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. . . . . ▶ [X]

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
HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN

1b Three-digit plan number (PN) ▶ 014

1c Effective date of plan 01/01/2014

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)
HENRY FORD HEALTH SYSTEM

ONE FORD PLACE, 4E
DETROIT, MI 48202-3450

2b Employer Identification Number (EIN)
38-1357020

2c Plan Sponsor's telephone number
313-876-8495

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.	10/13/2026	JAMES FRANCIS
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	15534
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)**	12517
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	11536
b	Retired or separated participants receiving benefits	**6b**	110
c	Other retired or separated participants entitled to future benefits	**6c**	3816
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15462
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	56
f	Total. Add lines **6d** and **6e**.	**6f**	15518
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)**	12374
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)**	12738
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

2G 2M 2R 2S 2T 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)** [ ] 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)** [ ] 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)** [ ] **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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 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
HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY FORD HEALTH SYSTEM

D Employer Identification Number (EIN)
38-1357020

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 59 64	NONE	385774	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NEPC

04-2927339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27 50	NONE	20410	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GJC CPA'S & ADVIOSRS

38-2029668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	5000	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 ☐

(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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY FORD HEALTH SYSTEM

D Employer Identification Number (EIN)
38-1357020

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)	0	0
(2) Participant contributions	1b(2)	15165	4987
(3) Other	1b(3)	0	54153
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)	13543440	14379509
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1388974081	1559868758
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	10346137	12355388

		(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	1412878823	1586662795
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	1412878823	1586662795

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)		
(B) Participants	2a(1)(B)	76010351	
(C) Others (including rollovers)	2a(1)(C)	1919377	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		77929728
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)	1109718	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1109718
(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)	60256652	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		60256652
(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)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		166343444
c Other income	2c		2771470
d Total income. Add all **income** amounts in column (b) and enter total	2d		308411012
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	133109442	
(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)		133109442
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		142699
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	390270	
(4) IQPA audit fees	2i(4)	19400	
(5) Investment advisory and investment management fees	2i(5)	20410	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	5000	
(8) Legal fees	2i(8)	1606	
(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)		436686
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		133688827
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		174722185
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		938213

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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GJC CPA'S & ADVISORS **(2)** EIN: 38-2029668

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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		15000000
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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)
HENRY FORD HEALTH SYSTEM AMBASSADOR 403(B) PLAN	38-1357020	016

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

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

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
HENRY FORD HEALTH SYSTEM HERITAGE 403(B) PLAN

B Three-digit plan number (PN) ▶ 014

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY FORD HEALTH SYSTEM

D Employer Identification Number (EIN)
38-1357020

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): 84-1455663 04-6568107

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

FINANCIAL STATEMENTS
(With Supplementary Information)

December 31, 2025 and 2024



HENRY FORD HEALTH SYSTEM HERITAGE 403(b) PLAN

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GJC

CPAs | ADVISORS

INDEPENDENT AUDITOR'S REPORT

October 9, 2026

To the Audit and Compliance Committee
Henry Ford Health System

Opinion

We have audited the financial statements of the Henry Ford Health System Heritage 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, as well as the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

The Plan's management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements (continued)

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

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

- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.

- We conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for the purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

GJC CPAs & Advisors

Detroit, Michigan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
Assets:		
Participant-directed investments (Notes B and C):		
Investments at fair value:		
Registered investment companies	$ 1,559,868,758	$ 1,388,974,081
Self-directed brokerage accounts	12,355,388	10,346,137
Total Investments	**1,572,224,146**	**1,399,320,218**
Notes receivable from participants	14,379,509	13,543,440
Participant contributions receivable	4,987	15,165
Other receivables	54,153	-0-
Net Assets Available for Benefits	**$ 1,586,662,795**	**$ 1,412,878,823**

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Contributions:		
Participant contributions	$ 76,010,351	$ 78,642,469
Participant rollovers	1,919,377	3,416,657
Total Contributions	77,929,728	82,059,126
Interest and dividend income	60,256,652	52,226,865
Interest income on notes receivable from participants	1,109,718	897,420
Net realized and unrealized appreciation in fair value of investments	169,114,914	142,424,000
Total Additions	**308,411,012**	**277,607,411**
Deductions:		
Distributions to participants	133,252,141	139,147,644
Administrative expenses	436,686	493,053
Total Deductions	**133,688,827**	**139,640,697**
Change in Net Assets Available for Benefits Before Plan Transfers	**174,722,185**	**137,966,714**
Other Changes:		
Transfer of net assets to Henry Ford Health System Ambassador 403(b) Plan (Note A)	(938,213)	(9,345,186)
Change in Net Assets Available for Benefits	**173,783,972**	**128,621,528**
Net Assets Available for Benefits, Beginning of Year	1,412,878,823	1,284,257,295
Net Assets Available for Benefits, End of Year	**$ 1,586,662,795**	**$ 1,412,878,823**

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

NOTE A — DESCRIPTION OF THE PLAN

General

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

The Plan was adopted January 1, 2009, and was amended and restated, effective January 1, 2025. The Plan is a tax-sheltered annuity retirement plan established for the employees of Henry Ford Health System ("HFHS") and certain affiliates under section 403(b) of the Internal Revenue Code (the "Code"). The Plan was closed to new participants hired after December 23, 2017, except for newly hired medical residents, house officers, and fellows. These groups of newly hired employees are enrolled in the Plan 60 days after their hire date. However, beginning October 6, 2024, newly hired medical residents, house officers, and fellows are also ineligible for the Plan because they became eligible for the Henry Ford Health System Ambassador 403(b) Plan, which is a separate defined contribution plan sponsored by HFHS.

