

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan TUFTS MEDICINE, INC. 403(B) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/01/2020
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) TUFTS MEDICINE, INC. 800 DISTRICT AVE, STE 520 BURLINGTON, MA 01803	2b Employer Identification Number (EIN) 47-2250732 2c Plan Sponsor's telephone number 978-942-2220 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.	10/10/2023	KARA OCONNOR
	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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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 TUFTS MEDICINE, INC. c Plan Name WELLFORCE, INC. 403(B) RETIREMENT PLAN		4b EIN 47-2250732 4d PN 001
5 Total number of participants at the beginning of the plan year		5 326
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 316 6a(2) 1178 6b 13 6c 5 6d 1196 6e 0 6f 1196 6g 1127 6h 9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan TUFTS MEDICINE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TUFTS MEDICINE, INC.	D Employer Identification Number (EIN) 47-2250732

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

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	44740	173	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
246	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KENNETH L KNOPE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
246			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	2102345
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2131899

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	2101299
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	15588	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	15588
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2116887
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14542	
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	14542
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2102345
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TUFTS MEDICINE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TUFTS MEDICINE, INC.	D Employer Identification Number (EIN) 47-2250732	

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
FID INV INST OPS
04-2647786
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

FID INV INST OPS

04-2647786

(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?
37 64 65	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FID INV INST OPS CO	60	0
(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.	
INVESCO GROWTH AND INCOME FUND CL A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
AMERICAN CENTURY EMERGING MARKETS I 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
BLACKROCK HEALTH SCIENCES OPP PRT A 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	

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
FID INV INST OPS CO	60	0
(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.	
T ROWE PRICE GROWTH STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
PRINCIPAL REAL ESTATE SEC FD CL A 620 COOLIDGE DR, STE 300 FOLSOM, CA 95630	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>TUFTS MEDICINE, INC. 403(B) RETIREMENT PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TUFTS MEDICINE, INC.</u>		D Employer Identification Number (EIN) <u>47-2250732</u>

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	149899
(2) Participant contributions.....	1b(2)	0	114608
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	50039	1350698
(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)	96200	693572
(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)	4202692	52289061
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	4234244
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4348931	58832082

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4348931	58832082
---	-----------	---------	----------

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)	1282194	
(B) Participants	2a(1)(B)	4886305	
(C) Others (including rollovers)	2a(1)(C)	2600510	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8769009
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)	11680	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11680
(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)	1540812	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1540812
(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)		-2398783
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7922718
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1204144	
(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)		1204144
f Corrective distributions (see instructions)	2f		6668
g Certain deemed distributions of participant loans (see instructions)	2g		14950
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5242	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5242
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1231004
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		6691714
l Transfers of assets:			
(1) To this plan	2l(1)		47791437
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TUFTS MEDICINE, INC. 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TUFTS MEDICINE, INC.		D Employer Identification Number (EIN) 47-2250732
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): 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
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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
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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) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
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 _____

**Financial Statements
and Supplemental Schedule**

**Tufts Medicine, Inc.
403(b) Retirement Plan**

December 31, 2022 and 2021



TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

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Independent Auditors' Report

Plan Administrator
Tufts Medicine, Inc. 403(b) Retirement Plan
Burlington, Massachusetts

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed the audit of the financial statements of the Tufts Medicine, Inc. 403(b) Retirement Plan (the "Plan"), (formerly known as Wellforce, Inc. 403(b) Retirement Plan) an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

Other Matter - Report on Compiled 2021 Financial Statement

Plan management is responsible for the accompanying financial statement of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2021, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the 2021 financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the 2021 financial statement.

Maye Hoffman McCann P.C.

Boston, Massachusetts
October 9, 2023

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

Assets	December 31,	
	2022 (Audited)	2021 (Unaudited)
Investments at fair value	\$ <u>57,874,003</u>	\$ <u>4,252,731</u>
Receivables:		
Participant deferrals	114,608	-
Employer matching contributions	149,899	43,446
Notes receivable from participants	<u>693,572</u>	<u>96,200</u>
Total receivables	<u>958,079</u>	<u>139,646</u>
Net assets available for benefits	\$ <u>58,832,082</u>	\$ <u>4,392,377</u>

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

Additions to net assets attributed to:

Investment income (loss):

Net depreciation in fair value of investments \$ (2,398,783)

Interest and dividends 1,540,812

Total investment loss (857,971)

Interest income on notes receivable from participants 11,680

Contributions:

