

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): DETROIT COMMUNITY HEALTH CONNECTION
2b Employer Identification Number (EIN): 38-2824772
2c Plan Sponsor's telephone number: 313-343-2873
2d Business code (see instructions): 621111

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	321
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	310
	6a(2)	101
	6b	3
	6c	107
	6d	211
	6e	0
	6f	211
	6g(1)	182
	6g(2)	187
h	3	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<p>A Name of plan DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DETROIT COMMUNITY HEALTH CONNECTION</p>	<p>D Employer Identification Number (EIN) 38-2824772</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B2-KY4N	211	02/01/2024	01/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	533944
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1078655
c	Additions: (1) Contributions deposited during the year	7c(1) 27766
	(2) Dividends and credits.....	7c(2) 212
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ FIXED ACCOUNT	7c(5) 7516
	(6) Total additions	7c(6) 35494
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1114149
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 14190
	(2) Administration charge made by carrier.....	7e(2) 254
	(3) Transferred to separate account	7e(3) 565759
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 580203	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 533946

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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.
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DETROIT COMMUNITY HEALTH CONNECTION	D Employer Identification Number (EIN) 38-2824772	

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)

NATIONWIDE

31-4156830

(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?
59 99 49 66 37 63 26 60 15	TRUST RECORDKEEPER	23679	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"/>

(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 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A Name of plan DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DETROIT COMMUNITY HEALTH CONNECTION	D Employer Identification Number (EIN) 38-2824772

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	305598	309879
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	20482	15029
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3878350	4814741
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1078655	533944
(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	5283085	5673593
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5283085	5673593

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)	309879	
(B) Participants.....	2a(1)(B)	210742	
(C) Others (including rollovers).....	2a(1)(C)	32	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		520653
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	592	
(F) Other.....	2b(1)(F)	9567	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10159
(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)		
(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)		469726
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1000538

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	587087	
(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)		587087
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	22943	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		22943
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		610030

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		390508
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: **ALAN C. YOUNG AND ASSOCIATES P.C.**

(2) EIN: **38-2463166**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	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		500000
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <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 02/01/2024 and ending 01/31/2025

A Name of plan <u>DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DETROIT COMMUNITY HEALTH CONNECTION</u>	D Employer Identification Number (EIN) <u>38-2824772</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): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500553A.

**DETROIT COMMUNITY HEALTH
CONNECTION, INC.
RETIREMENT PROGRAM**

**FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024**

**SUPPLEMENTAL SCHEDULES
JANUARY 31, 2025**

DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM

Contents

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Supplemental Schedules:

Schedule H, Part IV, Line 4i-
Schedule of Assets (Held at End of Year)
January 31, 2025 16

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



Alan C. Young & Associates, P.C.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Plan Participants and Plan Administrator of
Detroit Community Health Connection Inc. Retirement Program
Detroit, Michigan

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

We have performed audits of the accompanying financial statements of Detroit Community Health Connection, Inc. Retirement Program (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 January 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institutions as of and for the years ended January 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedule Required by ERISA

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

Other Matters (Continued)

Supplemental Schedule Required by ERISA (Continued)

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

In our opinion:

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

Alan C. Young, Assoc.

Detroit, Michigan
November 14, 2025

**DETROIT COMMUNITY HEALTH CONNECTION, INC.
RETIREMENT PROGRAM**

**Statements of Net Assets
Available for Benefits
January 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Investments at Fair Value		
Mutual Funds	\$ 4,814,741	\$ 3,878,350
Annuity Contract	<u>533,944</u>	<u>1,078,655</u>
Total Investments at Fair Value	<u>5,348,685</u>	<u>4,957,005</u>
Total Investments	<u>5,348,685</u>	<u>4,957,005</u>
Receivables		
Employer Contributions	309,879	305,598
Participant Notes Receivable	<u>15,029</u>	<u>20,482</u>
Total Receivables	<u>324,908</u>	<u>326,080</u>
Total Assets (Equal to Net Assets Available for Benefits)	<u><u>\$ 5,673,593</u></u>	<u><u>\$ 5,283,085</u></u>