Asset Transfers

The ability of certain participants of the Plan to direct deferrals of their compensation to the Plan ends once these participants become eligible for the Ambassador Plan. At that time, these participants' balances are transferred from the Plan to the Ambassador Plan. The amounts of net assets transferred during the years ended December 31, 2025 and 2024 were $938,213 and $9,345,186, respectively.

Contributions

The Plan allows participants to elect to defer a portion of their compensation up to the maximum amount currently allowed by law, plus any make-up contributions as allowed for by the Internal Revenue Service (the "IRS") and the Plan document. The amount of the participant's deferred compensation is treated as a participant elective contribution and allocated to that participant's elective account. New participants for the first year of eligibility who have not made an election to opt out of the Plan are subject to automatic deferral. These participants continue to be subject to automatic deferral in subsequent years unless they make a contrary election or they elect to change their contribution percentage. Automatic deferrals are one percent of compensation for the first year, two percent for the second year, and three percent for the third year of participation.

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Benefits

Each participant's account is credited with the participant's contributions and the investment funds' earnings or losses, net of plan expenses. The distribution to which a participant is entitled is limited to the benefit that can be provided from the participant's vested account. Distributions are allowed at age 59½ or upon retirement, disability, death, or termination of service.

Vesting

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

Investment Options

Upon enrollment in the Plan, participants may direct contributions in any of several investment options.

Notes Receivable from Participants

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

Plan Administration

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

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments

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

The Plan's investments in shares of registered investment companies and the underlying investments in self-directed brokerage accounts are valued at quoted market prices, which represent the net asset value of shares held by the Plan as of the end of the year.

Purchases and sales of securities are recorded on a trade-date basis. Gains and losses on sales of securities are based on average costs. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation include gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable from Participants

Notes receivable from participants are recorded at cost plus accrued interest. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant note receivable balance is reduced and a benefit payment is recorded. A valuation allowance for credit losses is not considered necessary as of December 31, 2025 or 2024.

Fair Value Measurements

The Plan uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (continued)

The various levels of the fair value hierarchy are described as follows:

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access

- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability

- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

Payment of Distributions

Plan distributions to participants are recorded when paid.

Administrative Expenses

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, as well as disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties

The Plan invests in various securities, including registered investment companies. Investment securities in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through October 9, 2026, the date that the accompanying financial statements were available to be issued.

NOTE C — INVESTMENTS AND FAIR VALUE

The Plan's fair value hierarchy for those assets that are measured at fair value on a recurring basis as of December 31, 2025 and 2024 is summarized as follows:

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2025				
Assets:				
Investments at fair value:				
Registered investment companies	$ 1,559,868,758	$ -0-	$ -0-	$ 1,559,868,758
Self-directed brokerage accounts	12,355,388			12,355,388
	$ 1,572,224,146	**$ -0-**	**$ -0-**	**$ 1,572,224,146**
2024				
Assets:				
Investments at fair value:				
Registered investment companies	$ 1,388,974,081	$ -0-	$ -0-	$ 1,388,974,081
Self-directed brokerage accounts	10,346,137			10,346,137
	$ 1,399,320,218	**$ -0-**	**$ -0-**	**$ 1,399,320,218**

NOTE D — PLAN TERMINATION

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

NOTE E — INCOME TAX STATUS

The Plan has not applied for a determination letter from the IRS that would state that the Plan's design was in compliance with the applicable requirements of the Code because the IRS does not currently issue determination letters for retirement plans established under section 403(b) of the Code. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. In addition, the Plan administrator is not aware of any uncertain tax positions or unrecognized tax benefits as of December 31, 2025 or 2024. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE F — PARTY-IN-INTEREST TRANSACTIONS

