income | 6,471 | - |
| Total assets | 42,640,535 | 42,092,603 |
| Liabilities - Accrued administrative expenses | - | 36,076 |
| Net Assets Available for Benefits | \$ 42,640,535 | \$ 42,056,527 |

Oakwood Healthcare, Inc. Union 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> |
|--|-----------------------------|-----------------------------|
| Additions | | |
| Employer contributions | \$ 3,998,960 | \$ 1,000,000 |
| Investment income: | | |
| Interest and dividends | 62,848 | 18,110 |
| Change in plan interest in Beaumont Health Master Trust (Note 4) | <u>2,914,606</u> | <u>5,524,381</u> |
| Total investment income | <u>2,977,454</u> | <u>5,542,491</u> |
| Total additions | 6,976,414 | 6,542,491 |
| Deductions | | |
| Benefits paid directly to participants or beneficiaries | 5,514,600 | 5,081,282 |
| Administrative expenses | <u>877,806</u> | <u>778,686</u> |
| Total deductions | <u>6,392,406</u> | <u>5,859,968</u> |
| Net Increase | 584,008 | 682,523 |
| Net Assets Available for Benefits | | |
| Beginning of year | <u>42,056,527</u> | <u>41,374,004</u> |
| End of year | <u><u>\$ 42,640,535</u></u> | <u><u>\$ 42,056,527</u></u> |

Oakwood Healthcare, Inc. Union 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

\$ 13,162,672

Other vested participants

27,127,983

Total vested benefits

40,290,655

Nonvested benefits

250,786

Total Actuarial Present Value of Accumulated Plan Benefits

\$ 40,541,441

Oakwood Healthcare, Inc. Union Cash Balance Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

| | |
|---|-----------------------------|
| Actuarial Present Value of Accumulated Plan Benefits - Beginning of year | \$ 41,789,567 |
| Increase (decrease) during the year attributable to: | |
| Benefits accumulated | 545,407 |
| Actuarial losses | 36,042 |
| Decrease in the discount period | 2,566,734 |
| Benefits paid | (5,081,282) |
| Changes in actuarial assumptions | <u>684,973</u> |
| Net decrease | <u>(1,248,126)</u> |
| Actuarial Present Value of Accumulated Plan Benefits - End of year | <u><u>\$ 40,541,441</u></u> |

December 31, 2024 and 2023

Note 1 - Plan Description

The following description of Oakwood Healthcare, Inc. Union 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 hourly union employees of Oakwood Healthcare, Inc. (the "Hospital") who are members of the America Federation of State, Country, and Municipal Employees (AFSCME), Council No. 25, or the Service Employees International Union (SEIU), Local 39, of the AFL-CIO (the "Union"), as well as members of the Oakwood Hospital Licensed Practical Nurses Association (OHLPNA). 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 the Company, 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, 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.

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 funding contribution requirements 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 management and the audit committee.

Vesting

Participants earn one year of vesting 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 pension benefit is a cash balance formula effective retroactively to January 1, 1999 for SEIU members and to January 1, 2000 for AFSCME and OHLPNA members. Key characteristics of the cash balance formula include the expression of each participant's benefit in terms of 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 employee or retirement.

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

A participant will receive an 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, 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.

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 \$19,116,000 as of December 31, 2024. Net investment gains of \$2,946,000 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 2.4 percent and 2.6 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. Union 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 Balances |
| Investments: | | | | |
| Short-term investments | \$ 41,419,153 | \$ 1,076,898 | \$ 16,794,038 | \$ 481,019 |
| Common and preferred stocks | 123,547,523 | 3,212,236 | 113,257,164 | 3,243,940 |
| Government securities and obligations | 90,689,719 | 2,357,933 | 131,348,181 | 3,762,107 |
| Corporate debt securities and obligations | 245,702,493 | 6,388,265 | 175,767,790 | 5,034,385 |
| Collateralized mortgage obligations and asset-backed securities | 11,999,547 | 311,988 | 15,187,304 | 442,507 |
| Registered investment companies | - | - | 13,729,513 | 393,244 |
| Swaps and options | 1,050,163 | 27,304 | (1,148,127) | (32,885) |
| Real estate investment trusts | 36,749,594 | 955,489 | 15,946,327 | 456,739 |
| Private equity funds | 263,376,949 | 3,578,788 | 306,687,797 | 4,918,883 |
| Hedge funds | 84,332,204 | 2,192,637 | 379,790,531 | 10,878,055 |
| Commingled funds | 824,858,341 | 21,446,317 | 395,067,975 | 11,315,636 |
| Total master trust investments | 1,723,725,686 | 41,547,855 | 1,562,690,634 | 40,893,630 |
| Total net master trust receivables (payables) - due from (to) broker | (28,478,592) | (740,443) | (58,644) | 1,679 |
| Total master trust net assets | \$ 1,695,247,094 | \$ 40,807,412 | \$ 1,562,369,849 | \$ 40,895,309 |

