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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1970

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WILLIAM BEAUMONT HOSPITAL

BSC 433, HUMAN RESOURCES/RETIREMENT
26901 BEAUMONT BLVD, FLOOR 3C
SOUTHFIELD, MI 48033

2b Employer Identification Number (EIN) 38-1459362

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	HEATHER LALLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BEAUMONT HEALTH

BSC 433, HUMAN RESOURCES/BENEFITS
26901 BEAUMONT BLVD, FLOOR 3C
SOUTHFIELD, MI 48033

3b Administrator's EIN: 46-5718220

3c Administrator's telephone number: 248-213-3300

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**	16076
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)**	6502
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5618
b	Retired or separated participants receiving benefits	**6b**	4013
c	Other retired or separated participants entitled to future benefits	**6c**	5467
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15098
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	230
f	Total. Add lines **6d** and **6e**.	**6f**	15328
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**	10
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 Characteristic Codes in the instructions:

1C 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] 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

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	002209	15328	01/01/2025	12/31/2025

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

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	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	27363803

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) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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 ☐ paid in cash, or ☐ 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 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1433401220
b Actuarial value	**2b**	1393459750

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	4171	590683083	590683083
b For terminated vested participants	5509	274794464	274794464
c For active participants	6502	526075420	526504893
d Total	16182	1391552967	1391982440

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	22176385
b Expected plan-related expenses	**6b**	2520000
c Target normal cost	**6c**	24696385

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

Signature of actuary

09/26/2026
Date

MEGAN M. FOSTER
Type or print name of actuary

26-07582
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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 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	120673201
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	30776429
9	Amount remaining (line 7 minus line 8)	0	89896772
10	Interest on line 9 using prior year's actual return of 8.56 %	0	7695164
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		109281220
	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 5.10 %		4003744
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2634462
	c Total available at beginning of current plan year to add to prefunding balance		115919426
	d Portion of (c) to be added to prefunding balance		115919426
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	213511362

Part III Funding Percentages

14	Funding target attainment percentage	14	84.76 %
15	Adjusted funding target attainment percentage	15	100.10 %
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	91.42 %
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
12/15/2025	12000000	0			
05/07/2026	18300000	0			
			Totals ► 18(b)	30300000	18(c) 0

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	28473696

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ 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) ☐ Prescribed - combined ☒ Prescribed - separate ☐ 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. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ 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. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ 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**	24696385
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	212034052	20787644
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**	45484029

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	45484029	45484029

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	28473696

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	28473696
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	28473696
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. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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

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

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

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

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

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

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

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

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

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

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

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

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)

PRUDENTIAL INSURANCE COMPANY

22-1211670

(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?
12 50	NONE	383794	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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: TEMPORARY INVESTMENT ACCOUNT (TIA)

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INS CO OF AMERICA

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)
22-1211670-044	P	27363803

a Name of MTIA, CCT, PSA, or 103-12 IE: BEAUMONT HEALTH MASTER RET TRUST

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

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)
47-4896200-100	M	0

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

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

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)
47-4896200-201	M	1678610

a Name of MTIA, CCT, PSA, or 103-12 IE: WBH - PRIVATE ASSET POOL

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

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)
47-4896200-202	M	125549259

a Name of MTIA, CCT, PSA, or 103-12 IE: WBH - GROWTH ASSETS POOL

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

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)
47-4896200-205	M	228084349

a Name of MTIA, CCT, PSA, or 103-12 IE: WBH - SECURITIES DIST POOL

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

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)
47-4896200-206	M	170967

a Name of MTIA, CCT, PSA, or 103-12 IE: WBH - PRIV GROWTH ASSETS POOL

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

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)
47-4896200-207	M	185876999

a Name of MTIA, CCT, PSA, or 103-12 IE: WBH - COMPLETION PORTFOLIO POOL

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

c EIN-PN 47-4896200-208	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193803160

a Name of MTIA, CCT, PSA, or 103-12 IE: WBH - LONG CREDIT POOL

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

c EIN-PN 47-4896200-209	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 430994178

a Name of MTIA, CCT, PSA, or 103-12 IE: WBH - LONG GOVT POOL

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

c EIN-PN 47-4896200-210	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284170482

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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)	21985703	18300000
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9715591	27363803
(11) Value of interest in master trust investment accounts	1c(11)	1382913443	1450328004
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1414614737	1495991807
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1414614737	1495991807

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)	30300000	
(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)		30300000
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		0
(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)		0

		(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)		852063
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		172428858
(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		203580921
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	121820057	
(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)		121820057
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)	383794	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		383794
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		122203851
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		81377070
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) [X] 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) [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582185.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

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): 22-1211670

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 | 660

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 14.0 % Private Equity: 12.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 63.0 %
High-Yield Debt: 0.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 1.0 % Other: 7.0 %

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_____.