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

SUPPLEMENTARY INFORMATION

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

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies:			
	American Funds Europacific Growth Fund A	168,770 shares	(a)	$ 10,212,266
	Clearbridge Growth Fund A	108,035 shares	(a)	9,871,172
	Clearbridge Value Fund A	44,439 shares	(a)	4,188,388
	Clearbridge Large Cap Growth Fund A	150,987 shares	(a)	9,051,650
	Clearbridge Large Cap Value Fund A	125,736 shares	(a)	4,903,721
	Clearbridge Mid Cap Fund A	105,118 shares	(a)	3,411,092
*	Fidelity Advisor Stock Select Mid Cap Fund M	191,466 shares	(a)	8,261,744
*	Fidelity Advisor Strategic Income Fund M	606,450 shares	(a)	7,216,752
*	Fidelity Advisor Value Strategies Fund	112,946 shares	(a)	5,218,090
*	Fidelity 500 Index Premium Fund	110,640 shares	(a)	26,301,272
*	Fidelity Asset Manager 20% Fund	52,295 shares	(a)	751,484
*	Fidelity Asset Manager 30% Fund	18,181 shares	(a)	232,532
*	Fidelity Asset Manager 50% Fund	239,160 shares	(a)	5,218,471
*	Fidelity Asset Manager 60% Fund	12,921 shares	(a)	220,568
*	Fidelity Asset Manager 70% Fund	33,549 shares	(a)	1,009,478
*	Fidelity Asset Manager 85% Fund	35,662 shares	(a)	1,079,504
*	Fidelity Balanced Fund K	206,899 shares	(a)	6,649,734
*	Fidelity Blue Chip Growth Fund K	125,049 shares	(a)	33,609,380
*	Fidelity Blue Chip Value Fund	16,447 shares	(a)	424,510
*	Fidelity Canada Fund	7,987 shares	(a)	624,389
*	Fidelity Capital Appreciation Fund K	30,150 shares	(a)	1,399,580
*	Fidelity Capital and Income Fund	295,701 shares	(a)	3,211,310
*	Fidelity China Region Fund	13,679 shares	(a)	745,253
*	Fidelity Conservative Income Bond Fund	13,367 shares	(a)	134,603
*	Fidelity Contrafund K	2,110,240 shares	(a)	51,510,967
*	Fidelity Convertible Securities Fund	8,889 shares	(a)	324,164
*	Fidelity Corporate Bond Fund	12,698 shares	(a)	136,757
*	Fidelity Disciplined Equity Fund K	15,924 shares	(a)	1,153,062
*	Fidelity Diversified International Fund K	51,007 shares	(a)	2,474,859
*	Fidelity Dividend Growth Fund K	66,022 shares	(a)	2,805,295
*	Fidelity Emerging Markets Fund	3,270 shares	(a)	163,095
*	Fidelity Emerging Markets Index Fund	17,040 shares	(a)	233,114
*	Fidelity Multi-Asset Index Fund	27,748 shares	(a)	1,850,503
*	Fidelity Emerging Markets Discovery Fund	5,063 shares	(a)	97,217
*	Fidelity Emerging Asia Fund	11,166 shares	(a)	739,647
*	Fidelity Emerging Markets Fund K	36,363 shares	(a)	1,815,227
*	Fidelity Equity Dividend Income Fund K	53,501 shares	(a)	1,590,052
*	Fidelity Equity Income Fund K	65,327 shares	(a)	5,456,146
*	Fidelity Europe Fund	6,816 shares	(a)	317,906
*	Fidelity Extended Market Index Fund	18,969 shares	(a)	1,909,602
*	Fidelity Floating-Rate High Income Fund	39,924 shares	(a)	363,308
*	Fidelity Focused High Income Fund	11,641 shares	(a)	96,851
*	Fidelity Focused Stock Fund	41,770 shares	(a)	1,603,150
*	Fidelity Freedom K 2010 Fund	52,958 shares	(a)	781,654
*	Fidelity Freedom K 2015 Fund	83,821 shares	(a)	1,014,237
*	Fidelity Freedom K 2020 Fund	378,310 shares	(a)	5,799,485
*	Fidelity Freedom K 2025 Fund	567,564 shares	(a)	8,439,685

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Fidelity Freedom K 2030 Fund	676,961 shares	(a)	$ 13,221,045
*	Fidelity Freedom K 2035 Fund	726,491 shares	(a)	12,873,418
*	Fidelity Freedom K 2040 Fund	979,961 shares	(a)	13,111,882
*	Fidelity Freedom K 2045 Fund	241,718 shares	(a)	3,843,317
*	Fidelity Freedom K 2050 Fund	239,859 shares	(a)	3,876,127
*	Fidelity Freedom K 2055 Fund	1,491 shares	(a)	27,981
*	Fidelity Freedom K 2070 Fund	202 shares	(a)	2,494
*	Fidelity Freedom K Retire Fund	35,160 shares	(a)	395,908
*	Fidelity Fund K	83,687 shares	(a)	9,406,377
*	Fidelity Global Commodity Stock Fund	6,331 shares	(a)	142,575
*	Fidelity Global ex-U.S. Index Premium Fund	30,860 shares	(a)	575,842
*	Fidelity Global Equity Income Fund	1,292 shares	(a)	32,134
*	Fidelity GNMA Fund	18,325 shares	(a)	190,217
*	Fidelity Government Cash Reserve Fund	6,145,637 shares	(a)	6,145,637
*	Fidelity Government Income Fund	34,234 shares	(a)	317,003
*	Fidelity Government Money Market Fund	6,479,565 shares	(a)	6,479,565
*	Fidelity Government Money Market Prime Fund	11,306,361 shares	(a)	11,306,361
*	Fidelity Growth and Income Fund K	93,658 shares	(a)	6,383,709
*	Fidelity Growth Company Fund K	477,942 shares	(a)	23,032,031
*	Fidelity Growth Discovery Fund K	18,914 shares	(a)	1,323,794
*	Fidelity Growth Strategic Fund K	35,090 shares	(a)	2,436,968
*	Fidelity High Income Fund	56,280 shares	(a)	455,868
*	Fidelity Inflation-Protected Bond Fund	49,464 shares	(a)	451,107
*	Fidelity Intermediate Bond Fund	100,125 shares	(a)	1,039,295
*	Fidelity International Capital Appreciation Fund	19,400 shares	(a)	693,180
*	Fidelity International Discovery Fund K	18,228 shares	(a)	1,037,162
*	Fidelity International Growth Fund	17,722 shares	(a)	402,831
*	Fidelity International Index Fund	48,723 shares	(a)	2,962,377
*	Fidelity International Real Estate Fund	3,573 shares	(a)	37,837
*	Fidelity International Small Cap Opportunity Fund	7,361 shares	(a)	160,539
*	Fidelity International Small Cap Fund	21,323 shares	(a)	785,101
*	Fidelity International Value Fund	22,892 shares	(a)	323,234
*	Fidelity Intermediate Government Income Fund	5,948 shares	(a)	59,066
*	Fidelity Intermediate Treasury Bond Index Fund	93,568 shares	(a)	921,648
*	Fidelity Investment Grade Bond Fund	74,836 shares	(a)	547,052
*	Fidelity Japan Fund	2,730 shares	(a)	53,982
*	Fidelity Japan Small Company Fund	890 shares	(a)	14,935
*	Fidelity Large Cap Stock Fund	8,626 shares	(a)	559,727
*	Fidelity Leveraged Company Stock Fund K	26,954 shares	(a)	1,193,268
*	Fidelity Low Priced Stock Fund K	134,687 shares	(a)	5,543,702