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 | \$ 79,712,509 | \$ 158,215,744 |

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 |
| Investments at fair value | 514,408,598 | <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 | | |
| Total investments | <u>\$ 1,723,725,686</u> | | |

Oakwood Healthcare, Inc. Union Cash Balance Plan

Notes to Financial Statements

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 stocks | 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 trusts | 15,946,327 | | |
| Private equity funds | 306,687,797 | | |
| Commingled funds | 395,067,975 | | |
| Hedge funds | 379,790,531 | | |
| 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 |
|-----------------------------------|-------------------|-------------------|----------------------|-----------------------------------|--------------------------|
| | Fair Value | Fair Value | | | |
| 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 | 79-90 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 \$1,273,719 and \$197,294 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, 2023.

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 as follows:

- 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 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 \$87,665 more in total additions than the Form 5500 and \$87,665 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 \$31,532 more in total additions than the Form 5500 and \$31,532 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. Union Cash Balance Plan

Schedule of Assets Held at End of Year

**Form 5500, Schedule H, Line 4i
EIN 38-1405141, Plan No. 004
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 | \$ 1,273,719 | \$ 1,273,719 |

Oakwood Healthcare, Inc. Union Cash Balance Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 38-1405141, Plan No. 004
 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 - 68 | \$ 6,438,212 | \$ - | \$ 6,438,212 | \$ 6,438,212 | \$ - |
| | Sales - 56 | - | 5,360,842 | 5,360,842 | 5,360,842 | - |

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 ¹ | | | | | | | | | | 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 | 2 | 11 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| | - | - | - | - | - | - | - | - | - | - | - | - |
| 35-39 | 0 | 0 | 1 | 31 | 21 | 1 | 0 | 0 | 0 | 0 | 0 | 54 |
| | - | - | - | 35,214 | 37,879 | - | - | - | - | - | - | 36,373 |
| 40-44 | 0 | 0 | 0 | 13 | 19 | 16 | 0 | 0 | 0 | 0 | 0 | 48 |
| | - | - | - | - | - | - | - | - | - | - | - | 39,659 |
| 45-49 | 0 | 0 | 0 | 11 | 12 | 24 | 6 | 0 | 0 | 0 | 0 | 53 |
| | - | - | - | - | - | 37,937 | - | - | - | - | - | 37,995 |
| 50-54 | 0 | 0 | 0 | 19 | 15 | 23 | 8 | 4 | 1 | 0 | 0 | 70 |
| | - | - | - | - | - | 38,748 | - | - | - | - | - | 38,956 |
| 55-59 | 1 | 0 | 1 | 14 | 26 | 22 | 13 | 5 | 6 | 1 | 1 | 89 |
| | - | - | - | - | 38,861 | 38,149 | - | - | - | - | - | 39,875 |
| 60-64 | 0 | 1 | 0 | 20 | 13 | 33 | 10 | 13 | 6 | 18 | 18 | 114 |
| | - | - | - | 36,989 | - | 39,878 | - | - | - | - | - | 40,127 |
| 65-69 | 0 | 0 | 0 | 6 | 9 | 10 | 4 | 7 | 3 | 10 | 10 | 49 |
| | - | - | - | - | - | - | - | - | - | - | - | 41,131 |
| 70 & over | 0 | 0 | 0 | 0 | 2 | 3 | 3 | 1 | 2 | 4 | 4 | 15 |
| | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 1 | 1 | 4 | 125 | 118 | 132 | 44 | 30 | 18 | 33 | 33 | 506 |
| | - | - | - | 37,023 | 39,323 | 38,882 | 40,200 | 41,620 | - | 45,306 | - | 39,412 |