William Beaumont Hospital Employees' Retirement Plan

Financial Report

December 31, 2025

William Beaumont Hospital Employees' Retirement Plan

Contents

Independent Auditor's Report	1-3
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8-17
Schedule of Assets Held at End of Year	18
Schedule of Reportable Transactions	19

Plante & Moran, PLLC
Suite 300
634 Front Avenue N.W.
Grand Rapids, MI 49504
Tel: 616.774.8221
Fax: 616.459.3594
plantemoran.com

Independent Auditor's Report

To the Plan Administrator
William Beaumont Hospital Employees' Retirement Plan

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

We have performed audits of the financial statements of William Beaumont Hospital Employees' Retirement 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, 2025 and 2024 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024 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 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and for the years 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 audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits 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 audits 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 Audits 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.

PRAXITY™
Empowering Business Globally

Emphasis of Matter

As explained in Note 5, the financial statements include investments valued at approximately $521,500,000 (35 percent of net assets) at December 31, 2025 and $702,500,000 (50 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 Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 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
William Beaumont Hospital Employees' Retirement Plan

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 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).

Plante & Moran, PLLC

Grand Rapids, Michigan
October 8, 2026

William Beaumont Hospital Employees' Retirement Plan

Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value:		
Plan interest in Beaumont Health Master Trust (Note 4)	$ 1,450,328,004	$ 1,382,913,443
Pooled separate accounts (Note 5)	27,363,803	9,715,591
Total investments at fair value	1,477,691,807	1,392,629,034
Employer contributions receivable	18,300,000	21,985,703
Net Assets Available for Benefits	**$ 1,495,991,807**	**$ 1,414,614,737**

See notes to financial statements.

William Beaumont Hospital Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Employer contributions	$ 30,300,000	$ 125,857,601
Investment income:		
Change in plan interest in Beaumont Health Master Trust (Note 4)	177,742,307	60,725,052
Net realized and unrealized gains on investments	852,063	960,059
Total investment income	178,594,370	61,685,111
Total additions	208,894,370	187,542,712
Deductions		
Benefits paid directly to participants or beneficiaries	121,820,057	84,779,107
Administrative expenses	5,697,243	10,135,753
Total deductions	127,517,300	94,914,860
Net Increase	81,377,070	92,627,852
Net Assets Available for Benefits		
Beginning of year	1,414,614,737	1,321,986,885
End of year	**$ 1,495,991,807**	**$ 1,414,614,737**

See notes to financial statements.

William Beaumont Hospital Employees' Retirement Plan

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving benefit payments	$ 601,221,491
Other vested participants	838,141,512
Total vested benefits	1,439,363,003
Nonvested benefits	159,552
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 1,439,522,555**

See notes to financial statements.

William Beaumont Hospital Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	$ 1,267,063,745
Increase (decrease) during the year attributable to:	
Benefits accumulated	19,867,207
Actuarial gains	(1,887,990)
Decrease in the discount period	77,157,280
Benefits paid	(84,779,107)
Plan amendments	(2,647,963)
Changes in actuarial assumptions (Note 6)	164,749,383
Net increase	172,458,810
Actuarial Present Value of Accumulated Plan Benefits - End of year	**$ 1,439,522,555**

See notes to financial statements.

Note 1 - Plan Description

The following description of William Beaumont Hospital Employees' Retirement 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 related benefits for eligible employees of William Beaumont Hospital (the "Hospital") and its wholly owned subsidiary, Jones Lang LaSalle at Beaumont Hospitals, LLC. The Plan was amended to freeze years of benefit service as of December 31, 2007 and was closed to new participants effective December 31, 2015, the freeze date. Active participants still accrue benefits under the cash balance account. Beaumont Health is the sole corporate member of the Hospital, 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. Prudential Insurance Company of America (Prudential) also serves as a custodian of the Plan (collectively, the "Custodians"). The Custodians, together with several investment managers, manage the Plan's investments.

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

Funding Policy

Contributions are made by the Hospital in actuarially determined amounts. Contributions to provide benefits under the Plan are made solely by the Hospital. The Hospital's actuarially determined minimum funding contribution requirements for the 2025 and 2024 plan years have been met. Additional contributions exceeding the minimum funding requirements of ERISA can be made to the Plan at the discretion of the Hospital.

Vesting

Prior to the freeze date, participants earned one year of vesting service for each plan year the participant worked at least 1,000 hours. A participant became fully vested after three years of service.

Pension Benefits

The Plan utilizes a cash balance formula to calculate benefits related to service after 2007. Benefits accrued before 2008 will not be reduced, and, although service after 2007 is not counted, the benefits continued to grow through December 31, 2013. Effective December 31, 2013, the Company amended to freeze compensation used to determine final pay benefit for benefit service provided prior to January 1, 2008. Vesting under the cash balance provision is three years. A participant's account is credited with five percent of their compensation each December 31 they remain employed, beginning in 2008.

Each account also receives an interest credit based on the 30-year Treasury rate, as published by the Federal Reserve Board, beginning in 2009.

For service prior to January 1, 2008, normal retirement benefits, based on average salary and years of service, are payable, commencing at age 65, to employees with at least three years of service. In lieu of receiving normal retirement benefits at age 65, early retirement benefits are available for employees with at least three years of vested service, commencing at age 55. Early retirement benefit payments are reduced for each month the retirement date precedes age 65. Late retirement benefits are available for any employee who continues employment after their normal retirement date.