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Fidelity Long-Term Treasury Bond Index Fund	23,106 shares	(a)	$ 214,656
*	Fidelity Limited Term Bond Fund	10,618 shares	(a)	123,701
*	Fidelity Limited Term Government Fund	2,566 shares	(a)	25,071
*	Fidelity Magellan Fund K	1,387,971 shares	(a)	20,750,168
*	Fidelity Mega Cap Stock Fund	28,574 shares	(a)	892,945
*	Fidelity Mid Cap Index Fund	21,834 shares	(a)	806,341
*	Fidelity Mid Cap Stock Fund K	49,168 shares	(a)	2,290,244
*	Fidelity Mid Cap Value Fund	17,762 shares	(a)	555,958
*	Fidelity Mortgage Securities Fund	9,714 shares	(a)	97,332
*	Fidelity NASDAQ Complete Index Fund	13,380 shares	(a)	3,946,394
*	Fidelity New Markets Income Fund	22,051 shares	(a)	303,858
*	Fidelity New Millennium Fund	89,366 shares	(a)	5,994,656
*	Fidelity Nordic Fund	640 shares	(a)	41,988
*	Fidelity OTC Fund K	210,194 shares	(a)	5,252,751
*	Fidelity Overseas Fund K	24,399 shares	(a)	1,746,726
*	Fidelity Pacific Basin Fund	24,174 shares	(a)	936,515
*	Fidelity Puritan Fund K	99,635 shares	(a)	2,592,503
*	Fidelity Real Estate Index Fund	22,357 shares	(a)	361,060
*	Fidelity Real Estate Income Fund	21,058 shares	(a)	256,904
*	Fidelity Real Estate Investors Fund	12,712 shares	(a)	480,770
*	Fidelity Select Automotive Fund	1,950 shares	(a)	117,189
*	Fidelity Select Banking Fund	8,066 shares	(a)	274,006
*	Fidelity Select Biotech Fund	40,443 shares	(a)	1,016,323
*	Fidelity Select Brokerage Fund	1,377 shares	(a)	262,956
*	Fidelity Select Chemicals Fund	6,959 shares	(a)	83,365
*	Fidelity Select Communications Services Fund	2,210 shares	(a)	308,321
*	Fidelity Select Consumer Discretionary Fund	1,601 shares	(a)	110,663
*	Fidelity Select Consumer Staples Fund	1,071 shares	(a)	89,150
*	Fidelity Select Construction and House Fund	4,613 shares	(a)	555,040
*	Fidelity Select Defense Fund	36,372 shares	(a)	940,943
*	Fidelity Select Energy Fund	10,683 shares	(a)	657,635
*	Fidelity Select Enterprise Technology Services Fund	483 shares	(a)	23,285
*	Fidelity Environment and Alternative Energy Fund	4,789 shares	(a)	226,365
*	Fidelity Select Financial Fund	40,428 shares	(a)	645,640
*	Fidelity Select Fintech Fund	808 shares	(a)	15,698
*	Fidelity Select Gold Fund	26,596 shares	(a)	1,554,819
*	Fidelity Select Healthcare Fund	57,224 shares	(a)	1,626,884
*	Fidelity Select Healthcare Services Fund	4,241 shares	(a)	435,181
*	Fidelity Select Industrials Fund	755 shares	(a)	46,153