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
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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 ² | | | | | | | | | | 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 | 2 | 11 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| | - | - | - | - | - | - | - | - | - | - | - | - |
| 35-39 | 0 | 0 | 1 | 31 | 21 | 1 | 0 | 0 | 0 | 0 | 0 | 54 |
| | - | - | - | 3,448 | 19,364 | - | - | - | - | - | - | 9,907 |
| 40-44 | 0 | 0 | 0 | 13 | 19 | 16 | 0 | 0 | 0 | 0 | 0 | 48 |
| | - | - | - | - | - | - | - | - | - | - | - | 22,494 |
| 45-49 | 0 | 0 | 0 | 11 | 12 | 24 | 6 | 0 | 0 | 0 | 0 | 53 |
| | - | - | - | - | - | 39,564 | - | - | - | - | - | 29,852 |
| 50-54 | 0 | 0 | 0 | 19 | 15 | 23 | 8 | 4 | 1 | 0 | 0 | 70 |
| | - | - | - | - | - | 39,418 | - | - | - | - | - | 29,865 |
| 55-59 | 1 | 0 | 1 | 14 | 26 | 22 | 13 | 5 | 6 | 1 | 1 | 89 |
| | - | - | - | - | 23,455 | 37,225 | - | - | - | - | - | 35,421 |
| 60-64 | 0 | 1 | 0 | 20 | 13 | 33 | 10 | 13 | 6 | 18 | 18 | 114 |
| | - | - | - | 3,282 | - | 38,970 | - | - | - | - | - | 48,234 |
| 65-69 | 0 | 0 | 0 | 6 | 9 | 10 | 4 | 7 | 3 | 10 | 10 | 49 |
| | - | - | - | - | - | - | - | - | - | - | - | 63,224 |
| 70 & over | 0 | 0 | 0 | 0 | 2 | 3 | 3 | 1 | 2 | 4 | 4 | 15 |
| | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 1 | 1 | 4 | 125 | 118 | 132 | 44 | 30 | 18 | 33 | 33 | 506 |
| | - | - | - | 4,585 | 22,387 | 38,222 | 53,894 | 74,231 | - | 111,554 | - | 36,042 |

² Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
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SCHEDULE SB ATTACHMENTS

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 |
|----------------|-------------------------|-----------------------------|
|----------------|-------------------------|-----------------------------|

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%

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SCHEDULE SB ATTACHMENTS

| | |
|------------------------------|---|
| Plan-related expenses | The amount included this year for plan related expenses is \$570,000 |
| Interest credit rate | <ul style="list-style-type: none">• 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%.• 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%. |
| Lump sum conversion | <ul style="list-style-type: none">• Interest Rates: assumed equal to the discount rate• Mortality: applicable mortality tables under 417(e)(3) |

Demographic and Other Assumptions

| | |
|----------------------------------|--|
| Inclusion date | The valuation date coincident with or next following the enrollment date on which the employee becomes a participant. |
| New or rehired employees | It was assumed there will be no new or rehired employees. |
| Benefit commencement date | <ul style="list-style-type: none">• Preretirement death benefit: Upon death of active participant• Deferred vested benefit: Payable upon termination but Participant may elect to delay receipt of vested benefit up to normal retirement age• 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• Disability benefit: Same as early retirement benefit or vested benefit upon termination of service, as applicable |

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SCHEDULE SB ATTACHMENTS

| | |
|-----------------------------------|--|
| Form and timing of payment | <p>The assumed form and timing of payments is as follows:</p> <ul style="list-style-type: none">• Active participants:<ul style="list-style-type: none">If retirement-eligible: 80% elect lump sums payable immediately and 20% elect the normal form payable immediatelyIf 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• Terminated vested participants eligible for a lump sum:<ul style="list-style-type: none">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 AgeIf 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• Terminated vested participants not eligible for a lump sum:<ul style="list-style-type: none">100% elect the normal form at Normal Retirement Age |
| Percent married | 80% of the male and 70% of the female participants are assumed to be married. |
| Spouse age | The male participant is assumed to be three years older than the female spouse. |
| Covered pay | 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. Union Cash Balance Plan |
| EIN / PN: | 38-1405141/004 |
| Plan Sponsor: | Oakwood Healthcare, Inc. |
| Valuation Date: | January 1, 2024 |