Participant deferrals 4,886,305

Employer matching contributions 1,238,748

Rollovers 2,600,510

Total contributions 8,725,563

Total additions to net assets 7,879,272

Deductions from net assets attributed to:

Benefits paid to participants 1,225,762

Administrative expenses 5,242

Total deductions from net assets 1,231,004

Net increase in net assets available for benefits before transfers 6,648,268

Transfer from Home Health Foundation, Inc. 403(b) Retirement Plan 47,791,437

Net increase in net assets available for benefits 54,439,705

Net assets available for benefits, beginning of year 4,392,377

Net assets available for benefits, end of year \$ 58,832,082

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Tufts Medicine, Inc. 403(b) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General, Plan Merger and Termination

The Plan is a defined contribution plan established on March 1, 2020 with a cash deferred arrangement sponsored by Tufts Medicine, Inc. (the "Employer" or "Company") covering all employees, except leased employees, who have met certain eligibility requirements and have completed of a salary reduction arrangement ("Participants"). Prior to March 1, 2022, the Employer was called Wellforce, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Substantially all of the investments are participant directed.

The Tufts Medicine, Inc. Retirement Plan Oversight Committee authorized the merger of all assets of the Home Health Foundation, Inc. 403(b) Retirement Plan to this Plan (the "Plan") with an effective date of September 16, 2022, and accordingly, all Home Health Foundation, Inc. 403(b) Retirement Plan assets in the amount of \$47,791,437 were merged into the Plan on September 16, 2022. As a result of the merger, the Home Health Foundation, Inc. 403(b) Retirement Plan has been terminated.

Participant Contributions

Participants are able to contribute up to 100% of their compensation, as defined by the Plan, on a pre-tax or after-tax ("Roth") basis, subject to Internal Revenue Code ("IRC") limitations. Participants who are at least age 50 may also make additional catch-up contributions subject to IRC limitations. Participants may also contribute funds from another qualified retirement plan ("rollover contributions"), subject to certain requirements.

Employer Discretionary Matching Contributions

The Company may make matching contributions at its discretion to "match eligible" participants. Match eligible participants are defined as eligible participants noted above, except those covered by a collective bargaining agreement, students, interns, residents and part-time temporary employees, as defined. In order for a participant to be eligible for an Employer contribution, a participant must have completed a year of service and will be eligible on the first day of the month following a year of service. The Company matches 50% of a participant's first 6% of elective deferrals, for a maximum match of 3% of compensation, deposited each pay period with an annual true-up.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income/losses, and administrative expenses. Realized and unrealized gains and losses, and expenses are allocated to participants' accounts based on each participant's account balance within each fund. Participants are allowed to change their investment options as set forth in the plan document. Allocations are based on participant earnings, account balances or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Vesting

Participants become fully vested in that portion of their account which relates to their contributions and the income earned thereon. Participants become 100% vested in Company contributions upon death, total and permanent disability, or attainment of normal retirement age. Otherwise, a participant's interest in Company contributions and earnings thereon vests as follows:

<u>Completed Years of Vested Service</u>	<u>Percent Vested</u>
Less than 2	0%
2 but less than 3	50%
3 or more	100%

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of a participant's account represents a forfeiture, as defined by the Plan. If a forfeiting participant is re-employed and fulfills certain requirements as set forth in the Plan, the participant's account is restored. Forfeitures of Company contributions are used to reduce future Employer contributions, pay administrative expenses or allocated to participants. During 2022, \$3,211 of forfeitures were used to offset a portion of the Employer contributions and \$352 was used to pay Plan expenses. A forfeiture balance of \$4,761 was transferred to the Plan as part of the Home Health Foundation, Inc. 403(b) Retirement Plan merger. The unallocated forfeiture balances at December 31, 2022 and 2021 were \$7,090 and \$3,483, respectively.

Payment of Benefits

Benefits are distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Participants who have a vested account balance may leave their funds invested in the Plan or may elect a distribution in the form of an annuity, installment payments, or a lump sum.

A participant is allowed to request an in-service withdrawal from their deferral and rollover accounts upon attainment of age 59½ or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship", as defined in the plan document. Hardship distributions can only be taken from assets of their deferral and rollover accounts. Participants can withdraw from their rollover account at any time.

Notes Receivable from Participants

Participants may borrow from their deferral and rollover accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are secured by the balance in the participant's account. Loans bear a reasonable rate of interest. All loans are available with terms of five years unless the proceeds are used to acquire a principal residence, in which case a longer repayment period is allowed. No more than two loans can be outstanding at any time. Principal and interest are repaid at least quarterly by participants directly to the Plan custodian.