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

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Statements of Changes in Net Assets Available for Benefits Years Ended January 31, 2025 and 2024

Additions (Deductions) to Net Assets Available for Benefits	2025	2024
Investment Income (Expense)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 469,726	\$ 262,057
Interest and Dividend Income	9,567	17,803
Total Investment Income (Expense)	479,293	279,860
Interest Income on Notes Receivable from Participants	592	549
Contributions		
Participants	210,742	242,780
Employer	309,879	305,598
Other	32	-
Total Contributions	520,653	548,378
Total Additions (Deductions)	1,000,538	828,787
Deductions from Net Assets Available for Benefits		
Distribution of Benefits	587,087	452,521
Fees and Other Expenses	22,943	16,931
Total Deductions	610,030	469,452
Net Increase (Decrease)	390,508	359,335
Net Assets Available for Benefits, Beginning of Year	5,283,085	4,923,750
Net Assets Available for Benefits, End of Year	\$ 5,673,593	\$ 5,283,085

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

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements
January 31, 2025 and 2024

1) DESCRIPTION OF THE PLAN

The following description of the Detroit Community Health Connection, Inc Retirement Program (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General

The Plan is an annuity contract and custodial account plan established by Detroit Community Health Connection, Inc ("Plan Sponsor") under the provisions of section 403(b)(1) of the Internal Revenue Code (the "IRC") for the benefit of eligible employees of the Plan Sponsor. The Plan was effective August 1, 1992 and the amended & restated provisions of the plan became effective on February 1, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility

For elective deferrals, all employees, unless they are part of an excluded class of employees as defined in the plan document, are eligible to participate. For employer contributions, only full-time employees who complete 12 months of service during the plan year are eligible.

Contributions

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

The Plan provides for employer nonelective contributions of a discretionary percent of the employee's eligible compensation. The Participants must have completed 12 months of service during the plan year and be actively employed on January 31 of the plan year to be eligible for an employer contribution. Nonelective contributions were 5% of eligible employee compensation for each of the last two years and amounted to \$309,879 and \$305,598 for the years ended January 31, 2025 and 2024 respectively.

Vesting

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

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements (Continued)
January 31, 2025 and 2024

1) DESCRIPTION OF THE PLAN (Continued)

Distributions

Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lumpsum or annual installment amounts equal to the vested balance of a participant's account. In-service withdrawal of the vested balances may be elected by participants who have reached 59 ½ years of age. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Hardship Withdrawals

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

Forfeitures

The plan forfeitures are used for any future nonelective employer contributions. The balance in the forfeitures account was \$5 at January 31, 2025 and January 31, 2024.

Participant Accounts

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

Investment Options

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their present value of vested account balance. Loan terms range from 1-5 years and longer repayment terms up to 15 years are permitted for the purchase of a principal residence. The loans are secured by the balance in the participant's account. The interest rate for a loan varies depending upon how the retirement balance is invested. There were \$15,029 and \$20,482 notes receivable from participants with interest rates ranging from 4.00 % to 10.50% as of January 31, 2025 and 2024 respectively.

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements (Continued)
January 31, 2025 and 2024

1) DESCRIPTION OF THE PLAN (Continued)

Plan Expenses

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

2) SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Benefit Payments

Benefits to participants are recorded when paid.

Notes Receivable from Participants

The notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are paid directly by the participant. No allowance for credit losses has been recorded as of January 31, 2025 and 2024.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

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

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements (Continued)
January 31, 2025 and 2024

2) SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recently Adopted Accounting Standards

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

3) CERTIFIED INVESTMENTS

Certain information in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at January 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends and interest income on notes receivable from participants for the years ended January 31, 2025 and 2024, was obtained by the Plan management and agreed to or derived from information and certified as complete and accurate by Nationwide Trust Company and Lincoln National Life Insurance Company (trustees of the Plan), qualified institutions.

4) FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements (Continued)
January 31, 2025 and 2024

4) FAIR VALUE MEASUREMENTS (Continued)

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

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

There have been no changes in the methodologies used at January 31, 2025 and 2024.

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

Mutual Funds (Registered Investment Companies) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Annuity Contracts: The investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is computed utilizing a combination of the current interest rates based on remaining investment term at the reporting date as well as the interest rate on account. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2025 and 2024:

Assets Measured at Fair Value at January 31, 2025				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual Funds	\$ 4,814,741	\$ 4,814,741	\$ -	\$ -
Annuity Contract	533,944	-	-	533,944
	<u>\$ 5,348,685</u>	<u>\$ 4,814,741</u>	<u>\$ -</u>	<u>\$ 533,944</u>

Assets Measured at Fair Value at January 31, 2024				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual Funds	\$ 3,878,350	\$ 3,878,350	\$ -	\$ -
Annuity Contract	1,078,655	-	-	1,078,655
	<u>\$ 4,957,005</u>	<u>\$ 3,878,350</u>	<u>\$ -</u>	<u>\$ 1,078,655</u>

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements (Continued)
January 31, 2025 and 2024

4) FAIR VALUE MEASUREMENTS (Continued)

The following tables provide further details of the plan's level 3 fair value measurement:

	Year Ended January 31, 2025 Guaranteed Interest Contract
Balance at January 31, 2024	\$ 1,078,655
Interest credited during the year	7,727
Purchases during the year	27,765
Sales and Other Settlements	(580,203)
Balance at January 31, 2025	\$ 533,944

	Year Ended January 31, 2024 Guaranteed Interest Contract
Balance at January 31, 2023	\$ 1,082,506
Interest credited during the year	16,700
Purchases during the year	27,372
Sales and Other Settlements	(47,923)
Balance at January 31, 2024	\$ 1,078,655

5) ANNUITY CONTRACT

The Plan has a non-benefit-responsive annuity contract with Nationwide that maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest rates are established and declared for new contributions that will be received in a calendar quarter. The rate is based on the return Nationwide Financial Services, Inc. expects on new investments made by it and held with the plan's fixed interest account. When establishing interest credit rates for these contracts, Nationwide Financial Services, Inc. considers past general account investments, adjusted for portfolio turnover and withdrawals for benefit payments. The credit rate will always equal or exceed the contractual guaranteed rate, which is 1.08 percent.

Liquidation of the entire contract may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from the contract value. This total liquidation is a contingent event, which cannot be initiated by the plan participants and can only be initiated by the plan custodian upon termination of the Plan, merger with another plan, bankruptcy of the plan sponsor or complete termination of the contract. The Plan Administrator does not believe any of the above events are likely to occur.

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements (Continued)
January 31, 2025 and 2024

6) TAX STATUS

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service dated March 31, 2017, stating that the form of the pre-approved plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of January 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations prior to 2022.

7) TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are represented by investment in traditional non-benefit responsive annuity contracts and mutual funds managed by Nationwide Trust Company and Lincoln National Life Insurance Company. Nationwide Trust Company and Lincoln National Life Insurance Company are the trustees as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

8) LATE REMITTANCE OF CONTRIBUTIONS TO THE PLAN

During the plan year ended January 31, 2022, the Plan Sponsor did not remit certain participant salary deferrals to the Plan within the time period prescribed by the Department of Labor. The delays resulted from administrative errors, which were subsequently identified and corrected in the current year.

9) ERISA BOND REQUIREMENTS

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the plan year or \$500,000.

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Notes to Financial Statements (Continued)
January 31, 2025 and 2024

10) PLAN TERMINATION

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

11) RISK AND UNCERTAINTIES

The Plan provides for various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

12) SUBSEQUENT EVENTS

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

SUPPLEMENTAL SCHEDULE

DETROIT COMMUNITY HEALTH CONNECTION, INC.