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Fidelity Select Insurance Fund	2,287 shares	(a)	$ 206,490
*	Fidelity Select Leisure Fund	35,192 shares	(a)	625,006
*	Fidelity Select Materials Fund	2,330 shares	(a)	213,881
*	Fidelity Select Medical Technology and Devices Fund	30,069 shares	(a)	1,811,654
*	Fidelity Select Natural Resources Fund	8,917 shares	(a)	468,256
*	Fidelity Select Pharmaceuticals Fund	15,482 shares	(a)	478,562
*	Fidelity Select Retailing Fund	20,534 shares	(a)	367,970
*	Fidelity Select Semiconductors Fund	115,174 shares	(a)	4,980,138
*	Fidelity Select Software Fund	53,422 shares	(a)	1,347,844
*	Fidelity Select Technology Fund	92,772 shares	(a)	3,843,539
*	Fidelity Select Tech Hardware Fund	6,472 shares	(a)	874,707
*	Fidelity Select Telecommunications Fund	1,227 shares	(a)	72,395
*	Fidelity Select Transportation Fund	2,240 shares	(a)	247,220
*	Fidelity Select Utilities Fund	860 shares	(a)	112,934
*	Fidelity Select Wireless Fund	471 shares	(a)	5,609
*	Fidelity Short-Duration High Income Fund	4,133 shares	(a)	37,071
*	Fidelity Short-Term Bond Fund	193,216 shares	(a)	1,648,131
*	Fidelity Small Cap Discovery Fund	38,893 shares	(a)	905,823
*	Fidelity Small Cap Index Fund	41,353 shares	(a)	1,279,059
*	Fidelity Small Cap Growth Fund	60,885 shares	(a)	2,128,539
*	Fidelity Small Cap Stock Fund	35,997 shares	(a)	664,144
*	Fidelity Small Cap Value Fund	67,237 shares	(a)	1,344,740
*	Fidelity Short-Term Treasury Bond Index Fund	64,589 shares	(a)	669,786
*	Fidelity Stock Select All Cap Fund K	8,671 shares	(a)	778,198
*	Fidelity Stock Select Mid Cap Fund	5,347 shares	(a)	246,538
*	Fidelity Stock Select Small Cap Fund	27,181 shares	(a)	1,150,586
*	Fidelity Stock Select Large Cap Value Fund	46,589 shares	(a)	1,359,014
*	Fidelity Strategic Dividend and Income Fund	11,733 shares	(a)	206,506
*	Fidelity Strategic Real Return Fund	6,620 shares	(a)	58,655
*	Fidelity Strategic Income Fund	234,122 shares	(a)	2,830,537
*	Fidelity Telecommunications and Utilities Fund	485 shares	(a)	16,384
*	Fidelity Total Market Index Fund	46,224 shares	(a)	8,636,428
*	Fidelity Total Bond Fund	345,451 shares	(a)	3,340,509
*	Fidelity Total International Equity Fund	9,328 shares	(a)	138,888
*	Fidelity Treasury Money Market Fund	273,057 shares	(a)	273,057
*	Fidelity Treasury Only Money Market Fund	1,511,900 shares	(a)	1,511,900
*	Fidelity Trend Fund	2,889 shares	(a)	574,031
*	Fidelity U.S. Bond Index Premium Fund	170,234 shares	(a)	1,797,674
*	Fidelity Value Discovery Fund K	4,799 shares	(a)	185,785
*	Fidelity Value Fund K	275,236 shares	(a)	3,806,511
*	Fidelity Value Strategic Fund K	5,890 shares	(a)	324,080

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Fidelity Worldwide Fund	28,567 shares	(a)	$ 1,036,998
	JPMorgan SmartRetirement Blend 2025 Fund, Class R6	3,281,418 shares	(a)	82,527,671
	JPMorgan SmartRetirement Blend 2030 Fund, Class R6	4,023,358 shares	(a)	116,757,863
	JPMorgan SmartRetirement Blend 2035 Fund, Class R6	3,633,215 shares	(a)	120,186,768
	JPMorgan SmartRetirement Blend 2040 Fund, Class R6	2,982,520 shares	(a)	107,370,706
	JPMorgan SmartRetirement Blend 2045 Fund, Class R6	2,629,907 shares	(a)	100,883,239
	JPMorgan SmartRetirement Blend 2050 Fund, Class R6	1,827,585 shares	(a)	70,946,852
	JPMorgan SmartRetirement Blend 2055 Fund, Class R6	983,398 shares	(a)	37,949,321
	JPMorgan SmartRetirement Blend 2060 Fund, Class R6	269,689 shares	(a)	8,125,740
	JPMorgan SmartRetirement Blend 2065 Fund, Class R6	123,656 shares	(a)	2,947,949
	JPMorgan SmartRetirement Blend Income Fund, Class R6	3,013,586 shares	(a)	59,849,814
	Lord Abbett Bond Debenture Fund A	518,190 shares	(a)	3,772,420
	MFS Massachusetts Investors Trust Fund	237,461 shares	(a)	8,439,363
	MFS Total Return Fund	558,940 shares	(a)	10,754,014
	MFS Value Fund A	111,189 shares	(a)	5,556,111
	Janus Henderson Flexible Bond Fund I	480,900 shares	(a)	4,530,084
	INVESCO Discovery Large Cap Fund A	96,719 shares	(a)	8,219,216
	INVESCO Global Allocation Fund A	131,992 shares	(a)	2,700,549
	INVESCO International Growth Fund A	127,950 shares	(a)	3,276,805
	Royce Micro-Cap Service Fund	929,790 shares	(a)	9,892,970
	SSgA Institutional U.S. Government Money Market Fund, Administration Class	10,474,638 shares	(a)	10,474,638
	Vanguard Federal Money Market Investor Fund	33,430,852 shares	(a)	33,430,852
	Vanguard Total Bond Market Index Fund, Institutional Class	2,231,425 shares	(a)	21,801,288
	Vanguard Total International Stock Index Fund, Institutional Class	215,894 shares	(a)	34,994,228
	Vanguard Total Stock Market Index Fund, Institutional Class	712,712 shares	(a)	218,225,141
				$ 1,559,868,758

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

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Self-Directed Brokerage Accounts:			
*	Empower Self-Directed Brokerage Accounts	Various participant-directed holdings	(a)	$ 12,355,388
	Notes Receivable from Participants:			
*	Participant loans	Loans receivable; interest rates ranging from 4.25 percent to 9.50 percent	$ -0-	14,379,509
				$ 1,586,603,655

* – Represents party-in-interest

(a) – These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2025.