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Unit Values

Individual participant accounts for the variable rate annuity accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the trust but do have interest therein represented by units which are valued daily. The investments earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each investment are converted to units by dividing the amounts of such transactions by the unit value as last determined, and the participants' accounts are charged or credited with the number of units attributable to each participant.

Benefits Paid

Benefits are recorded when paid.

Plan Expenses

Participant transaction fees, investment expenses, and certain administrative fees incurred by the Plan are paid by the participants. Investment related expenses are included in net depreciation in fair value of investments. Any remaining fees not paid from plan assets are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could vary from the estimates that were used.

Subsequent Events

The Employer has evaluated subsequent events through October 9, 2023, the date that the financial statements were available to be issued.

The Tufts Medicine, Inc. Retirement Plan Oversight Committee (“the Committee”) authorized the merger of the MelroseWakefield 403(b) Plan, the Lowell General Hospital Corp, Inc. 403(b) Retirement Plan to the Plan and the transfer of Tufts Medical Center, Inc. Retirement Savings Plans - 403(b) except that such plan-to-plan transfer excluded accounts attributable to employees and former employees represented by the Massachusetts Nurses Association into the plan. As a result of the mergers, the MelroseWakefield 403(b) Plan and Lowell General Hospital Corp, Inc. 403(b) Retirement Plan were terminated. Accordingly, all plan assets were transferred to the Plan on September 29, 2023 in the amount of approximately \$712,700,000.

The Committee reviewed and discussed further harmonizing of plan provisions and approved the changes to include an accelerated vesting schedule (25%/50%/100%) over three years and immediate match eligibility for new hires excluding per diem and part-time employees.

Note 3 - Information Certified by Custodians

Plan investments are held in mutual funds, fixed and variable rate annuities by the Plan’s custodian and insurance company, Fidelity Management Trust Company (“Fidelity”) and Variable Annuity Life Insurance Company (“VALIC”) (“the Custodians”). The fair value of investments and all investment transactions as of and for the year ended December 31, 2022, including interest and dividends and net depreciation in fair values are reported to the Plan and certified as complete and accurate by the Custodians. Information in the supplemental schedule and notes receivable from participants are also derived from information certified by the Custodians. The Plan offers investment choices to allow Participants to create a diversified portfolio of assets based on a participant’s risk tolerance. Participants in the Plan are able to direct contributions to a variety of investment options.

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

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

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs that are unobservable inputs for the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2022 and 2021.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

VALIC Variable Annuities: The variable annuity funds invest principally in equity securities, fixed income instruments and short-term investments in accordance with each portfolio's investment objectives. Variable annuity fund investments are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing.

The fair values of accumulation units held by the Plan in the variable annuities (registered investment companies) are based on each account's daily NAV, which is considered by Plan management to be the best approximation of the fair value hierarchy. Data for NAVs are available daily to Plan administrators and client investors on VALIC's website, and provides sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources.

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

VALIC Fixed Interest Option: The VALIC fixed interest option is a fixed unallocated annuity contract investment option for Plan participants. As these investments are contract-based, observable prices for identical or similar investments do not exist, and accordingly, these investments are valued using unobservable inputs (Level 3). The contract value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals and expenses. Each year, VALIC will declare and credit interest in the contract periodically, but not less than annually. The interest rate will be set in advance of the period it relates to and will be at least 3% per year.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 53,607,740	\$ -	\$ -	\$ 53,607,740
Self-directed brokerage assets	32,019	-	-	32,019
Fixed rate annuities	<u>-</u>	<u>-</u>	<u>2,195,497</u>	<u>2,195,497</u>
Total investments in the fair value hierarchy	\$ <u>53,639,759</u>	\$ <u>-</u>	\$ <u>2,195,497</u>	\$ <u>55,835,256</u>
Investments measured at NAV practical expedient (a)				<u>2,038,747</u>
Total investments at fair value				\$ <u>57,874,003</u>

Description	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ <u>4,252,731</u>	\$ -	\$ -	\$ <u>4,252,731</u>
Total investments at fair value				\$ <u>4,252,731</u>

- (a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table, as of December 31, 2022, represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs. There were no purchases or transfers in or out of level 3 investments during the year.