RETIREMENT PROGRAM

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of the Year)
Plan No. 001 / EIN: 38-2824772
January 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
*	Nationwide	Ab Glbl Bd I +	**	\$ 1,717
*	Nationwide	Amcent Infl Adj Bd R5	**	281
*	Nationwide	Amfds 2015 Trgtdtrtrmt R6	**	5,757
*	Nationwide	Amfds 2020 Trgtdtrtrmt R6	**	52,155
*	Nationwide	Amfds 2025 Trgtdtrtrmt R6	**	271,980
*	Nationwide	Amfds 2030 Trgtdtrtrmt R6	**	22,709
*	Nationwide	Amfds 2035 Trgtdtrtrmt R6	**	11,070
*	Nationwide	Amfds 2040 Trgtdtrtrmt R6	**	5,568
*	Nationwide	Amfds 2045 Trgtdtrtrmt R6	**	13,912
*	Nationwide	Amfds 2050 Trgtdtrtrmt R6	**	1,669
*	Nationwide	Amfds 2055 Trgtdtrtrmt R6	**	41,678
*	Nationwide	Amfds 2060 Trgtdtrtrmt R6	**	15,742
*	Nationwide	Amfds Am Mut R6	**	13,838
*	Nationwide	Eupac Fund - Class R6	**	8,445
*	Nationwide	Amfds Gr Fd Am R6	**	30,508
*	Nationwide	Amfds Inc Fd Am R6	**	9,928
*	Nationwide	Blackrock High Yield Portfolio - Class K +	**	164,177
*	Nationwide	Blkrk Mdcap Gr Eq Inst +	**	518
*	Nationwide	Blkrk Strat Inc Oppr I +	**	663
*	Nationwide	Blkrk Ttl Rtn K +	**	216,095
*	Nationwide	Cohenstrs Realest Sec Inst	**	1,409
*	Nationwide	Col Bal Inst2	**	1,906
*	Nationwide	Col Contra Cor Inst3	**	434
*	Nationwide	Col Sel Lgcap Gr Inst2 +	**	1,148
*	Nationwide	Dfa Emrg Mkts Core Eq 2 Portfolio - Inst	**	6,405
*	Nationwide	Dfa Glbl Realest Sec Inst	**	206
*	Nationwide	Dfa Infl Prtct Sec Inst +	**	79,365
*	Nationwide	Dfa Intl Core Equity 2 Portfolio - Inst	**	1,334
*	Nationwide	Dfa Us Lgcap Val Inst +	**	1,328
*	Nationwide	Dfa Us Smcap Inst	**	914
*	Nationwide	Dfa Us Trgt Val Inst	**	338
*	Nationwide	Diamond Hill Mdcap I +	**	80,636
*	Nationwide	Dodge & Cox International Stock Fund Class I +	**	161,791
*	Nationwide	Fed Hrms Gov Oblgtns Prmr +	**	182,004
*	Nationwide	Fed Hrms Inst Hiyldb Inst	**	19,252
*	Nationwide	Fid 500 Indx +	**	273,795
*	Nationwide	Fid Intl Indx +	**	163,572
*	Nationwide	Fid Us Bd Indx +	**	429,233
*	Nationwide	Fnlkn Gr Adv	**	6,887
*	Nationwide	Gdmnscs Gqgptnrintloppr R6 +	**	158,388
*	Nationwide	Gdmnscs Smcap Val Inst	**	3,490
*	Nationwide	Harbor Lgcap Val Inst	**	717
*	Nationwide	Hrdnglmer Intl Eq Inst	**	6,011
*	Nationwide	Jnshndrsn Smcap Val N	**	3,158

DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM

Schedule H, Part IV, Line 4i (Continued)
Schedule of Assets (Held at End of the Year)
Plan No. 001 / EIN: 38-2824772
January 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
*	Nationwide	Jnshndrsn Triton N	**	41,108
*	Nationwide	Jpm Cor Pls Bd R6	**	4,955
*	Nationwide	Jpm Eq Inc R5	**	173,316
*	Nationwide	Jpm Lgcap Gr R6 +	**	130,616
*	Nationwide	Leggm Clrbrdg Lgcap Gr I	**	89,090
*	Nationwide	Leggm Wstras Cor Bd I	**	3,136
*	Nationwide	Lrdabt Divd Gr R5	**	751
*	Nationwide	Mfs Mdcap Gr R6	**	91,219
*	Nationwide	Mfs Mdcap Val R6	**	4,961
*	Nationwide	Nw Dest 2035 R6	**	3,523
*	Nationwide	Nw Dest 2040 R6	**	59,383
*	Nationwide	Nw Dest 2060 R6	**	1,168
*	Nationwide	Nw Intl Indx R6	**	4,198
*	Nationwide	Nw Inv Dest Aggr R6	**	57,900
*	Nationwide	Nw Inv Dest Cnsrv R6	**	690
*	Nationwide	Nw Inv Dest Mod Cnsrv R6	**	1,232
*	Nationwide	Nw Inv Dest Mod R6	**	21,615
*	Nationwide	Nw Loomis Allcap Gr R6 +	**	158,773
*	Nationwide	Nw Mdcap Mkt Indx R6	**	15,874
*	Nationwide	Nw Smcap Indx R6	**	823
*	Nationwide	Pgim Hi Yld Z	**	4,950
*	Nationwide	Pgim Ttl Rtn Bd R6 +	**	338,015
*	Nationwide	Pimco Emrgmktlclcrmbd Inst +	**	130
*	Nationwide	Pimco Intl Bdustdlrhdginst	**	581
*	Nationwide	Pimco Real Rtn Inst +	**	224,738
*	Nationwide	Pimcocomdyrealtnstratinst	**	537
*	Nationwide	Prncpl Gbl Realest R6 +	**	82,812
*	Nationwide	Prncpl Realest Sec Inst	**	77
*	Nationwide	Nuveen Large Cap Growth Index Fund - Class R6	**	13,420
*	Nationwide	Nuveen Large-Cap Value Index Fund - Class R6	**	7,129
*	Nationwide	Trowepr Divd Gr	**	14,678
*	Nationwide	Trowepr Sptcrmodgralloc	**	1,256
*	Nationwide	Vngrd 500 Index Fd As	**	119,328
*	Nationwide	Vngrd Emrg Mkt Stkindxadml	**	3,463
*	Nationwide	Vngrd Explr Adml +	**	43,743
*	Nationwide	Vngrd Gr Indx Adml	**	28,318
*	Nationwide	Vngrd St Bd Indx Adml	**	37,448
*	Nationwide	Vngrd Ttl Bnd Mkt Ldx Adm	**	773
*	Nationwide	Vngrd Ttl Intlstkindx Adml +	**	3,367
*	Nationwide	As Dscpld Us Cor Inst	**	7,547
*	Nationwide	American Beacon International Equity Fund - Class R5 +	**	395
*	Nationwide	Ab Global Bond Fund - Class Z	**	103,568
*	Nationwide	Avantis Emerging Markets Equity Fund - Institutional Class	**	105,313
*	Nationwide	Avantis U.S. Small Cap Value Fund - Institutional Class +	**	42,039
*	Nationwide	Ev Atlnta Cap Smid Cap I	**	26,022
*	Nationwide	Mfs Intl Divrs R4	**	17,359
*	Nationwide	Avantis U.S. Large Cap Value Fund +	**	150,767
*	Nationwide	Best Of America Fixed	**	533,944
*	Nationwide	Legal & General Commodity Strategy Fund - Institutional Shares	**	66,741
*	Lincoln Financial Group	Fixed Account	**	33,765
				<u>5,348,685</u>
	Notes Receivable from Participants	Participant Loan (at 4.00 % - 10.50 % interest rate, maturing through November 30, 2026)	-	15,029
				<u>\$ 5,363,714</u>