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

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	Registered Investment Companies:			
	American Funds Europacific Growth Fund A	168,770 shares	(a)	$ 10,212,266
	Clearbridge Growth Fund A	108,035 shares	(a)	9,871,172
	Clearbridge Value Fund A	44,439 shares	(a)	4,188,388
	Clearbridge Large Cap Growth Fund A	150,987 shares	(a)	9,051,650
	Clearbridge Large Cap Value Fund A	125,736 shares	(a)	4,903,721
	Clearbridge Mid Cap Fund A	105,118 shares	(a)	3,411,092
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*	Fidelity Advisor Value Strategies Fund	112,946 shares	(a)	5,218,090
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*	Fidelity Asset Manager 50% Fund	239,160 shares	(a)	5,218,471
*	Fidelity Asset Manager 60% Fund	12,921 shares	(a)	220,568
*	Fidelity Asset Manager 70% Fund	33,549 shares	(a)	1,009,478
*	Fidelity Asset Manager 85% Fund	35,662 shares	(a)	1,079,504
*	Fidelity Balanced Fund K	206,899 shares	(a)	6,649,734
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*	Fidelity China Region Fund	13,679 shares	(a)	745,253
*	Fidelity Conservative Income Bond Fund	13,367 shares	(a)	134,603
*	Fidelity Contrafund K	2,110,240 shares	(a)	51,510,967
*	Fidelity Convertible Securities Fund	8,889 shares	(a)	324,164
*	Fidelity Corporate Bond Fund	12,698 shares	(a)	136,757
*	Fidelity Disciplined Equity Fund K	15,924 shares	(a)	1,153,062
*	Fidelity Diversified International Fund K	51,007 shares	(a)	2,474,859
*	Fidelity Dividend Growth Fund K	66,022 shares	(a)	2,805,295
*	Fidelity Emerging Markets Fund	3,270 shares	(a)	163,095
*	Fidelity Emerging Markets Index Fund	17,040 shares	(a)	233,114
*	Fidelity Multi-Asset Index Fund	27,748 shares	(a)	1,850,503
*	Fidelity Emerging Markets Discovery Fund	5,063 shares	(a)	97,217
*	Fidelity Emerging Asia Fund	11,166 shares	(a)	739,647
*	Fidelity Emerging Markets Fund K	36,363 shares	(a)	1,815,227
*	Fidelity Equity Dividend Income Fund K	53,501 shares	(a)	1,590,052
*	Fidelity Equity Income Fund K	65,327 shares	(a)	5,456,146
*	Fidelity Europe Fund	6,816 shares	(a)	317,906
*	Fidelity Extended Market Index Fund	18,969 shares	(a)	1,909,602
*	Fidelity Floating-Rate High Income Fund	39,924 shares	(a)	363,308
*	Fidelity Focused High Income Fund	11,641 shares	(a)	96,851
*	Fidelity Focused Stock Fund	41,770 shares	(a)	1,603,150
*	Fidelity Freedom K 2010 Fund	52,958 shares	(a)	781,654
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*	Fidelity Freedom K 2020 Fund	378,310 shares	(a)	5,799,485
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

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*	Fidelity Freedom K 2070 Fund	202 shares	(a)	2,494
*	Fidelity Freedom K Retire Fund	35,160 shares	(a)	395,908
*	Fidelity Fund K	83,687 shares	(a)	9,406,377
*	Fidelity Global Commodity Stock Fund	6,331 shares	(a)	142,575
*	Fidelity Global ex-U.S. Index Premium Fund	30,860 shares	(a)	575,842
*	Fidelity Global Equity Income Fund	1,292 shares	(a)	32,134
*	Fidelity GNMA Fund	18,325 shares	(a)	190,217
*	Fidelity Government Cash Reserve Fund	6,145,637 shares	(a)	6,145,637
*	Fidelity Government Income Fund	34,234 shares	(a)	317,003
*	Fidelity Government Money Market Fund	6,479,565 shares	(a)	6,479,565
*	Fidelity Government Money Market Prime Fund	11,306,361 shares	(a)	11,306,361
*	Fidelity Growth and Income Fund K	93,658 shares	(a)	6,383,709
*	Fidelity Growth Company Fund K	477,942 shares	(a)	23,032,031
*	Fidelity Growth Discovery Fund K	18,914 shares	(a)	1,323,794
*	Fidelity Growth Strategic Fund K	35,090 shares	(a)	2,436,968
*	Fidelity High Income Fund	56,280 shares	(a)	455,868
*	Fidelity Inflation-Protected Bond Fund	49,464 shares	(a)	451,107
*	Fidelity Intermediate Bond Fund	100,125 shares	(a)	1,039,295
*	Fidelity International Capital Appreciation Fund	19,400 shares	(a)	693,180
*	Fidelity International Discovery Fund K	18,228 shares	(a)	1,037,162
*	Fidelity International Growth Fund	17,722 shares	(a)	402,831
*	Fidelity International Index Fund	48,723 shares	(a)	2,962,377
*	Fidelity International Real Estate Fund	3,573 shares	(a)	37,837
*	Fidelity International Small Cap Opportunity Fund	7,361 shares	(a)	160,539
*	Fidelity International Small Cap Fund	21,323 shares	(a)	785,101
*	Fidelity International Value Fund	22,892 shares	(a)	323,234
*	Fidelity Intermediate Government Income Fund	5,948 shares	(a)	59,066
*	Fidelity Intermediate Treasury Bond Index Fund	93,568 shares	(a)	921,648
*	Fidelity Investment Grade Bond Fund	74,836 shares	(a)	547,052
*	Fidelity Japan Fund	2,730 shares	(a)	53,982
*	Fidelity Japan Small Company Fund	890 shares	(a)	14,935
*	Fidelity Large Cap Stock Fund	8,626 shares	(a)	559,727
*	Fidelity Leveraged Company Stock Fund K	26,954 shares	(a)	1,193,268
*	Fidelity Low Priced Stock Fund K	134,687 shares	(a)	5,543,702