Retirement benefits are paid to participants or beneficiaries in various forms of joint and survivor annuities.

Note 1 - Plan Description (Continued)

Lump-sum benefits are provided to individuals who were active employees on or after December 31, 2012 and whose employment status was terminated on or after January 1, 2013. If a lump sum is elected, it must be elected with regard to the participant's entire benefit under the Plan.

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 Plan participates in the Beaumont Health Master Trust (the "Master Trust"), whose trustee is Northern Trust. The Master Trust investments are valued at the end of the month based on the fair value of underlying assets. Purchases and sales of the Master Trust investment account securities are reflected on a trade-date basis. Gains and losses on the sales of securities are based on average cost. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Dividend income of the investment accounts is recorded on the ex-dividend date. Income from other investments of the Master Trust investment accounts is recorded as earned on an accrual basis.

The pooled separate accounts 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. The commingled funds are valued at net asset value per share (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, collateralized mortgage obligations, and asset-backed securities are stated 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 8, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

The Master Trust information is certified by Northern Trust (the "Trustee"). Prudential 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 Prudential 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 Northern Trust and Prudential.

Certain investment balances within the Master Trust were not certified as of December 31, 2025 and 2024. Uncertified investment balances totaled approximately $684,740,000, and $714,659,000 as of December 31, 2025 and 2024, respectively. Net investment gains of $72,253,000 and $90,769,000 related to the above investments for the years ended December 31, 2025 and 2024, respectively, 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.

Prior to 2025, each participating plan had an undivided interest in the Master Trust, except for certain private equity funds, which represented a divided interest held entirely by the Plan in the amount of approximately $125,731,000. At December 31, 2024, the Plan's interest in the net assets of the Master Trust was approximately 80 percent.

Starting in 2025, the assets of the Master Trust are held in separate investment accounts. The investment accounts are combined into investment pools according to the asset classes in which they invest. The Plan holds an ownership interest in the various investment pools that are described below.

Note 4 - Interest in Master Trust (Continued)

The investment income relating to the Master Trust is allocated to the individual plans based upon the individual ownership of the associated investment pool. Administrative expenses relating to the Master Trust are allocated to the individual plans based upon the plan's total ownership in the Master Trust.

Investment Pools

BHMRT - Cash Pool

The Cash Pool contains centralized cash reserves for the operation of the Master Trust, including the need to fund participant monthly benefit payments and various plan expenses.

BHMRT - Growth Assets Pool

The investment objective of the Growth Assets Pool is to achieve long-term capital appreciation by investing in assets with higher return potential, such as public equities. The pool is designed to drive portfolio growth over time while accepting higher market volatility in pursuit of improving the plans' funded status. This pool is comprised of all assets that are not used for hedging purposes.

BHMRT - Long Credit Pool

The investment objective of the Long Credit Pool is to match assets with liabilities and hedge against interest rate movements in order to maintain funded status. The pool is comprised of long duration credit securities that are rated investment grade.

BHMRT - Long Government Pool

The investment objective of the Long Government Pool is to match assets with liabilities and hedge against interest rate movements in order to maintain funded status. The pool is comprised of long duration credit debt securities that are rated investment grade.

WBH - Private Assets Pool

The Private Assets Pool is comprised entirely of private capital funds, in which William Beaumont Hospital invested prior to the merger with Oakwood Healthcare Inc and resulted in the creation of the Beaumont Health Master Retirement Trust. Although the private capital investments in this pool remain outside of the Master Trust, distributions from these investments are used to support monthly benefit payments.

BHMRT - Securities Distribution Pool

The Securities Distribution Pool contains any recently distributed securities from investment managers, cash proceeds generated from the sale of the distributed securities, and tax reclaim receivables or recovered tax accounts. Its primary objective is to facilitate the receipt, processing, and redeployment of distribution-related assets, with the cash then moved to the Cash Pool.

BHMRT - Private Growth Assets Pool

The Private Growth Assets Pool is comprised of investments in private capital funds, including private equity (buyout, growth equity, and venture capital), private credit, and private real assets. The investment objective of this pool is to generate higher returns that can help improve the funded status of the plans.

WBH - Completion Portfolio Pool

The investment objective of the WBH Completion Portfolio Pool is to enhance the hedging strategy of the WBH plan by better matching assets and liabilities. This pool is comprised of interest rate derivatives that are collateralized by U.S. Treasury securities to better match future cash flows of the assets with expected future cash flows of the liabilities.

Note 4 - Interest in Master Trust (Continued)

OHI Non-Union - Completion Portfolio Pool

The investment objective of the OHI Non-Union - Completion Portfolio Pool is to enhance the hedging strategy of the OHI Non-Union plan by better matching assets and liabilities. This pool is comprised of interest rate derivatives that are collateralized by U.S. Treasury securities to better match future cash flows of the assets with expected future cash flows of the liabilities.