* Party-in-interest

** Cost information omitted for participant-directed transactions

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► DETROIT COMMUNITY HEALTH CONNECTION, INC. RETIREMENT PROGRAM

Employer Identification Number: ►

38-2824772

For plan year (beginning/ending): ►

02/01/24 - 01/31/25

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB GLBL BD I	MUTUAL FUND		1,717.00
	AMCENT INFL ADJ BD R5	MUTUAL FUND		281.00
	AMFDS 2015 TRGTDTRTRMT R6	MUTUAL FUND		5,757.00
	AMFDS 2020 TRGTDTRTRMT R6	MUTUAL FUND		52,155.00
	AMFDS 2025 TRGTDTRTRMT R6	MUTUAL FUND		271,980.00
	AMFDS 2030 TRGTDTRTRMT R6	MUTUAL FUND		22,709.00
	AMFDS 2035 TRGTDTRTRMT R6	MUTUAL FUND		11,070.00
	AMFDS 2040 TRGTDTRTRMT R6	MUTUAL FUND		5,568.00
	AMFDS 2045 TRGTDTRTRMT R6	MUTUAL FUND		13,912.00
	AMFDS 2050 TRGTDTRTRMT R6	MUTUAL FUND		1,669.00
	AMFDS 2055 TRGTDTRTRMT R6	MUTUAL FUND		41,678.00
	AMFDS 2060 TRGTDTRTRMT R6	MUTUAL FUND		15,742.00
	AMFDS AM MUT R6	MUTUAL FUND		13,838.00
	EUPAC FUND - CLASS R6	MUTUAL FUND		8,445.00
	AMFDS GR FD AM R6	MUTUAL FUND		30,508.00
	AMFDS INC FD AM R6	MUTUAL FUND		9,928.00
	BLACKROCK HIGH YIELD PORTFOLIO - CLASS K	MUTUAL FUND		164,177.00
	BLKRK MDCAP GR EQ INST	MUTUAL FUND		518.00
	BLKRK STRAT INC OPPR I	MUTUAL FUND		663.00
	BLKRK TTL RTN K	MUTUAL FUND		216,095.00
	COHENSTRS REALEST SEC INST	MUTUAL FUND		1,409.00
	COL BAL INST2	MUTUAL FUND		1,906.00
	COL CONTRA COR INST3	MUTUAL FUND		434.00
	COL SEL LGCAP GR INST2	MUTUAL FUND		1,148.00
	DFA EMRG MKTS CORE EQ 2 PORTFOLIO - INST	MUTUAL FUND		6,405.00
	DFA GLBL REALEST SEC INST	MUTUAL FUND		206.00
	DFA INFL PRCTC SEC INST	MUTUAL FUND		79,365.00
	DFA INTL CORE EQUITY 2 PORTFOLIO - INST	MUTUAL FUND		1,334.00
	DFA US LGCAP VAL INST	MUTUAL FUND		1,328.00
	DFA US SMCAP INST	MUTUAL FUND		914.00
	DFA US TRGT VAL INST	MUTUAL FUND		338.00
	DIAMOND HILL MDCAP I	MUTUAL FUND		80,636.00
	DODGECOX INTL STK CLASS I	MUTUAL FUND		161,791.00
	FED HRMS GOV OBLGTNS PRMR	MUTUAL FUND		182,004.00
	FED HRMS INST HIYLDDBD INST	MUTUAL FUND		19,252.00
	FID 500 INDX	MUTUAL FUND		273,795.00
	FID INTL INDX	MUTUAL FUND		163,572.00
	FID US BD INDX	MUTUAL FUND		429,234.00
	FNKLN GR ADV	MUTUAL FUND		6,887.00
	GDMNSCS GQGPTRINTLOPPR R6	MUTUAL FUND		158,388.00
	GDMNSCS SMCAP VAL INST	MUTUAL FUND		3,490.00
	HARBOR LGCAP VAL INST	MUTUAL FUND		717.00
	HRDNGLVNER INTL EQ INST	MUTUAL FUND		6,011.00
	JNSHNDRSN SMCAP VAL N	MUTUAL FUND		3,158.00