SCHEDULE SB ATTACHMENTS

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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SCHEDULE SB ATTACHMENTS

| 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

| | |
|----------------------------------|---|
| Valuation date | First day of the plan year |
| Funding target | Present value of accrued benefits as required by regulations under IRC §430. |
| Target normal cost | 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. |
| Cash flow | <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> |
| 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 |

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SCHEDULE SB ATTACHMENTS

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.

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SCHEDULE SB ATTACHMENTS

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.

Assumptions Rationale – Significant Economic Assumptions

| | |
|---|---|
| Discount rate | 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. |
| Cash balance interest crediting rate | 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. |
| Annuity conversion rate | 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. |
| Lump sum conversion rate | 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. |

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Rates of increase in compensation

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.

Annual rate of future Social Security wage base increase

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 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.

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

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.

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.

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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 | <p>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.</p> <p>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.</p> <p>The assumed plan related expense added to the target normal cost was updated from \$740,000 to \$570,000.</p> |
| Change in methods since prior valuation | None. |

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

| | |
|-------------------------|---|
| Plan Name | OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN |
| Plan Sponsor EIN | 38-1405141 |
| ERISA Plan # | 004 |
| Plan Year Ending | 12/31/2024 |

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).

| Form/Schedule | Line # | Description | Attachment |
|----------------------|---------------|---|-------------------|
| 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
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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.

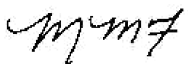
| | | | |
|---|--|---|-----|
| A Name of plan OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN | | B Three-digit plan number (PN) ▶ | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OAKWOOD HEALTHCARE, INC. | | D Employer Identification Number (EIN) 38-1405141 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | | F 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

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | | |
| 2 Assets: | | | |
| a Market value | 2a | 41,197,763 | |
| b Actuarial value | 2b | 44,325,673 | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 546 | 14,233,116 | 14,233,116 |
| b For terminated vested participants | 832 | 10,044,515 | 10,044,515 |
| c For active participants | 741 | 19,615,334 | 19,786,289 |
| d Total | 2,119 | 43,892,965 | 44,063,920 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | 5.07% | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | 573,031 | |
| b Expected plan-related expenses | 6b | 570,000 | |
| c Target normal cost | 6c | 1,143,031 | |

Statement by Enrolled Actuary

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

| | | |
|--|---|--|
| SIGN HERE |  | <u>9/10/2025</u> |
| | Signature of actuary | Date |
| Megan Foster | Type or print name of actuary | 2307582 |
| | | Most recent enrollment number |
| Willis Towers Watson US LLC | 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

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

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

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

| | | | |
|--|-------------------|---------------------|---------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | | 31a | 1,143,031 |
| b Excess assets, if applicable, but not greater than line 31a | | 31b | 0 |
| 32 Amortization installments: | | Outstanding Balance | Installment |
| a Net shortfall amortization installment | | 6,675,552 | 642,434 |
| b Waiver amortization installment | | 0 | 0 |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | 33 | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | | 34 | 1,785,465 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35)..... | | 36 | 1,785,465 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | 37 | 3,807,507 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | 38a | 2,022,042 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | 38b | 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | | 39 | 0 |
| 40 Unpaid minimum required contributions for all years | | 40 | 0 |

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

| | |
|--------------------------|--|
| Plan Sponsor | Oakwood Healthcare, Inc. |
| EIN/PN | 38-1405141/004 |
| Plan Name | Oakwood Healthcare, Inc. Union Cash Balance Plan |
| Valuation Date | January 1, 2024 |
| Enrolled Actuary | Megan M. Foster |
| Enrollment Number | 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