OHI Union - Completion Portfolio Pool

The investment objective of the OHI Union - Completion Portfolio Pool is to enhance the hedging strategy of the OHI Union plan by better matching assets and liabilities. This pool is comprised of interest rate derivatives that are collateralized by U.S. Treasury securities to better match future cash flows of the assets with expected future cash flows of the liabilities.

BHMRT - Intermediate Credit Pool

The investment objective of the Intermediate Credit Pool is to match assets with liabilities and hedge against interest rate movements in order to maintain funded status. The pool is comprised of intermediate duration credit securities that are rated investment grade.

BHMRT - Intermediate Government Pool

The investment objective of the Intermediate Government Pool is to match assets with liabilities and hedge against interest rate movements in order to maintain funded status. The pool is comprised of intermediate duration government debt securities that are rated investment grade.

The following table represents each plan's ownership percentage in the various investment pools at December 31, 2025:

	William Beaumont Hospital Employees' Retirement Plan	Oakwood Healthcare, Inc. Cash Balance Plan	Oakwood Healthcare, Inc. Union Cash Balance Plan	Total
BHMRT - Cash Pool	63.77 %	30.59 %	5.64 %	100.00 %
BHMRT - Growth Assets Pool	76.47	20.72	2.81	100.00
BHMRT - Long Credit Pool	90.40	7.93	1.67	100.00
BHMRT - Long Government Pool	99.38	0.06	0.56	100.00
WBH - Private Assets Pool	100.00	-	-	100.00
BHMRT - Securities Distribution Pool	80.85	16.86	2.29	100.00
BHMRT - Private Growth Assets Pool	80.61	17.09	2.30	100.00
WBH - Completion Portfolio Pool	100.00	-	-	100.00
OHI Non-Union - Completion Portfolio Pool	-	100.00	-	100.00
OHI Union - Completion Portfolio Pool	-	-	100.00	100.00
BHMRT - Intermediate Credit Pool	-	91.89	8.11	100.00
BHMRT - Intermediate Government Pool	-	90.60	9.40	100.00

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, 2025 and 2024 are as follows:

	2025		2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments:				
Short-term investments	$ 65,412,920	$ 60,030,136	$ 41,419,153	$ 33,176,742
Common and preferred stocks	4,584,604	4,144,482	123,547,523	98,961,566
Government securities and obligations	338,353,104	233,330,469	90,689,719	72,642,465
Corporate debt securities and obligations	315,745,117	285,433,586	245,702,493	196,807,697
Collateralized mortgage obligations and asset-backed securities	27,972,534	25,287,171	11,999,547	9,611,637
Registered investment companies	226,851,196	144,737,298	1,050,163	841,180
Real estate investment trusts	14,655,952	11,814,163	36,749,594	29,436,425
Private equity funds	340,419,055	300,611,152	263,376,949	235,985,457
Hedge funds	28,915,801	22,111,913	84,332,204	67,550,095
Commingled funds	474,892,007	427,792,576	824,858,341	660,711,531
Total master trust investments	1,837,802,290	1,515,292,946	1,723,725,686	1,405,724,795
Total net master trust payables - Due to broker	(71,856,810)	(64,964,942)	(28,478,592)	(22,811,352)
Total master trust net assets	$ 1,765,945,480	$ 1,450,328,004	$ 1,695,247,094	$ 1,382,913,443

As a result of the transition from an undivided to a divided Master Trust, the composition of investments held by the Master Trust at year end differs between 2024 and 2025.

The investment income for the Master Trust for the years ended December 31, 2025 and 2024 is as follows:

	2025	2024
Net realized and unrealized gains and losses on investments	$ 158,966,199	$ 50,641,739
Interest and dividends	27,374,039	29,070,770
Total investment income	$ 186,340,238	$ 79,712,509

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, 2025 and 2024:

	Master Trust Assets at December 31, 2025		
	Master Trust Balance	Level 1	Level 2
Investments at fair value:			
Short-term investments	$ 65,412,920	$ 65,412,920	$ -
Government securities and obligations	338,353,104	-	338,353,104
Corporate debt securities and obligations	315,745,117	-	315,745,117
Collateralized mortgage obligations and asset-backed securities	27,972,534	-	27,972,534
Common and preferred stocks	4,584,604	4,584,604	-
Registered investment companies	226,851,196	-	226,851,196
Investments at fair value	978,919,475	$ 69,997,524	$ 908,921,951
Investments measured at NAV:			
Real estate investment trusts	14,655,952		
Private equity funds	340,419,055		
Commingled funds	28,915,801		
Hedge funds	474,892,007		
Total investments at NAV	858,882,815		
Total investments	$ 1,837,802,290		

Note 5 - Fair Value Measurements (Continued)

	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	$ 164,966,676	$ 349,441,922
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 at NAV	1,209,317,088		
Total investments	$ 1,723,725,686		

Investments in Entities that Calculate Net Asset Value per Share

The Master Trust holds shares or interests in investment companies at year end where 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, 2025	December 31, 2024			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Real estate investment trusts (1)	$ 14,655,952	$ 36,749,594	$ -	Quarterly	90 days
Hedge funds (2)	28,915,801	84,332,204	225,812	Quarterly	75-90 days
Commingled funds (3)	474,892,007	824,858,341	-	Daily, monthly, yearly	5-60 days
Private equity funds (4)	340,419,055	263,376,949	23,559,344	Illiquid	N/A
Total	$ 858,882,815	$ 1,209,317,088	$ 23,785,156		

(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.