<i>Description</i>	<i>Fair Value 12/31/2022</i>	<i>Principal Valuation Techniques</i>	<i>Unobservable Inputs</i>
VALIC Fixed Annuity Accounts	\$ 2,195,497	Contract value	Composite crediting rate

Investments Measured Using Net Asset Value per Share

The following table summarizes investments for which fair value is based on NAV per share as of December 31, 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable to the Plan.

<i>Investments</i>	<i>Fair Value 12/31/2022</i>	<i>Unfunded Commitments</i>	<i>Redemption Frequency</i>	<i>Notice Period</i>
Variable Rate Annuities	\$ 2,038,747	\$ -	Daily	1 day

Note 5 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as an international conflict which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Note 6 - Related-Party Transactions and Exempt Party-in-Interest Transactions

Certain Plan investments are held by VALIC and Fidelity. Accordingly, these investments are considered exempt party-in-interest transactions. During the Plan year ended December 31, 2022, \$5,242 of administrative expenses was paid to Fidelity. Notes receivable from participants are also considered exempt party-in-interest transactions.

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

Note 8 - Tax Status

The Plan was initially designed to comply with the provisions of Section 403(b) of the IRC and had been amended and restated effective January 1, 2021. The Plan has not obtained a tax determination letter from the Internal Revenue Service ("IRS"). However, the Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with plan terms and the applicable requirements of the IRC and is, therefore, exempt from federal income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Plan net assets available for benefits per the financial statements to Form 5500 as of December 31, 2021:

Net assets available for benefits per the financial statements at December 31	\$ 4,392,377
Less: Employer contribution receivable	<u>(43,446)</u>
Net assets available for benefits per Form 5500 at December 31, 2021	\$ <u>4,348,931</u>

The following is a reconciliation of the net increase in net assets available for benefits before transfers per the financial statements to net income per Form 5500 for the year ended December 31, 2022:

Net increase in net assets available for benefits before transfers per the financial statements	\$ 6,648,268
Add: prior year Employer receivable	<u>43,446</u>
Net income per Form 5500	\$ <u>6,691,714</u>

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

Notes to Financial Statements

Note 9 - Reconciliation of Financial Statements to Form 5500 (Continued)

The accompanying Statements of Net Assets Available for Benefits, Statement of Changes in Net Assets Available for Benefits and the supplemental information have been prepared in accordance with accounting principles generally accepted in the United States of America. The information listed on Schedule H of Form 5500 has been prepared in accordance with procedures established by the third-party administrator.

Supplemental Schedule

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

(E.I.N. 47-2250732 - Plan Number 001)

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

December 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	VALIC Short Term Fixed Account Fund	Fixed Rate Annuity	\$	488,837
*	VALIC Fixed Account Plus Fund	Fixed Rate Annuity		1,706,660
	Total Fixed Rate Annuities			2,195,497
*	VALIC Stock Index Fund	Variable Rate Annuity		350,482
*	VALIC Science & Technology Fund	Variable Rate Annuity		278,470
*	VALIC Growth Fund	Variable Rate Annuity		167,332
*	VALIC Vanguard Windsor II Fund	Variable Rate Annuity		124,712
*	VALIC Mid Cap Index Fund	Variable Rate Annuity		104,434
*	VALIC Moderate Growth Lifestyle Fund	Variable Rate Annuity		103,093
*	VALIC Nasdaq-100® Index Fund	Variable Rate Annuity		86,382
*	VALIC Large Capital Growth Fund	Variable Rate Annuity		84,468
*	VALIC Small Cap Special Value Fund	Variable Rate Annuity		62,314
*	VALIC Blue Chip Growth Fund	Variable Rate Annuity		57,027
*	VALIC Ariel Appreciation Fund	Variable Rate Annuity		51,968
*	VALIC Small Cap Index Fund	Variable Rate Annuity		50,419
*	VALIC Dividend Value Fund	Variable Rate Annuity		41,777
*	VALIC Systematic Core Fund	Variable Rate Annuity		40,836
*	VALIC Goldman Sachs Government Money Market Fund	Variable Rate Annuity		36,291
*	VALIC Small Cap Growth Fund	Variable Rate Annuity		36,229
*	VALIC Vanguard Wellington Fund, Inc.	Variable Rate Annuity		36,201
*	VALIC Vanguard Long-Term Investment-Grade Fund	Variable Rate Annuity		31,050
*	VALIC Mid Cap Strategic Growth Fund	Variable Rate Annuity		27,686
*	VALIC International Growth Fund	Variable Rate Annuity		27,045
*	VALIC Vanguard Long-Term Treasury Fund	Variable Rate Annuity		25,702
*	VALIC Core Equity Fund	Variable Rate Annuity		25,554
*	VALIC International Socially Responsible Fund	Variable Rate Annuity		25,531
*	VALIC Aggressive Growth Lifestyle Fund	Variable Rate Annuity		23,992
*	VALIC International Value Fund	Variable Rate Annuity		22,881
*	VALIC U.S. Socially Responsible Fund	Variable Rate Annuity		19,542
*	VALIC Ariel Fund	Variable Rate Annuity		18,359
*	VALIC International Government Bond	Variable Rate Annuity		15,182
*	VALIC Government Securities Fund	Variable Rate Annuity		12,894
*	VALIC Emerging Economies Fund	Variable Rate Annuity		12,150
*	VALIC High Yield Bond Fund	Variable Rate Annuity		10,402
*	VALIC International Equities Index Fund	Variable Rate Annuity		9,676
*	VALIC Mid Cap Value Fund	Variable Rate Annuity		9,362
*	VALIC Small Cap Value Fund	Variable Rate Annuity		5,665
*	VALIC Asset Allocation Fund	Variable Rate Annuity		2,225
*	VALIC International Opportunities Fund	Variable Rate Annuity		1,043
*	VALIC Systematic Value Fund	Variable Rate Annuity		368
*	VALIC Vanguard Lifestyle Moderate Fund	Variable Rate Annuity		3
	Total Variable Rate Annuities			2,038,747