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Fidelity Long-Term Treasury Bond Index Fund	23,106 shares	(a)	$ 214,656
*	Fidelity Limited Term Bond Fund	10,618 shares	(a)	123,701
*	Fidelity Limited Term Government Fund	2,566 shares	(a)	25,071
*	Fidelity Magellan Fund K	1,387,971 shares	(a)	20,750,168
*	Fidelity Mega Cap Stock Fund	28,574 shares	(a)	892,945
*	Fidelity Mid Cap Index Fund	21,834 shares	(a)	806,341
*	Fidelity Mid Cap Stock Fund K	49,168 shares	(a)	2,290,244
*	Fidelity Mid Cap Value Fund	17,762 shares	(a)	555,958
*	Fidelity Mortgage Securities Fund	9,714 shares	(a)	97,332
*	Fidelity NASDAQ Complete Index Fund	13,380 shares	(a)	3,946,394
*	Fidelity New Markets Income Fund	22,051 shares	(a)	303,858
*	Fidelity New Millennium Fund	89,366 shares	(a)	5,994,656
*	Fidelity Nordic Fund	640 shares	(a)	41,988
*	Fidelity OTC Fund K	210,194 shares	(a)	5,252,751
*	Fidelity Overseas Fund K	24,399 shares	(a)	1,746,726
*	Fidelity Pacific Basin Fund	24,174 shares	(a)	936,515
*	Fidelity Puritan Fund K	99,635 shares	(a)	2,592,503
*	Fidelity Real Estate Index Fund	22,357 shares	(a)	361,060
*	Fidelity Real Estate Income Fund	21,058 shares	(a)	256,904
*	Fidelity Real Estate Investors Fund	12,712 shares	(a)	480,770
*	Fidelity Select Automotive Fund	1,950 shares	(a)	117,189
*	Fidelity Select Banking Fund	8,066 shares	(a)	274,006
*	Fidelity Select Biotech Fund	40,443 shares	(a)	1,016,323
*	Fidelity Select Brokerage Fund	1,377 shares	(a)	262,956
*	Fidelity Select Chemicals Fund	6,959 shares	(a)	83,365
*	Fidelity Select Communications Services Fund	2,210 shares	(a)	308,321
*	Fidelity Select Consumer Discretionary Fund	1,601 shares	(a)	110,663
*	Fidelity Select Consumer Staples Fund	1,071 shares	(a)	89,150
*	Fidelity Select Construction and House Fund	4,613 shares	(a)	555,040
*	Fidelity Select Defense Fund	36,372 shares	(a)	940,943
*	Fidelity Select Energy Fund	10,683 shares	(a)	657,635
*	Fidelity Select Enterprise Technology Services Fund	483 shares	(a)	23,285
*	Fidelity Environment and Alternative Energy Fund	4,789 shares	(a)	226,365
*	Fidelity Select Financial Fund	40,428 shares	(a)	645,640
*	Fidelity Select Fintech Fund	808 shares	(a)	15,698
*	Fidelity Select Gold Fund	26,596 shares	(a)	1,554,819
*	Fidelity Select Healthcare Fund	57,224 shares	(a)	1,626,884
*	Fidelity Select Healthcare Services Fund	4,241 shares	(a)	435,181
*	Fidelity Select Industrials Fund	755 shares	(a)	46,153