Note 5 - Fair Value Measurements (Continued)

Investments outside the Master Trust valued at net asset value at December 31, 2025 and 2024 were as follows:

	2025	2024
Pooled separate accounts	$ 27,363,803	$ 9,715,591

Note 6 - Accumulated Plan Benefits

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

Accumulated plan benefits are those estimates of 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, 2025.

The more significant assumptions underlying the actuarial computations used in the valuation of the Plan at January 1, 2025 are summarized as follows:

- Investment return - 5.20 percent per annum
- Mortality tables used - Pri-2012 tables with base year 2012 without collar or amount adjustments, with separate rates for annuitants and nonannuitants 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, 2024 is due to changes in actuarial assumptions, which primarily represent the decrease in the discount rate of return from 6.20 percent to 5.20 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 Hospital 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.

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, 2025, the accompanying financial statements have reported $5,313,449 more in total additions than Form 5500 and $5,313,449 more in total deductions than Form 5500 due to a difference in classification of investment expenses. Total net assets and total changes in net assets agree between the accompanying financial statements and Form 5500.

As of December 31, 2024, the accompanying financial statements have reported $1,696,344 more in total additions than Form 5500 and $1,696,344 more in total deductions than Form 5500 due to a difference in classification of investment expenses. Total net assets and total changes in net assets agree between the accompanying financial statements and Form 5500.

William Beaumont Hospital Employees' Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 38-1459362, Plan No. 001
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Prudential Insurance Company of America	Short term	$ 27,363,803	$ 27,363,803

William Beaumont Hospital Employees' Retirement Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 38-1459362, Plan No. 001
Year Ended December 31, 2025

(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)

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	9	13	0	0	0	0	0	0	22
	-	-	-	-	-	-	-	-	-	-	14,972
30-34	0	6	90	191	8	0	0	0	0	0	295
	-	-	22,020	27,478	-	-	-	-	-	-	25,591
35-39	0	10	106	381	142	5	0	0	0	0	644
	-	-	23,165	37,826	44,590	-	-	-	-	-	36,478
40-44	0	4	52	294	234	156	12	0	0	0	752
	-	-	33,527	52,858	60,743	48,814	-	-	-	-	52,821
45-49	0	1	33	216	210	237	126	9	0	0	832
	-	-	32,332	58,815	80,574	64,376	56,553	-	-	-	64,485
50-54	0	1	39	208	221	212	233	98	13	0	1,025
	-	-	36,335	46,681	79,567	77,412	68,841	65,794	-	-	66,689
55-59	0	0	29	184	176	229	203	152	130	6	1,109
	-	-	29,937	43,896	66,347	64,121	83,886	69,420	67,792	-	64,961
60-64	0	0	30	186	194	199	174	129	194	103	1,209
	-	-	29,453	38,938	66,301	64,740	69,614	82,382	74,268	71,368	64,823
65-69	0	0	6	78	68	80	58	45	53	51	439
	-	-	-	46,709	75,128	78,083	78,712	99,233	83,546	75,628	74,093
70 & over	0	0	7	25	22	30	14	9	13	14	134
	-	-	-	63,862	72,297	60,641	-	-	-	-	90,685
Total	0	22	401	1,776	1,275	1,148	820	442	403	174	6,461
	-	8,754	27,726	44,130	67,888	65,439	71,518	77,299	75,644	77,748	60,082

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: William Beaumont Hospital Employees Retirement Plan
EIN / PN: 38-1459362/001
Plan Sponsor: William Beaumont Hospital
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	7	13	0	0	0	0	0	0	20
	-	-	-	-	-	-	-	-	-	-	44,499
30-34	0	0	54	181	8	0	0	0	0	0	243
	-	-	66,916	64,429	-	-	-	-	-	-	64,708
35-39	0	0	53	357	137	5	0	0	0	0	552
	-	-	69,588	76,611	72,609	-	-	-	-	-	74,906
40-44	0	1	38	260	223	155	13	0	0	0	690
	-	-	93,559	108,726	91,841	68,379	-	-	-	-	92,650
45-49	0	2	23	210	201	232	125	9	0	0	802
	-	-	96,522	111,973	116,236	87,973	70,863	-	-	-	98,705
50-54	0	4	35	201	215	207	224	98	13	0	997
	-	-	95,454	89,505	107,998	99,059	83,629	77,022	-	-	92,574
55-59	0	6	22	181	173	225	201	147	130	6	1,091
	-	-	74,448	83,900	90,675	78,258	99,360	79,583	77,313	-	84,854
60-64	0	1	25	178	191	196	173	128	192	103	1,187
	-	-	88,128	71,747	85,632	76,956	78,171	92,719	82,711	76,047	80,512
65-69	0	2	8	76	67	78	58	45	52	50	436
	-	-	-	81,701	91,907	92,497	85,486	108,278	87,947	81,096	89,292
70 & over	0	1	5	26	19	30	13	9	13	14	130
	-	-	-	110,443	-	75,178	-	-	-	-	114,552
Total	0	17	270	1,683	1,234	1,128	807	436	400	173	6,148
	-	-	81,990	86,965	95,201	83,366	84,358	87,980	84,278	83,081	87,071

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: William Beaumont Hospital Employees Retirement Plan
EIN / PN: 38-1459362/001
Plan Sponsor: William Beaumont Hospital
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.35%	5.32%

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%
- Interest Crediting Rate: Average of 24 months of 30-year Treasury yields ending on the valuation date.