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

(E.I.N. 47-2250732 - Plan Number 001)

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

December 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2025 Fund	Mutual Fund		\$ 8,072,353
	Vanguard Target Retirement 2030 Fund	Mutual Fund		7,590,627
	Vanguard Target Retirement 2035 Fund	Mutual Fund		6,277,209
	Vanguard Target Retirement 2020 Fund	Mutual Fund		5,641,081
	Vanguard Target Retirement 2040 Fund	Mutual Fund		3,851,308
	Vanguard Target Retirement Income Fund	Mutual Fund		3,674,069
	Vanguard Target Retirement 2045 Fund	Mutual Fund		3,193,335
*	Fidelity 500 Index Fund	Mutual Fund		2,998,313
	Vanguard Target Retirement 2050 Fund	Mutual Fund		2,794,932
	Vanguard Federal Money Market Fund	Mutual Fund		1,350,698
	Vanguard Target Retirement 2055 Fund	Mutual Fund		1,243,507
*	Fidelity Growth Company Fund Class K	Mutual Fund		1,109,185
	Metropolitan West Total Return Bond Fund	Mutual Fund		795,448
*	Fidelity U.S. Bond Index Fund	Mutual Fund		598,708
*	Fidelity Extended Market Index Fund	Mutual Fund		569,198
	PIMCO Income Fund Institutional Class	Mutual Fund		521,361
*	Fidelity Small Cap Value Fund	Mutual Fund		473,757
	Vanguard Target Retirement 2060 Fund	Mutual Fund		434,903
*	Fidelity International Index Fund	Mutual Fund		401,675
	T. Rowe Price Overseas Stock Fund	Mutual Fund		369,291
	MFS Value Fund R6	Mutual Fund		339,007
	MFS Mid Cap Value Fund R6	Mutual Fund		296,716
	Delaware Ivy Mid Cap Growth Fund Class I	Mutual Fund		230,994
*	Fidelity Contrafund Fund	Mutual Fund		193,485
	Janus Henderson Triton Fund Class I	Mutual Fund		184,944
	Invesco Oppenheimer Developing Markets I Fund	Mutual Fund		157,751
*	Fidelity Low-Priced Stock Fund	Mutual Fund		99,142
	Vanguard Real Estate Index Fund	Mutual Fund		88,797
	Vanguard Target Retirement 2065 Fund	Mutual Fund		55,946
	Total Mutual Funds			53,607,740
**	Fidelity Brokerage Option	Self-Directed Brokerage Accounts		32,019
*	Participant Loans	Loans (Interest Rate 4.25% - 7.25%)	0	693,572
				<u>\$ 58,567,575</u>

* Indicates party-in-interest to the Plan as defined by ERISA.