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Fidelity Select Insurance Fund	2,287 shares	(a)	$ 206,490
*	Fidelity Select Leisure Fund	35,192 shares	(a)	625,006
*	Fidelity Select Materials Fund	2,330 shares	(a)	213,881
*	Fidelity Select Medical Technology and Devices Fund	30,069 shares	(a)	1,811,654
*	Fidelity Select Natural Resources Fund	8,917 shares	(a)	468,256
*	Fidelity Select Pharmaceuticals Fund	15,482 shares	(a)	478,562
*	Fidelity Select Retailing Fund	20,534 shares	(a)	367,970
*	Fidelity Select Semiconductors Fund	115,174 shares	(a)	4,980,138
*	Fidelity Select Software Fund	53,422 shares	(a)	1,347,844
*	Fidelity Select Technology Fund	92,772 shares	(a)	3,843,539
*	Fidelity Select Tech Hardware Fund	6,472 shares	(a)	874,707
*	Fidelity Select Telecommunications Fund	1,227 shares	(a)	72,395
*	Fidelity Select Transportation Fund	2,240 shares	(a)	247,220
*	Fidelity Select Utilities Fund	860 shares	(a)	112,934
*	Fidelity Select Wireless Fund	471 shares	(a)	5,609
*	Fidelity Short-Duration High Income Fund	4,133 shares	(a)	37,071
*	Fidelity Short-Term Bond Fund	193,216 shares	(a)	1,648,131
*	Fidelity Small Cap Discovery Fund	38,893 shares	(a)	905,823
*	Fidelity Small Cap Index Fund	41,353 shares	(a)	1,279,059
*	Fidelity Small Cap Growth Fund	60,885 shares	(a)	2,128,539
*	Fidelity Small Cap Stock Fund	35,997 shares	(a)	664,144
*	Fidelity Small Cap Value Fund	67,237 shares	(a)	1,344,740
*	Fidelity Short-Term Treasury Bond Index Fund	64,589 shares	(a)	669,786
*	Fidelity Stock Select All Cap Fund K	8,671 shares	(a)	778,198
*	Fidelity Stock Select Mid Cap Fund	5,347 shares	(a)	246,538
*	Fidelity Stock Select Small Cap Fund	27,181 shares	(a)	1,150,586
*	Fidelity Stock Select Large Cap Value Fund	46,589 shares	(a)	1,359,014
*	Fidelity Strategic Dividend and Income Fund	11,733 shares	(a)	206,506
*	Fidelity Strategic Real Return Fund	6,620 shares	(a)	58,655
*	Fidelity Strategic Income Fund	234,122 shares	(a)	2,830,537
*	Fidelity Telecommunications and Utilities Fund	485 shares	(a)	16,384
*	Fidelity Total Market Index Fund	46,224 shares	(a)	8,636,428
*	Fidelity Total Bond Fund	345,451 shares	(a)	3,340,509
*	Fidelity Total International Equity Fund	9,328 shares	(a)	138,888
*	Fidelity Treasury Money Market Fund	273,057 shares	(a)	273,057
*	Fidelity Treasury Only Money Market Fund	1,511,900 shares	(a)	1,511,900
*	Fidelity Trend Fund	2,889 shares	(a)	574,031
*	Fidelity U.S. Bond Index Premium Fund	170,234 shares	(a)	1,797,674
*	Fidelity Value Discovery Fund K	4,799 shares	(a)	185,785
*	Fidelity Value Fund K	275,236 shares	(a)	3,806,511
*	Fidelity Value Strategic Fund K	5,890 shares	(a)	324,080

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies (continued):			
*	Fidelity Worldwide Fund	28,567 shares	(a)	$ 1,036,998
	JPMorgan SmartRetirement Blend 2025 Fund, Class R6	3,281,418 shares	(a)	82,527,671
	JPMorgan SmartRetirement Blend 2030 Fund, Class R6	4,023,358 shares	(a)	116,757,863
	JPMorgan SmartRetirement Blend 2035 Fund, Class R6	3,633,215 shares	(a)	120,186,768
	JPMorgan SmartRetirement Blend 2040 Fund, Class R6	2,982,520 shares	(a)	107,370,706
	JPMorgan SmartRetirement Blend 2045 Fund, Class R6	2,629,907 shares	(a)	100,883,239
	JPMorgan SmartRetirement Blend 2050 Fund, Class R6	1,827,585 shares	(a)	70,946,852
	JPMorgan SmartRetirement Blend 2055 Fund, Class R6	983,398 shares	(a)	37,949,321
	JPMorgan SmartRetirement Blend 2060 Fund, Class R6	269,689 shares	(a)	8,125,740
	JPMorgan SmartRetirement Blend 2065 Fund, Class R6	123,656 shares	(a)	2,947,949
	JPMorgan SmartRetirement Blend Income Fund, Class R6	3,013,586 shares	(a)	59,849,814
	Lord Abbett Bond Debenture Fund A	518,190 shares	(a)	3,772,420
	MFS Massachusetts Investors Trust Fund	237,461 shares	(a)	8,439,363
	MFS Total Return Fund	558,940 shares	(a)	10,754,014
	MFS Value Fund A	111,189 shares	(a)	5,556,111
	Janus Henderson Flexible Bond Fund I	480,900 shares	(a)	4,530,084
	INVESCO Discovery Large Cap Fund A	96,719 shares	(a)	8,219,216
	INVESCO Global Allocation Fund A	131,992 shares	(a)	2,700,549
	INVESCO International Growth Fund A	127,950 shares	(a)	3,276,805
	Royce Micro-Cap Service Fund	929,790 shares	(a)	9,892,970
	SSgA Institutional U.S. Government Money Market Fund, Administration Class	10,474,638 shares	(a)	10,474,638
	Vanguard Federal Money Market Investor Fund	33,430,852 shares	(a)	33,430,852
	Vanguard Total Bond Market Index Fund, Institutional Class	2,231,425 shares	(a)	21,801,288
	Vanguard Total International Stock Index Fund, Institutional Class	215,894 shares	(a)	34,994,228
	Vanguard Total Stock Market Index Fund, Institutional Class	712,712 shares	(a)	218,225,141
				$ 1,559,868,758

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

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

December 31, 2025

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Self-Directed Brokerage Accounts:			
*	Empower Self-Directed Brokerage Accounts	Various participant-directed holdings	(a)	$ 12,355,388
	Notes Receivable from Participants:			
*	Participant loans	Loans receivable; interest rates ranging from 4.25 percent to 9.50 percent	$ -0-	14,379,509
				$ 1,586,603,655

* – Represents party-in-interest

(a) – These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2025.