Plan-related expense

The amount included this year for plan related expenses is $2,520,000

Lump sum conversion

- Interest Rates: Assumed equal to discount rate
- Mortality: Applicable mortality tables under 417(e)(3)

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee is hired.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

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

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination

The rates at which participants are assumed to leave the Company are shown below.

Attained Age	Assumed Rate (%)
Under 21	21.00
25	17.00
30	15.00
35	10.00
40	8.00
45	6.00
50	6.00
55	5.00
60	5.00
65	Nil

Disability

35% of disability incidence under the 1972-1976 OASDI Study.

SCHEDULE SB ATTACHMENTS

Retirement

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

Age	Assumed Rate (%)	Age	Assumed Rate (%)
55	5.00	66	27.00
56	6.00	67	34.00
57	6.00	68	27.00
58	5.00	69	24.00
59	5.00	70	18.00
60	6.00	71	20.00
61	7.00	72	20.00
62	8.00	73	20.00
63	13.00	74	20.00
64	13.00	75+	100.00
65	13.00		

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

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — Payable immediately if retirement eligible or at Normal Retirement Age 65 if not retirement eligible
- Disability benefit — Same as early retirement benefit or vested benefit upon termination of service, as applicable
- 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

Form and timing of payment

- Active Participants — For the Cash Balance and Supplemental Account, 40% of active participants are assumed to elect a Lump Sum upon termination. If the Lump Sum of the Basic Benefit is $100,000 or less, 30% are assumed to take a Lump Sum of the Basic Benefit.
- Terminated vested participants — For the Cash Balance and Supplemental Account, 20% of terminated vested participants are assumed to elect a Lump Sum upon termination.

SCHEDULE SB ATTACHMENTS

Marriage	60% of active participants are assumed to be married. The male spouse is assumed to be 3 years older than the female spouse.
Covered pay	Assumed plan compensation for the year beginning on the valuation date is the current annual rate of pay.

Sources of Data and Other Information

Participant data was extracted from the administrative system, provided by the plan sponsor, and provided through a third party administrator as of January 1, 2025. 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 the valuation date, benefit payments made during the prior year, administrative expenses and employer contributions were provided by Corewell Health.

Methods

Valuation date	First day of 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	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. 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.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued.

Plan Name	**WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN**
Plan Sponsor EIN	**38-1459362**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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 4a	Schedule of Delinquent Participant Contributions	
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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WILLIAM BEAUMONT HOSPITAL

D Employer Identification Number (EIN)
38-1459362

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,433,401,220
b Actuarial value	**2b**	1,393,459,750

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	4,171	590,683,083	590,683,083
b For terminated vested participants	5,509	274,794,464	274,794,464
c For active participants	6,502	526,075,420	526,504,893
d Total	16,182	1,391,552,967	1,391,982,440

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	22,176,385
b Expected plan-related expenses	**6b**	2,520,000
c Target normal cost	**6c**	24,696,385

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

Megan M. Foster

Signature of actuary

09/26/2026
Date

Megan M. Foster
Type or print name of actuary

2607582
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO Box 674401
Houston TX 77267
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 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	120,673,201
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	30,776,429
9	Amount remaining (line 7 minus line 8)	0	89,896,772
10	Interest on line 9 using prior year's actual return of 8.56 %	0	7,695,164
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		109,281,220
	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 5.10 %		4,003,744
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2,634,462
	c Total available at beginning of current plan year to add to prefunding balance		115,919,426
	d Portion of (c) to be added to prefunding balance		115,919,426
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	213,511,362

Part III Funding Percentages

14	Funding target attainment percentage	14	84.76 %
15	Adjusted funding target attainment percentage	15	100.10 %
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	91.42 %
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
12/15/2025	12,000,000	0			
05/07/2026	18,300,000	0			
			Totals ► 18(b)	30,300,000	18(c) 0

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	28,473,696

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ 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) ☐ Prescribed - combined ☒ Prescribed - separate ☐ 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. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ 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. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ 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**	24,696,385
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	212,034,052	20,787,644
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**	45,484,029

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	45,484,029	45,484,029

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	28,473,696

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	28,473,696
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	28,473,696
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. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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:	William Beaumont Hospital Employees Retirement Plan
EIN / PN:	38-1459362/001
Plan Sponsor:	William Beaumont Hospital
Valuation Date:	January 1, 2025