	JNSHNDRSN TRITON N	MUTUAL FUND		41,108.00
	JPM COR PLS BD R6	MUTUAL FUND		4,955.00
	JPM EQ INC R5	MUTUAL FUND		173,316.00
	JPM LGCAP GR R6	MUTUAL FUND		130,616.00
	LEGGM CLRBRDG LGCAP GR I	MUTUAL FUND		89,090.00
	LEGGM WSTRAS COR BD I	MUTUAL FUND		3,136.00
	LRDABT DIVD GR R5	MUTUAL FUND		751.00
	MFS MDCAP GR R6	MUTUAL FUND		91,219.00
	MFS MDCAP VAL R6	MUTUAL FUND		4,961.00
	NW DEST 2035 R6	MUTUAL FUND		3,523.00
	NW DEST 2040 R6	MUTUAL FUND		59,383.00
	NW DEST 2060 R6	MUTUAL FUND		1,168.00
	NW INTL INDX R6	MUTUAL FUND		4,198.00
	NW INV DEST AGGR R6	MUTUAL FUND		57,900.00
	NW INV DEST CNSRV R6	MUTUAL FUND		690.00
	NW INV DEST MOD CNSRV R6	MUTUAL FUND		1,232.00
	NW INV DEST MOD R6	MUTUAL FUND		21,615.00
	NW LOOMIS ALLCAP GR R6	MUTUAL FUND		158,773.00
	NW MDCAP MKT INDX R6	MUTUAL FUND		15,874.00
	NW SMCAP INDX R6	MUTUAL FUND		823.00
	PGIM HI YLD Z	MUTUAL FUND		4,950.00
	PGIM TTL RTN BD R6	MUTUAL FUND		338,014.00
	PIMCO EMRGMKTLCLCRNBD INST	MUTUAL FUND		130.00
	PIMCO INTL BDUSDLRHDGINST	MUTUAL FUND		581.00
	PIMCO REAL RTN INST	MUTUAL FUND		224,738.00
	PIMCOCOMDYREALRTNSTRATINST	MUTUAL FUND		537.00
	PRNCPL GLBL REALEST R6	MUTUAL FUND		82,812.00
	PRNCPL REALEST SEC INST	MUTUAL FUND		77.00
	NUVEEN LGCAP GROWTH INDEX FND - CLASS R6	MUTUAL FUND		13,420.00
	NUVEEN LARGE-CAP VALUE INDEX FUND - CLAS	MUTUAL FUND		7,129.00
	TROWEPR DIVD GR	MUTUAL FUND		14,678.00
	TROWEPR SPCTRMMODGRALLOC	MUTUAL FUND		1,256.00
	VNGRD 500 INDEX FD AS	MUTUAL FUND		119,328.00
	VNGRD EMRG MKT STKINDXADML	MUTUAL FUND		3,463.00
	VNGRD EXPLR ADML	MUTUAL FUND		43,743.00
	VNGRD GR INDX ADML	MUTUAL FUND		28,318.00
	VNGRD ST BD INDX ADML	MUTUAL FUND		37,448.00
	VNGRD TTL BND MKT LDX ADM	MUTUAL FUND		773.00
	VNGRD TTL INTLSTKINDX ADML	MUTUAL FUND		3,367.00
	AS DSCPLD US COR INST	MUTUAL FUND		7,547.00
	AMBCN INTL EQ R5	MUTUAL FUND		395.00
	AB GLBL BD Z	MUTUAL FUND		103,568.00
	AVNTS EMRG MKT EQ INST	MUTUAL FUND		105,313.00
	AVNTS US SMCAP VAL INST	MUTUAL FUND		42,039.00
	EATON VANCE ATLANTA CAPITAL SMID-CAP FUN	MUTUAL FUND		26,022.00
	MFS INTERNATIONAL DIVERSIFICATION FUND -	MUTUAL FUND		17,359.00
	AVNTS US LGCAP VAL INST	MUTUAL FUND		150,767.00
	LEGAL & GENERAL COMMODITY STRAT FD INSTL	MUTUAL FUND		66,741.00
	BEST OF AMERICA-FIXED	UNALLOCATED INSURANCE CONTRACTS		533,944.00
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.00% - 10.50%		15,029.00

Lincoln Financial Group

Fixed Account

\$33,765