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. Union Cash Balance Plan
EIN / PN: 38-1405141/004
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 | 2,416,709 | 1,814,778 | 1,622,752 | 5,854,239 |
| 2025 | 2,133,468 | 1,663,603 | 1,544,877 | 5,341,948 |
| 2026 | 1,908,533 | 398,929 | 1,466,843 | 3,774,305 |
| 2027 | 1,750,757 | 535,031 | 1,389,093 | 3,674,881 |
| 2028 | 1,726,355 | 418,717 | 1,311,995 | 3,457,067 |
| 2029 | 1,528,800 | 408,334 | 1,235,908 | 3,173,042 |
| 2030 | 1,329,903 | 579,492 | 1,161,166 | 3,070,561 |
| 2031 | 1,227,852 | 578,149 | 1,088,063 | 2,894,064 |
| 2032 | 1,192,249 | 457,700 | 1,016,859 | 2,666,808 |
| 2033 | 1,152,817 | 487,870 | 947,764 | 2,588,451 |
| 2034 | 995,524 | 383,295 | 880,932 | 2,259,751 |
| 2035 | 985,369 | 402,050 | 816,471 | 2,203,890 |
| 2036 | 942,427 | 475,183 | 754,437 | 2,172,047 |
| 2037 | 932,906 | 431,142 | 694,852 | 2,058,900 |
| 2038 | 857,362 | 566,219 | 637,718 | 2,061,299 |
| 2039 | 797,206 | 641,392 | 583,018 | 2,021,616 |
| 2040 | 806,622 | 355,517 | 530,732 | 1,692,871 |
| 2041 | 820,701 | 378,749 | 480,841 | 1,680,291 |
| 2042 | 862,013 | 451,209 | 433,333 | 1,746,555 |
| 2043 | 734,064 | 427,465 | 388,206 | 1,549,735 |
| 2044 | 753,139 | 451,956 | 345,474 | 1,550,569 |
| 2045 | 818,037 | 433,187 | 305,173 | 1,556,397 |
| 2046 | 644,638 | 507,958 | 267,371 | 1,419,967 |
| 2047 | 649,418 | 627,726 | 232,163 | 1,509,307 |
| 2048 | 582,229 | 502,973 | 199,658 | 1,284,860 |
| 2049 | 609,381 | 543,432 | 169,954 | 1,322,767 |
| 2050 | 544,663 | 537,238 | 143,118 | 1,225,019 |
| 2051 | 573,313 | 432,937 | 119,175 | 1,125,425 |
| 2052 | 457,554 | 465,573 | 98,097 | 1,021,224 |

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|-----------|---------------------|--------------------------------|---|---------|
| 2053 | 299,711 | 287,026 | 79,798 | 666,535 |
| 2054 | 355,420 | 270,257 | 64,141 | 689,818 |
| 2055 | 228,569 | 293,125 | 50,946 | 572,640 |
| 2056 | 203,319 | 162,271 | 39,995 | 405,585 |
| 2057 | 178,856 | 121,396 | 31,050 | 331,302 |
| 2058 | 160,725 | 104,040 | 23,862 | 288,627 |
| 2059 | 146,295 | 96,827 | 18,178 | 261,300 |
| 2060 | 131,201 | 90,140 | 13,755 | 235,096 |
| 2061 | 118,938 | 83,936 | 10,367 | 213,241 |
| 2062 | 105,760 | 78,165 | 7,810 | 191,735 |
| 2063 | 93,928 | 72,779 | 5,905 | 172,612 |
| 2064 | 85,401 | 67,728 | 4,504 | 157,633 |
| 2065 | 75,739 | 62,970 | 3,483 | 142,192 |
| 2066 | 68,000 | 58,466 | 2,745 | 129,211 |
| 2067 | 60,816 | 54,180 | 2,213 | 117,209 |
| 2068 | 54,252 | 50,085 | 1,829 | 106,166 |
| 2069 | 48,207 | 46,156 | 1,551 | 95,914 |
| 2070 | 42,645 | 42,378 | 1,346 | 86,369 |
| 2071 | 37,537 | 38,740 | 1,193 | 77,470 |
| 2072 | 32,858 | 35,234 | 1,075 | 69,167 |
| 2073 | 28,587 | 31,860 | 982 | 61,429 |

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was most recently amended and restated effective January 1, 2016.