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
2025	18,952,275	5,213,751	57,757,651	81,923,677
2026	20,528,047	6,797,026	56,443,734	83,768,807
2027	23,409,685	8,315,470	55,065,842	86,790,996
2028	25,298,955	10,253,695	53,604,073	89,156,722
2029	27,113,608	11,665,214	52,068,537	90,847,360
2030	28,601,788	13,161,958	50,432,951	92,196,697
2031	30,338,099	14,956,521	48,707,563	94,002,183
2032	31,476,350	16,012,392	46,906,704	94,395,446
2033	32,554,332	16,871,332	45,028,224	94,453,888
2034	33,577,738	17,877,189	43,069,425	94,524,352
2035	34,416,971	18,947,247	41,070,951	94,435,169
2036	35,204,670	20,256,208	39,026,138	94,487,016
2037	35,850,247	20,651,997	36,924,141	93,426,385
2038	36,310,423	21,021,300	34,773,047	92,104,770
2039	36,719,409	20,857,750	32,582,337	90,159,496
2040	37,034,689	21,492,061	30,362,857	88,889,608
2041	37,277,364	21,587,673	28,126,844	86,991,880
2042	37,410,069	21,884,084	25,887,921	85,182,073
2043	37,573,222	22,319,431	23,661,029	83,553,681
2044	37,630,464	22,014,400	21,462,490	81,107,354
2045	37,622,893	22,126,324	19,309,738	79,058,954
2046	37,463,232	22,223,674	17,220,907	76,907,813
2047	37,111,520	22,035,229	15,214,367	74,361,117
2048	36,678,846	21,671,431	13,307,907	71,658,184
2049	36,085,469	21,604,822	11,517,956	69,208,246
2050	35,515,743	21,320,312	9,858,790	66,694,844
2051	34,814,448	21,043,174	8,341,572	64,199,193
2052	34,033,802	20,424,249	6,973,577	61,431,628
2053	33,100,369	20,120,835	5,758,024	58,979,227
2054	32,232,874	19,088,862	4,694,036	56,015,773
2055	31,252,981	18,558,766	3,776,983	53,588,729
2056	30,077,746	17,706,341	2,998,963	50,783,050
2057	28,805,501	16,651,313	2,349,364	47,806,178
2058	27,436,226	15,470,778	1,815,729	44,722,733
2059	26,000,688	14,389,056	1,384,498	41,774,243
2060	24,462,196	13,504,780	1,041,753	39,008,730
2061	22,974,264	12,555,246	773,838	36,303,349
2062	21,508,612	11,681,333	567,837	33,757,782
2063	20,087,541	10,833,234	411,983	31,332,758
2064	18,708,717	10,036,770	295,913	29,041,400
2065	17,367,759	9,279,385	210,771	26,857,915
2066	16,087,832	8,561,370	149,209	24,798,411
2067	14,867,231	7,882,330	105,292	22,854,853
2068	13,695,745	7,241,342	74,347	21,011,434

Plan Name: William Beaumont Hospital Employees Retirement Plan
EIN / PN: 38-1459362/001
Plan Sponsor: William Beaumont Hospital
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	12,579,442	6,637,020	52,787	19,269,249
2070	11,520,154	6,067,747	37,912	17,625,813
2071	10,513,240	5,531,783	27,733	16,072,756
2072	9,556,061	5,027,356	20,812	14,604,229
2073	8,650,279	4,552,834	16,124	13,219,237
2074	7,794,528	4,106,674	12,952	11,914,153

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was most recently amended and restated effective January 1, 2012. The most recent amendment was adopted in December 2024.

Covered employees	Any person employed by Corewell Health (or formerly Jones Lang LaSalle at Beaumont Hospitals, LLC, or Beaumont Health) excluding participants in the Tax Sheltered Annuity Program (prior to January 1, 2008), temporary employees, post-year graduates, externs and students. Also, any Grosse Pointe employee who became employed by the Hospital on October 1, 2007 as a result of the acquisition of the Bon Secours Hospital and Cottage Hospital.
Participation date	Employees participate on the January 1 following date of hire. However, no employees hired after December 31, 2015 are eligible to participate in the Plan.

Definitions

Vesting service	On and after January 1, 1984, Participants who are full-time Employees receive one (1) year of Credited Vesting Service for each Plan Year in which they have at least 1,000 hours of service (870 hours for part-time hourly Employees and 750 hours for part-time other than hourly Employees). Participants with less than the required hours will receive a fractional year of Credited Vesting Service equal to the ratio of hours earned during the year to 2,000, rounded to the next highest 1/10th year. Prior to January 1, 1984, Credited Vesting Service is determined under different rules.
Credited benefit service	On and after January 1, 1984, a Participant receives one (1) year of Credited Benefit Service for each Plan Year in which he has 2,000 or more hours of service. Proportionate credit is given for less than 2,000 hours of service. Prior to January 1, 1984 Credited Benefit Service is determined under different rules. Participants in the Hospital paid TSA program prior to January 1, 1987 receive 1/2 Credited Benefit Service from the date entering TSA program through January 1, 1987. Pathologists receive full Credited Benefit Service for the period prior to January