** Includes \$18,926 of cash reserves and mutual funds considered party-in-interest to the Plan as defined by ERISA.

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

(E.I.N. 47-2250732 - Plan Number 001)

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

December 31, 2022

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*	VALIC Systematic Core Fund	Variable Rate Annuity		40,836
*	VALIC Goldman Sachs Government Money Market Fund	Variable Rate Annuity		36,291
*	VALIC Small Cap Growth Fund	Variable Rate Annuity		36,229
*	VALIC Vanguard Wellington Fund, Inc.	Variable Rate Annuity		36,201
*	VALIC Vanguard Long-Term Investment-Grade Fund	Variable Rate Annuity		31,050
*	VALIC Mid Cap Strategic Growth Fund	Variable Rate Annuity		27,686
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*	VALIC Ariel Fund	Variable Rate Annuity		18,359
*	VALIC International Government Bond	Variable Rate Annuity		15,182
*	VALIC Government Securities Fund	Variable Rate Annuity		12,894
*	VALIC Emerging Economies Fund	Variable Rate Annuity		12,150
*	VALIC High Yield Bond Fund	Variable Rate Annuity		10,402
*	VALIC International Equities Index Fund	Variable Rate Annuity		9,676
*	VALIC Mid Cap Value Fund	Variable Rate Annuity		9,362
*	VALIC Small Cap Value Fund	Variable Rate Annuity		5,665
*	VALIC Asset Allocation Fund	Variable Rate Annuity		2,225
*	VALIC International Opportunities Fund	Variable Rate Annuity		1,043
*	VALIC Systematic Value Fund	Variable Rate Annuity		368
*	VALIC Vanguard Lifestyle Moderate Fund	Variable Rate Annuity		3
	Total Variable Rate Annuities			2,038,747

TUFTS MEDICINE, INC. 403(b) RETIREMENT PLAN

(E.I.N. 47-2250732 - Plan Number 001)

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

December 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2025 Fund	Mutual Fund		\$ 8,072,353
	Vanguard Target Retirement 2030 Fund	Mutual Fund		7,590,627
	Vanguard Target Retirement 2035 Fund	Mutual Fund		6,277,209
	Vanguard Target Retirement 2020 Fund	Mutual Fund		5,641,081
	Vanguard Target Retirement 2040 Fund	Mutual Fund		3,851,308
	Vanguard Target Retirement Income Fund	Mutual Fund		3,674,069
	Vanguard Target Retirement 2045 Fund	Mutual Fund		3,193,335
*	Fidelity 500 Index Fund	Mutual Fund		2,998,313
	Vanguard Target Retirement 2050 Fund	Mutual Fund		2,794,932
	Vanguard Federal Money Market Fund	Mutual Fund		1,350,698
	Vanguard Target Retirement 2055 Fund	Mutual Fund		1,243,507
*	Fidelity Growth Company Fund Class K	Mutual Fund		1,109,185
	Metropolitan West Total Return Bond Fund	Mutual Fund		795,448
*	Fidelity U.S. Bond Index Fund	Mutual Fund		598,708
*	Fidelity Extended Market Index Fund	Mutual Fund		569,198
	PIMCO Income Fund Institutional Class	Mutual Fund		521,361
*	Fidelity Small Cap Value Fund	Mutual Fund		473,757
	Vanguard Target Retirement 2060 Fund	Mutual Fund		434,903
*	Fidelity International Index Fund	Mutual Fund		401,675
	T. Rowe Price Overseas Stock Fund	Mutual Fund		369,291
	MFS Value Fund R6	Mutual Fund		339,007
	MFS Mid Cap Value Fund R6	Mutual Fund		296,716
	Delaware Ivy Mid Cap Growth Fund Class I	Mutual Fund		230,994
*	Fidelity Contrafund Fund	Mutual Fund		193,485
	Janus Henderson Triton Fund Class I	Mutual Fund		184,944
	Invesco Oppenheimer Developing Markets I Fund	Mutual Fund		157,751
*	Fidelity Low-Priced Stock Fund	Mutual Fund		99,142
	Vanguard Real Estate Index Fund	Mutual Fund		88,797
	Vanguard Target Retirement 2065 Fund	Mutual Fund		55,946
	Total Mutual Funds			53,607,740
**	Fidelity Brokerage Option	Self-Directed Brokerage Accounts		32,019
*	Participant Loans	Loans (Interest Rate 4.25% - 7.25%)	0	693,572
				<u>\$ 58,567,575</u>

* Indicates party-in-interest to the Plan as defined by ERISA.

** Includes \$18,926 of cash reserves and mutual funds considered party-in-interest to the Plan as defined by ERISA.