Covered employees All 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, 1998 (or all years for former Oakwood Union Participants), 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, 1999, Vesting Service for former OUHI Hourly Participants is credited in accordance with the service provisions of the OUHI Hourly Plan.

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 Minimum Benefit 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.

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

| | |
|-------------------------------------|---|
| Annual earnings | 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. |
| Normal retirement date (NRD) | 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. |
| Accrued benefit | Greater of the Actuarial Equivalent of the Participant's Account Balance payable at Normal Retirement Age or the Participant's Minimum Benefit. |
| Account balance | <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, 1999 (or 2000) are entitled to an opening balance equal to the Actuarial Equivalent of their Prior Plan Benefit accrued as of January 1, 1999 (or 2000).</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> |
| Minimum benefit | The greater of the Grandfathered Benefit or \$17.20 times Minimum Benefit Service. |
| Prior plan | The OUHI Hourly Plan or the OHC Retirement Plan, as applicable. |
| Prior plan benefit | <p>Accrued retirement benefit earned as a Participant as January 1, 1999 in the OUHI Hourly Plan or the accrued benefit earned as a participant as of January 1, 2000 in the OHC Retirement Plan, as applicable.</p> <p>For Employees who have Minimum Benefit 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, 2000, the Prior Plan Benefit is the Participant's frozen accrued from the Prior Plan in which they were not an active</p> |

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Participant.

Grandfathered benefit

Employees who were active participants in the OHC Retirement Plan on January 1, 2000 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, 2000 were eligible to continue accruing a Prior Plan Benefit, through the Plan Year ending on December 31, 2004.

Employees who were active participants in the Prior Plan on January 1, 1999 (or 2000, as applicable) 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 January 1, 1999 (or January 1, 2000, as applicable).

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 Hourly Plan and had 3 years of vesting service as of July 1, 1999 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.

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

| | |
|------------------------------------|---|
| Normal retirement | Single life annuity, if unmarried. 100% Joint & Survivor annuity, if married, actuarially equivalent to the single life amount. |
| Early retirement | 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. |
| Deferred vested termination | 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. |
| Disablement | Same as early retirement benefit or vested benefit upon termination of service, as applicable. |
| Preretirement death | 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. |
| Optional forms of payment | <ul style="list-style-type: none">• Single life annuity.• Life annuity with 120 monthly payments guaranteed.• 100% Joint & Survivor annuity, or a lump sum payment. |

Other Plan Provisions

| | |
|------------------------------|--|
| Actuarial equivalence | <ul style="list-style-type: none">• 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.• 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. |
|------------------------------|--|

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Interest credits

Each year, prior to the addition of any Employer Credits, interest will be added to the Participant's Account Balance. Effective January 1, 2010, (April 1, 2010 for AFSCME participants), 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 rate of 3.80%.

Prior to January 1, 2010, (April 1, 2010 for AFSCME participants), 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 rate of 4.00%.

Interest is also credited on the participant's Employer 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 (effective January 1, 2010 for SEIU participants and April 1, 2010 for AFSCME participants):

| 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.

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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 |

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.

Future plan changes

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

Changes in benefits valued Since prior year

None.

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

| | |
|-------------------------|---|
| Plan Name | OAKWOOD HEALTHCARE, INC. UNION CASH BALANCE PLAN |
| Plan Sponsor EIN | 38-1405141 |
| ERISA Plan # | 004 |
| Plan Year Ending | 12/31/2024 |

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).

| Form/Schedule | Line # | Description | Attachment |
|----------------------|---------------|---|-------------------|
| 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

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 | (1,187,776) | 15.00000 | (1,187,776) | (108,064) |
| 2. Shortfall | 01/01/2023 | 8,194,935 | 14.00000 | 7,863,328 | 750,498 |
| Total | | | | 6,675,552 | 642,434 |

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan related expense added to the target normal cost was updated from \$740,000 to \$570,000.

Plan Name: Oakwood Healthcare, Inc. Union Cash Balance Plan
EIN / PN: 38-1405141/004
Plan Sponsor: Oakwood Healthcare, Inc.
Valuation Date: January 1, 2024