SCHEDULE SB ATTACHMENTS

	1, 1979 in which they were excluded from both this Plan and the TSA Plan. Maximum Credited Benefit Service equals 35 years.
Pensionable pay	Credited Benefit Service is frozen effective December 31, 2007. For any given month, a Participant's basic hourly rate (excluding bonuses and overtime) multiplied by 173.33. Annual Compensation is limited in accordance with IRC Section 401(a)17.
Average earnings	Twelve times the average Monthly Earnings of a Participant during the highest 60 consecutive calendar months during the 120 months prior to retirement or termination. Earnings used in the determination of the Basic Benefit are frozen effective December 31, 2013.
Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.
Normal retirement date (NRD)	The later of age 65 and the 3rd anniversary of Participation, or age 65 and 3 years of Credited Vesting Service.
Monthly pension benefit	The sum of 1, 2. and 3: 1. Monthly Basic Benefit equal to 1/12th of the sum of a. and b., but no less than c. The Monthly Basic Benefit is not less than any accrued Basic Benefit as of any prior December 31. a. 1.15% of Final Average Earnings as of December 31, 2013 up to Covered Compensation, multiplied by Credited Benefit Service as of December 31, 2007, plus b. 1.65% of Final Average Earning as of December 31, 2013 in excess of Covered Compensation, multiplied by Credited Benefit Service as of December 31, 2007 c. Minimum monthly benefit equal to $100.00 reduced by fifty cents for each one-tenth year Credited Benefit Service is less than 10 years. 2. Equivalent Actuarial Value of the Supplemental Account 3. Equivalent Actuarial Value of the Cash Balance Account

SCHEDULE SB ATTACHMENTS

Cash balance account	Effective January 1, 2008 (October 1, 2007 for Grosse Pointe Employees) accruals are based on a cash balance formula which provides for annual contributions to a hypothetical account equal to 5% of Compensation. Interest is credited annually based on the 30-year U.S. Treasury rate for the August of the preceding Plan Year.
Supplemental account	Effective July 1, 2001, a hypothetical Supplemental Account was established for those participants who were less than 36 years old or who were over 36 years old and elected to forego a subsidized Retiree Medical Benefit. This account is credited with interest each year at the 30-year U.S. Treasury rate for the August of the preceding Plan Year.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Accrued Basic Normal Retirement Benefit reduced .55% for each of the first 60 months and .27% for each of the next 60 months by which benefit payments commence prior to Normal Retirement Date. Equivalent Actuarial Value of the Cash Balance and Supplemental accounts as of the Early Retirement Date.

SCHEDULE SB ATTACHMENTS

Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date, reduced .55% for each of the first 60 months and .27% for each of the next 60 months by which benefit payments commence prior to Normal Retirement Date.
Disablement	Monthly pension benefit determined as of the date of disablement, payable immediately without reduction for early commencement.
Preretirement death benefit	A monthly benefit is payable to the spouse of a married Employee who has earned the right to a vested benefit. The amount of benefit is equal to 50% of the vested Employee's Monthly Basic Benefit and Equivalent Actuarial Value of the Supplemental Account, and 100% of the Equivalent Actuarial Value of the Cash Balance Account reduced for payment prior to age 65 and for election of the joint annuitant option. The benefit is payable to the spouse on the first day of the month following the later of the date of the Employees' death or the Employee's Early Retirement Date. The Employee's benefit at retirement is not reduced to pay for this coverage.

Other Plan Provisions

Forms of payment	Normal form of payment is a monthly benefit payable for the Employee's lifetime for single employees and 50% Joint and Survivor annuity for married employees. Optional forms of payment include 66 2/3% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, 10 year certain and life annuity and lump sum.
Maximum 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 not for determining contributions.

Future Plan Changes

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

Plan Name:	William Beaumont Hospital Employees Retirement Plan
EIN / PN:	38-1459362/001
Plan Sponsor:	William Beaumont Hospital
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

The benefits valued were updated to allow for unlimited lump sum payments of the Basic Benefit, which were previously limited to lump sum amounts under $100,000.

Plan Name	**WILLIAM BEAUMONT HOSPITAL EMPLOYEES' RETIREMENT PLAN**
Plan Sponsor EIN	**38-1459362**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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 4a	Schedule of Delinquent Participant Contributions	
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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	100,522,458	15.00000	100,522,458	9,372,758
2. Shortfall	01/01/2024	9,595,290	14.00000	8,939,606	872,982
3. Shortfall	01/01/2023	115,110,531	13.00000	102,571,988	10,541,904
Total				212,034,052	20,787,644

Plan Name: William Beaumont Hospital Employees Retirement Plan
EIN / PN: 38-1459362/001
Plan Sponsor: William Beaumont Hospital
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan related expenses added to the target normal cost were changed from $7,710,000 to $2,520,000

Plan Name:	William Beaumont Hospital Employees Retirement Plan
EIN / PN:	38-1459362/001
Plan Sponsor:	William Beaumont Hospital
Valuation Date:	January 1, 2025